

Child Care Training and Resource Kit

Creative Healthy Mealtime

Handouts

CHOKING HAZARDS-

Children are more susceptible to choking than adults. Over 500 deaths occur each year in the United States due to choking and most of these people who die are -children. Make sure you do all you can to protect the children in your care.

1. *To Avoid Choking Hazards...*

Adults should eat with children.

- Model taking small bites and chewing thoroughly
- Use preventive teaching to the children
- Serve food that is safe for children to chew and swallow

2. *To Avoid Choking Hazards...*

- Encourage small bites
- Encourage chewing completely
- Insist on children
- Cut foods into small pieces (less than 1/4 to 1/2 inch)

3. *Careful: Choking Hazard!* .

Avoid presenting food to children that is round and firm, sticky, or cut into large chunks. Food should be no larger than 1/2 inch in diameter for preschoolers and 1/4 inch for toddlers.

4. *Careful: Avoid These Foods*

NUTS AND SEEDS

Whole berries

Raw carrots and celery

Grapes, unless they have been cut in half

Firm, hard raisins .

Hot dogs

Large chunks of meat or cheese

Popcorn

Hard candy

Chunks of peanut butter

Janice Fletcher and Laurel Branen
University of Idaho© 2000

Grateful acknowledgement is made to Dr. Laurel Branen and Dr. Janice Fletcher for permission to print © 2002.

Teaching Young Children to Serve Themselves in Group Settings

Laurel Branen and Janice Fletcher
College of Agriculture
University of Idaho

Some people call it “family style service.” Others call it “children serving themselves.” What ever you call it, it means that containers of food are put on the table. Then, children pass a common container around the table, each taking some for their plates.

Sometimes a whole meal is available for children to serve themselves. Sometimes, part of a meal is available fore self-service. The children may pour their drinks, though other food is pre-served.

Centers and family care providers use a variety of routines around self-serving, depending on the age or skills of the children. For example, they may initially serve small helpings on toddler’s plates, but put out bowls of food for self-service on seconds. This thoughtful approach helps toddlers get through the first few bites without having to wait for others. Waiting is a task that toddlers are learning!

There are so many benefits to children when they serve their own plates. They learn to be social, caring, and self-directed diners in-group settings. Risks exist. Establishing routines and patiently helping children build skills for serving self, are two things that help minimize these risks.

Grateful acknowledgement is made to Dr. Laurel Branen and Dr. Janice Fletcher for permission to print © 2002.

What you Say Really Matters!

Laurel Branen and Janice Fletcher
College of Agriculture
University of Idaho

Conversation at the table gives children a variety of messages. What adults say at the table is powerful. Comments have short-term consequences for helping children have a successful or disappointing meal. In time, comments accumulate to give children messages about how much control they have over hunger and satisfaction. Think about how you may influence children's mealtime experiences. Listen to what is said at the table and decide if it is a *phrase that helps* or a *phrase that hinders* the child's choices at the table.

Phrases that Help

Look at the phrases below. Can you tell why these help?

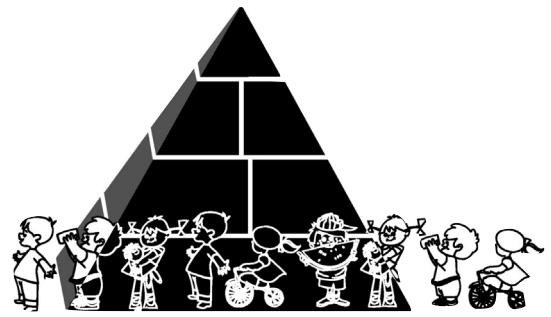
- Yes, these radishes are crunchy!
- This is kiwi fruit. It's sweet like a strawberry.
- Do you like that?
- Would you like more?
- Is your stomach telling you that you're full?
- Use your napkin, please.
- Move the serving bowl closer to your plate.

Phrases that Hinder

Look at the phrases below. Can you tell why these hinder?

- Eat that for me.
- You're such a big girl; you finished all your peas.
- See, that didn't taste so bad, did it?
- You have to take on more bite before you leave the table.
- Carli, look at Maria. She ate all of her bananas.

Grateful acknowledgement is made to Dr. Laurel Branen and Dr. Janice Fletcher for permission to print © 2002.

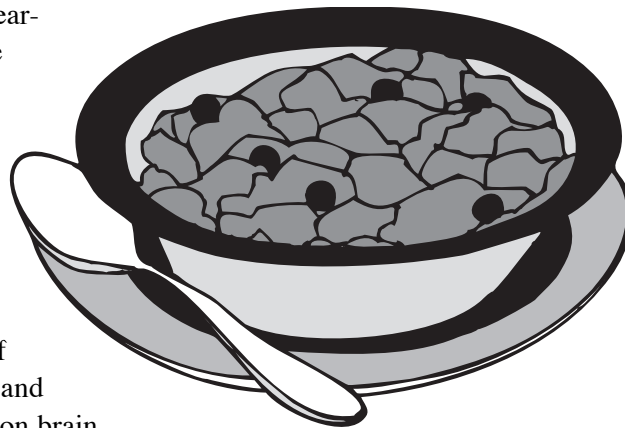


Nutrition and Cognitive Development

The relationship between nutrition and learning is important for people who care for children. Cognitive development is a term that covers human perception, thinking, and learning. Nutrition, genes, and environment are three major factors impacting cognitive development. Because there are many factors that impact learning, scientists cannot say, “If you eat this, you will be smarter.” However, the role of good nutrition in child development and learning is important. Nutrition during the early years of a child’s life is linked to performance in later years. Many research studies focus on the relationships between breakfast and learning in school-age children; other researchers identified the importance of nutrition at earlier ages. Let’s review some major research findings linking good nutrition and cognitive development.

Research

- The effect of nutrition on the brain begins before birth—with the nutrition of the mother. Undernutrition and the resulting negative effects on brain development during pregnancy and the first two years of life may be permanent and irreversible.
- Breast-feeding appears to lead to higher IQ/cognitive development. Breast-feeding leads to fewer cases and less severe cases of diarrhea, ear infections, skin rashes, and bacterial meningitis.



- Iron is a necessary part of brain tissue. Nerve impulses move slower when iron deficiency is present. Iron deficiency during infancy may cause permanent damage to the child’s brain; however, too much iron can also cause problems. Iron deficiency during the first two years of a child’s life is associated with behavior changes and delayed psychomotor development. Enough, but not too much, is the key to appropriate iron intake.
- Iodine deficiency during early years is associated with reduced cognition and achievement in school-age children.
- Poorly nourished children have more problems fighting infections. Therefore, they may be sick more often, miss more school, and fail to keep up with classmates.
- Undernutrition results in decreased activity levels, decreased social interactions, decreased curiosity, and decreased cognitive functioning.
- School-age children who ate breakfast did better on performance tests than children with no breakfast. Similar and even more dramatic effects among infants and toddlers are expected if studies on breakfast and performance are completed.

Parent's role

Proper nutrition is important before and during pregnancy. The Dietary Guidelines for Americans and the Food Guide Pyramid are guides to use in planning what to eat. Once the child has arrived, the infant must receive adequate nutrition. When a child begins to form food likes and dislikes, accept preferences but continue to introduce small amounts of new foods. Ask your health care provider if you have nutrition questions. Be a good role model for healthy eating!



Child care provider's role

As the number of children in child care increases, the child care provider's role becomes more significant. The Child and Adult Care Food Program (CACFP) meal patterns help menu planners plan well-balanced, nutritious meals and snacks. Nutrient and energy needs of children are supplied when the CACFP meal pattern is used in planning meals and snacks. The CACFP meal patterns are designed to meet different nutritional needs of different age groups.

Caregivers can encourage children to eat nutritious foods and to try new foods. Preparing fresh, attractive foods will help ensure that the children eat well while in child care. A variety of positive food experiences and activities can help develop good eating habits and food preferences. The child care provider should also be a good role model.

Sources

Building blocks for fun and healthy meals: A menu planner for the Child and Adult Care Food Program. (2000). Washington, DC: United States Department of Agriculture, Food and Nutrition Service.

Cromer, B. A., Tarnowski, K. J., Stein, A. M., Harton, P., & Thornton, D. J. (1990). The school breakfast program and cognition in adolescents. *Developmental and Behavioral Pediatrics, 11* (6), 295-300.

Dykman, R. (1999). Infancy to adolescence: Long-term effects of nutrition on growth. In *Breakfast and Learning in Children Symposium Proceedings* (pp. 61-66). Washington, DC: United States Department of Agriculture, Center for Nutrition Policy and Promotion.

Kretchmer, N., Beard, J. L., & Carlson, S. (1996). The role of nutrition in the development of normal cognition. *American Journal of Clinical Nutrition, 63* (6), 997S-1001S.

Lazarov, M., & Evans, A. (2000). Breast-feeding—encouraging the best for low-income women. *Zero to Three, 21* (1), 15-23.

Meyers, A., & Cahwla, N. (2000). Nutrition and the social, emotional, and cognitive development of infants and young children. *Zero to Three, 21* (1), 5-12.

Pollit, E., & Mathews, R. (1998). Breakfast and cognition: An integrative summary. *American Journal of Clinical Nutrition, 67* (4) 804S-813S.

Troccoli, K. B. (1993). *Eat to learn, learn to eat: The link between nutrition and learning in children.* Washington, DC: National Health/Education Consortium. (ERIC Document Reproduction Service No. ED 363 400.)

Tuttle, C. R. (2000). *Healthy eating for 2- to 5-year-old children.* College Park, MD: Maryland Cooperative Extension.

Walter, T. (1993). Impact of iron deficiency on cognition in infancy and childhood. *European Journal of Clinical Nutrition, 47*, 307-316.

This project has been funded at least in part with Federal funds from the U.S. Department of Agriculture, Food and Nutrition Service through a grant agreement with The University of Mississippi. The contents of this publication do not necessarily reflect the views or policies of the U.S. Department of Agriculture, nor does mention of trade names, commercial products, or organizations imply endorsement by the U.S. Government. The University of Mississippi complies with all applicable laws regarding affirmative action and equal opportunity in all its activities and programs and does not discriminate against anyone protected by law because of age, color, disability, national origin, race, religion, sex, or status as a veteran or disabled veteran.

1 ☐ **Creative, Healthy Mealtimes**

Katy Levenhagen, RD
Partners in Child Care
Snohomish Health District

2 ☐ **Child Care**
Feeding Puzzle

- Nutrition
- Food Safety
- Mealtime

3 ☐ **Mealtime Safety Issues**
Food Safety

- Promote hand washing
- Avoid contamination
- Keep a clean eating environment

4 ☐ **Mealtime Safety Issues**

- Know the choke foods and avoid them
 - nuts, berries, carrots/celery, grapes,
 - raisins, hotdogs, popcorn, candy
- Know guidelines for minimizing choking
- Establish a policy for food allergies
 - Peanut allergies are on the rise!

5 ☐ **Division of labor**
during meal times

- Caregivers are responsible for providing appropriate foods in a safe and nurturing environment.
- Children are responsible for how much and even whether they eat.

6 ☐ **Creative Healthy Mealtimes**

- Adults eat with children
- Adults set the feeding environment

- Children serve themselves
- Children decide how much/what to eat

7 ☐ Adults Eat With Children

- Safety
 - Prevent disaster
 - Promote: “Yours, Mine, Ours”
- Role modeling
 - Model etiquette
 - Model eating variety and portion size
- Foster skill development
 - Communication
 - Socialization

8 ☐ Adults set the eating environment.

- Determine where children eat
- Regulate when children eat
- Make meal times pleasant (age dependent)
 - Minimize waiting time
 - Maintain standards of behavior
 - Introduce appropriate utensils
 - Provide enough time and space
 - Facilitate conversation

9 ☐ Children Themselves

- Children pass the food around
- Boosts self esteem
 - Giving feels good!
- Develops motor skills
 - Fine and gross
 - Spatial arrangement
- Improves nutrient intake

10 ☐ Children Serving Themselves

- Practice good hand washing
- Use proper serving utensils to minimize contamination of foods
- Avoid bare hand contact
- Practice prior to real meal service
- Have adult role models

11 ☐ Children choose how much/what to eat.

- Self Regulation
 - Babies do it!
- Stay in touch with “internal cues”
 - Eat when
 - Stop when
- Minimize meal time stress
- Contributes to healthy eating habits
 - Obesity and eating disorders are on the rise

12 ☐ Caregivers are responsible for

- Serving healthy, appealing foods
- Meeting nutritional guidelines
- Providing balance and variety in menus

13 ☐ Caregivers are responsible for

- Making mealtimes safe
- Eating with children
- Helping children enjoy eating

14 ☐

Children are responsible for:

- How much food is eaten
- What foods are chosen
- Eating or not eating