

FEBRUARY 2025

Nourishing Healthy Eaters in Early Care & Education

IMPLEMENTATION GUIDE



Table of Contents

2	Welcome & Overview	54	Nourishing Infants & Toddlers
3	Overview of Workshops	87	Handout
4	Training Plan	95	Nourishing Preschoolers
5	Definitions	129	Handout
7	Cooperative Learning	138	Achieving a State of Healthy Weight High Impact Obesity Prevention Standards
9	Facilitating Adult Learning	140	References
11	SMART Goals		
12	Facilitating Virtual Training		
14	Nourishing Healthy Eaters in ECE		
47	Handout		





Welcome

Nemours Children's Health welcomes you to the Nourishing Healthy Eaters in Early Care & Education (ECE) Project.

With funding from Plum Organics, Nemours Children's developed a series of training workshops to support ECE professionals in helping children become healthy eaters. The target audience for these workshops is child care providers and early educators working in child care centers, family child care homes, Head Start programs and preschool settings.

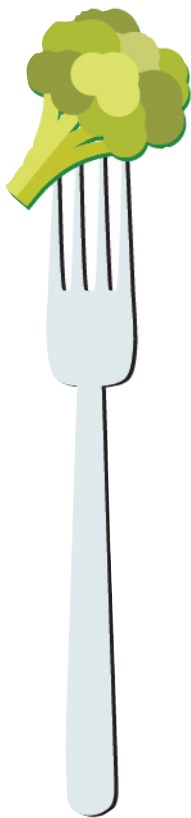
At birth, a child starts a relationship with food, a food journey. This journey is influenced by many factors including culture, access to food, affordability of foods, marketing, and the food industry. Possibly the most significant influencers on this food journey are adults, both a child's family and caregivers. Young children consume half to three-quarters of their daily food intake while in full-time child care.

This highlights the potential positive impact early care professionals can play in this food journey.

In Nourishing Healthy Eaters trainings, participants examine current practices related to feeding, feeding environments, nutrition activities and identify areas of improvement.

In today's world of limited time and money, convenience and packaged foods have become a staple in many places. While these foods have a place in our modern world, each child has the right to foods that support optimal health, growth and develop. Children will learn to love healthy foods when they are presented repeatedly, in a variety of appealing ways, with supporting adults modeling enjoyment. Nourishing Healthy Eaters examines some of the challenges adults face in helping children become competent eaters.

Overview of Workshops



Nourishing Healthy Eaters in ECE is a series of three workshops that can be facilitated in sequence or as stand-alone workshops.

NOURISHING HEALTHY EATERS IN ECE

This introductory workshop explores basic nutrition concepts and the role of nutrients in child growth and development. Participants will learn about nutrition labels and ingredient lists, and explore eating practices such as mindful eating and understanding portions. Throughout the training, participants are challenged to think about their experiences with food and how they can have a positive impact on a child's developing habits.

NOURISHING INFANTS AND TODDLERS

Targeted for professionals caring for infants and toddlers, this session addresses responsive feeding, establishing a breastfeeding-friendly environment, and adult practices that best support children.

NOURISHING PRESCHOOLERS

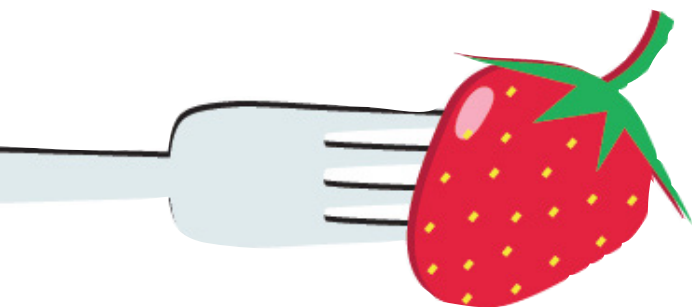
Targeted for staff caring for children 3 through 5 years of age, this session addresses the developmental stages and common challenges during this period. Environmental and classroom practices are considered and engaging with families around food and child nutrition is a focus.

Training Plan

This training plan is designed to support trainers. Materials in the plan may be used to market trainings, to plan technical assistance and to understand how training the content fits into the Professional Development System.

Nourishing Healthy Eaters in ECE

Title	Description	Objectives	Subject Areas/ Competencies	Time	Audience
Introductory Workshop	The introductory workshop explores basic nutrition concepts and the role of nutrients in child growth and development. Participants will identify features on nutrition labels, learn about ingredient lists and explore eating practices such as mindful eating and understanding portions. Throughout the training, participants are challenged to think about their experiences with food and how their practices can have a positive impact on a child's experiences.	<ol style="list-style-type: none"> 1. Describe wellness and adult nutrition 2. Recognize the importance of healthy eating for infants, toddlers, and preschoolers 	Health, Safety & Nutrition Child Growth & Development,	2 hr.	All child care professionals
Nourishing Infants and Toddlers	This session addresses responsive feeding, establishing a breastfeeding-friendly environment, and adult practices that best support children. Content addresses engaging with families about food and child nutrition to include raising awareness of federal nutrition programs.	<ol style="list-style-type: none"> 1. Discuss the developmental stages of becoming a healthy eater and common challenges 2. Understand responsive feeding 3. Identify the role of ECE professionals in nurturing healthy eaters 4. Identify one or more nutrition best practices to incorporate in your daily routines with children 	Health, Safety & Nutrition Family & Community Partnerships	2 hr.	Child care professionals who care for infants and toddlers
Nourishing Preschoolers	This session addresses the developmental stages and common challenges for preschool-aged children. Environmental and classroom practices are presented. Content addresses engaging with families about food and child nutrition to include raising awareness of federal nutrition programs.	<ol style="list-style-type: none"> 1. Discuss the developmental stages of becoming a healthy eater and common challenges 2. Identify the role of ECE professionals in nurturing healthy eaters 3. Recognize family engagement opportunities around nutrition and food 4. Identify one or more nutrition best practices to incorporate in your daily routines with children 	Health, Safety & Nutrition Family & Community Partnerships	2 hr.	Child care professionals who care for preschool-aged children (3-5 years old)



Definitions

Best Practice: A procedure or set of procedures that are preferred or considered standard within an organization or industry. Best practices in Nourishing Healthy Eaters come from Caring for Our Children; National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, 4th edition.

Caring for Our Children, National Health and Safety Performance Standards, Guidelines for Early Care and Education Programs (CFOC): A collection of national standards that represent the best practices, based on evidence, expertise, and experience for quality health and safety policies and practices for today's early care and education settings.

Center: Refers to a physical place where early childhood programming is offered. This includes family child care homes, preschools, Head Start and Early Head Start.

Child and Adult Care Food Program (CACFP): A federally funded program administered by states for the provision of nutritious foods that contribute to the wellness, healthy growth, and development of young children in early care and education settings.

Complementary Feeding: A process that starts when breast milk or infant formula is complemented by other foods and beverages and ends when the young child transitions fully to family foods. The complementary feeding period typically continues to 24 months of age.

Complementary Foods: Foods and beverages other than breast milk or infant formula (liquids, semisolids, and solids) provided to an infant or young child to provide nutrients and energy.

Early Childhood: A developmental period of time typically from birth to age 6.

Early Childhood Professional/ Early Care Professional: An individual responsible for the primary care and education for children ages birth to five. Some early childhood professionals prefer other titles including provider, early care provider, or teacher.



Federal Nutrition Assistance Programs:

Administered by the U.S. Department of Agriculture, Food and Nutrition Service, in partnership with public, private, and non-profit partners, these programs increase food security and reduce hunger by providing children and low-income people access to food, a healthful diet and nutrition education.

Food Desert: An area that has limited access to affordable and nutritious food, in contrast with an area with higher access to supermarkets or vegetable shops with fresh foods, which is called a food oasis.

Food Insecurity: The U.S. Department of Agriculture (USDA) defines food insecurity as a lack of consistent access to enough food for an active, healthy life.

Food Jag: An eating pattern where a child wants to eat the same foods, prepared the same way, every day and sometimes every meal.

Neophobia: Rejection of novel and new foods.

Nonresponsive Feeding: Feeding characterized by a lack of reciprocity between the caregiver and child and can include: (a) the caregiver taking control and dominating the feeding situation as reflected in controlling and pressuring behaviors; (b) the child controlling the situation leading to indulgence; or (c) the caregiver being uninvolved and ignoring the child. When caregivers over-control the feeding, not only do they potentially override the child's internal hunger and satiety regulatory cues, but it is thought that they may interfere with the child's emerging autonomy and striving for competence.¹⁴

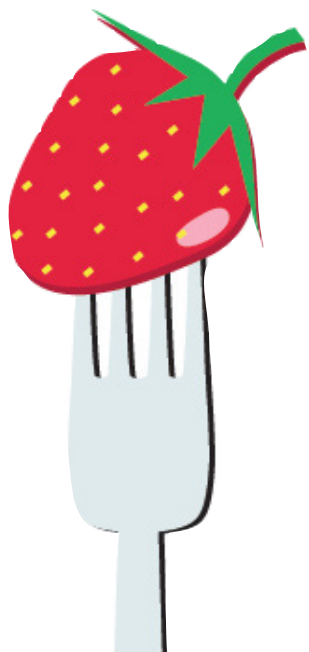
Older Infant or Toddler: A child between the ages of 16-36 months.

Preschooler: A child between the ages of 3-5 years.

Quality Rating and Improvement System

(QRIS): A systemic approach to assess, improve, and communicate the level of quality in early childhood and school-age.

Responsive Feeding: A key dimension of responsive caregiving involving reciprocity between the child and caregiver during the feeding process. It is grounded upon the following three steps: (1) the child signals hunger and satiety through motor actions, facial expressions, or vocalizations; (2) the caregiver recognizes the cues and responds promptly in a manner that is emotionally supportive, contingent on the signal, and developmentally appropriate; and (3) the child experiences a predictable response to signals.¹⁴



Training Best Practices

BASIC ELEMENTS OF COOPERATIVE LEARNING

1. Positive Interdependence

Groups should perceive that they need each other to complete the group's tasks. Instructors may structure positive interdependence by establishing mutual goals, joint rewards, shared resources, and assigned roles. Positive interdependence exists when group members are linked with each other in a way that one cannot succeed unless everyone succeeds.

2. Individual and Group Accountability

Assessing the quality and quantity of each member's contributions and giving the results to the group and the individual. The group must be accountable for achieving its goals. The group has to be clear about its goals and be able to measure progress in achieving them and the individual efforts of each of its members.

3. Face-to-Face Promotive Interaction

Group members promote each other's productivity by helping, sharing, and encouraging efforts to produce. Members explain, discuss, and teach what they know to teammates. Instructors structure teams so that members talk through aspects of the task they are working to complete.

There are cognitive activities and interpersonal dynamics that can only occur when students promote each other's learning. This includes orally explaining how to solve problems, discussing the nature of the concepts being learned, teaching one's knowledge to peers, and connecting present with past learning.

4. Interpersonal and Small Group Skills

Groups cannot function effectively if members do not have and use the needed social skills. Instructors emphasize these skills purposefully and precisely. Collaborative skills include instructorship, decisionmaking, trust-building, communication, and conflict-management skills.

5. Group Processing

Groups need a specific time to discuss how well they are in achieving their goals and maintaining effective working relationships among members. Instructors structure group processing by assigning tasks, monitoring the group, and give feedback on how well the groups are working together.

BUILD AUTHENTIC RELATIONSHIPS WITH PARTICIPANTS

At the beginning of the training, greet the participants warmly and help them feel welcome by creating an atmosphere in which they feel valued and comfortable. Set up interesting displays, interactive activities, and opportunities for discovery learning. Take the time to get to know the participants and their program and facilitate program networking by introducing participants to one another.

KNOW YOUR ROLE

The Trainer can have a variety of roles. Sometimes you may be the teacher, but other times the facilitator as the participants teach one another about their successes, challenges, or lessons learned.

CREATE AN INTERACTIVE LEARNING ENVIRONMENT

During the training, you will facilitate a wide range of experiences in addition to presenting or delivering the training content, large and small group discussions, activity breaks, and videos. Dividing large groups into smaller sub-groups allows for more individualized attention and relationship building.

USE YOUR SKILLS AND EXPERIENCE

Providing examples from your work with ECE providers will help build rapport and trust with participants. As an expert, you will also be able to provide guidance for participants as they continue to grow and learn.



TRAINING VS. FACILITATION

An important element of effective facilitation with adult learners is understanding how adults learn—by incorporating discovery learning and collaborative approaches into the process of learning rather than a didactic approach. We know that adult learners are most engaged when the learning experience is active and the contributions between the facilitators and participants are balanced.

Training involves moving from the unknown to the known. When we train others, we focus on a set of specific outcomes or objectives established at the beginning of the training. It looks at the specific skills or knowledge that can be applied to their current work. When delivering training, you determine clear outcomes and establishes a plan of outcomes with learners.

Facilitation involves moving from the known to unknown. When facilitating, you begin with information regarding the situation or the problem. Facilitating requires meaningful interactions which leads to changes in mindset. When facilitating, you choose from different strategies and tools as the interaction evolves.

Facilitating Adult Learning

Malcolm Knowles, a leader in the field of adult education, developed a framework describing how adults learn differently than children. He defined six principles of adult learning:

- a) Adults are internally motivated and self-directed
- b) Adults bring life experiences and knowledge to learning experiences.
- c) Adults are goal-oriented.
- d) Adults are relevancy oriented.
- e) Adults are practical, and
- f) Adult learners like to be respected.

LEARNING ENVIRONMENT

Provide frequent opportunities for participants to explore and use the resources they will take back to their programs. If participants seem disengaged, review the six principles of adult learning to determine which area could be improved. Important considerations related to the environment and principles of adult learning are as follows:

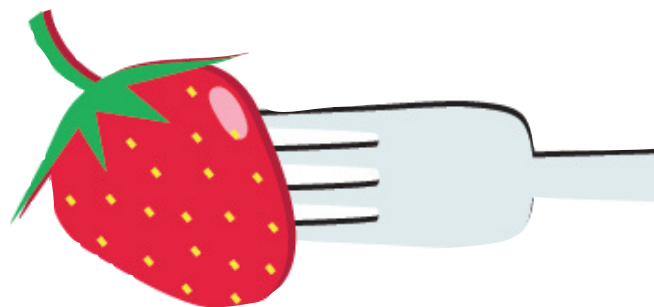
- The learning environment is characterized by physical comfort, mutual respect, trust and helpfulness, freedom of expression, and acceptance of differences.
- Provide physical conditions that are comfortable (seating, temperature, ventilation, lighting, decoration) and conducive to interaction (circle, small groups at round tables, interactive displays, opportunities for active play).
- Accept the participants as people of worth and respect their feelings and ideas. They are curious about what the learners will bring to the sessions. Involve the participants in establishing a learning environment that makes them feel comfortable, engaged, and productive.
- Build relationships among the participants by encouraging cooperative activities and conversations. Guide participants to explore differences and commonalities as they learn more about implementing best practices in their programs.
- In virtual sessions creating an environment can be accomplished by being welcoming, facilitating icebreakers or connection activities, and honoring breaks.

STRATEGIES TO SUPPORT LEARNING

These workshops have been designed to facilitate and encourage all types of learners. They incorporate structure, creativity, reflection, small and large group work, movement/activity, and practical exercises. Although varying pace and activity is important for engaging a variety of adult learners, the discussions and activities support understanding and deeper knowledge, rather than merely being included to address a different learning style.

The words, actions, and gestures of the Trainer all impact group dynamics. Participants are sensitive to a Trainer's lack of interest or energy and may disengage. Conversely, enthusiasm and passion for a subject can lift a group, even one that is tired or lacking in motivation. A Trainer needs to be able to read the mood and temperament of a group and decide how to best keep participants engaged. Consider the following responsibilities of effective Trainers:

- Be the guide, not the leader
- Cultivate an atmosphere of respect
- Recognize that ECE providers are accustomed to a playful, active atmosphere
- Create a collaborative environment that values everyone's contributions
- Speak clearly and with enthusiasm
- Build activities into your presentations
- Build group curiosity and confidence
- Guide and manage group interaction
- Understand and respect cultural differences
- Practice active listening, paraphrasing, observing, clarifying and elaborating
- Use open-ended questions to stimulate conversation
- Interpret verbal and non-verbal behavior cues
- Be aware of group dynamics and adjust the agenda or activity to maintain engagement
- Focus on achieving outcomes during Learning Sessions and when providing TA
- Incorporate feedback when possible
- Have fun, bring a sense of humor, and enjoy the new relationships you will establish and facilitate!



SMART Goals

In each session of **Nourishing Healthy Eaters**, participants are challenged to create an action plan. Participants can use goal-setting as a way to make healthy changes and incorporate them into their daily planning. The acronym SMART can be useful as trainers support the action planning process.

SMART GOALS ARE:

Specific goals should state exactly what the participants would like to achieve. The goal should be specific enough to allow those involved in the process to understand it. Have participants think about the “who,” “what,” “when,” “where,” and “how” of their desired goal.

Measurable goals should contain a way to determine if the goals have been reached. How will the program be assessed to recognize changes that have been made? How will participants identify the progress they are making? Goals can be measured by dates, number of tasks, and/or visual changes.

Attainable goals are those that participants are able to achieve within a given time frame. Setting goals that are attainable increases motivation, and participants become confident that this is something that they can do. Encourage participants to think about goals based on what they currently have (i.e., resources, staffing, etc.).

Relevant refers to focusing on an objective that makes sense within the broader values and mission of the early care program. Aligning goals with state-level systems such as quality rating systems or recognition programs can increase buy-in among providers. Goals that align with families’ interests for their child are also relevant for early care settings.

Time-bound—goals should have a deadline. Deadlines allow participants to identify their progress and hold themselves accountable to reach the deadline. In the Action Plan, participants are encouraged to enter a date of completion and designate somebody who is responsible for the action step.

Facilitating Virtual Training

Virtual Training can increase ECE professionals' ability to participate in sessions as they typically don't require transportation and can offer flexibility around schedules. Trainers should be aware of state requirements around training approval and choose a format that allows participants to obtain professional development credit or clock hours in the registry system.

- **Live Virtual**

Using video platforms such as Zoom, WebEx, or Google Classroom, a trainer presents in real-time. Live virtual training allows trainers and participants to interact with each other and support using chatbox, polls, and whiteboards for interactive learning.

- **Self-Paced Prerecorded**

In self-paced prerecorded sessions, a trainer records a workshop, and participants can watch at a convenient time, at their own pace. Google slides, Zoom, Loom, are a few of the tools that can help create prerecorded training. PowerPoint has a recording feature for self-paced recordings.

- **Hybrid or Combination**

Participants do some independent, self-paced work such as watching recorded pieces, video clips, listening to a podcast, and participating in live learning.

Each format has advantages and challenges. Trainers should also be aware of state requirements around training approval and choose a format that allows participants to obtain credit in the registry system or clock hours.

Remote learning requires trainers to recognize the challenges participants face, including limited access to technology, Wi-Fi capabilities, and distractions from the home or work environment. Check-in with participants to gauge engagement levels and be flexible with technology glitches.

GROUND RULES

Face-to-face training frequently begins with the setting of group norms or ground rules. This aspect of facilitating adult learning is as relevant to remote training as it is in face-to-face sessions. Group norms give a sense of ownership in the learning process and create a sense of community. Offer a few suggestions and let the group identify the norms they feel are essential. Consider including standards of behavior in virtual settings.

For example:

- Agree that digital platforms (GoogleDocs, Whiteboards, etc.) are safe places for questions and discussions.
- Know that others will read your comments and may respond with feedback.

- Digital courtesy involves adding comments or responding to others' comments but never deleting another participant's work, input, or comments.
- Recognize and acknowledge that there will be variation in skill and comfort levels among participants. Accept that each individual participating in the training will be managing different circumstances in their environment.
- Assume technological glitches will happen.
- Be patient and flexible.
- Identify strategies to manage participants' speaking and sharing, such as using the hand-raising feature, or calling on those with hands raised as seen through webcams.
- Adhere to agreements on using cameras and muting when possible.

TECHNOLOGY

Explain the use of applications and offer practice opportunities. Many applications have video tutorials that trainers can send before a training. If an application tool will be used by all or some members of the training group for content exercises or asynchronous work, consider requesting participants include names when adding input.

Some free or low-cost applications that support the delivery of virtual training include:

- To create interactive polls, word clouds or display short answers: Mentimeter (Mentimeter.com) and Poll Everywhere (pollev.com)
- To use an interactive whiteboard for group collaboration and sharing: Microsoft Whiteboard, Awwapp. com, Padlet, Flipgrid, Mural.com,
- To share and create documents: Google Classrooms, Google Documents, Dropbox, Basecamp

ENGAGEMENT

Participants may need extra support in staying engaged during virtual training. Now more than ever, participants need to connect with you and each other. Building connections supports the collaborative learning process. Active use of platform features, including responses and the chatbox, is a simple way to keep participants engaged. Asking reflective questions and building more opportunities for discussion can help engagement.

If your delivery software supports breakout rooms, this feature allows for everyone to participate in discussions and make connections. Make sure you know how to set up breakout rooms and practice before your live virtual training.

USING VIDEOS

Test videos on your delivery platform to ensure that participants can hear the audio. If your meeting platform does not stream videos or Wi-Fi connections make this challenging, consider requesting that videos are viewed as a pre-assignment.



Nourishing Healthy Eaters in ECE

Welcome

The introductory workshop explores basic nutrition concepts and the role of nutrients in child growth and development. Participants will learn about nutrition labels, ingredient lists and explore eating practices such as mindful eating and understanding portions. Throughout the training, participants are challenged to think about their experiences with food and how they can have a positive impact on a child's experiences.

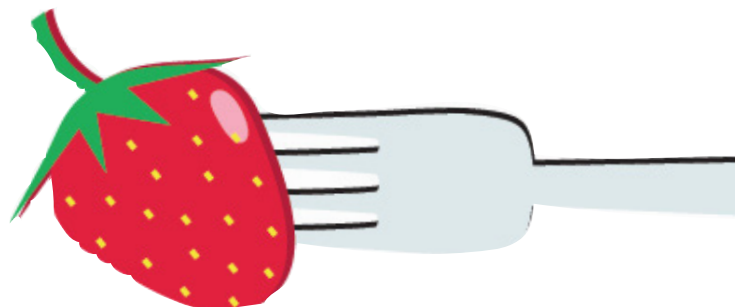
Objectives

1

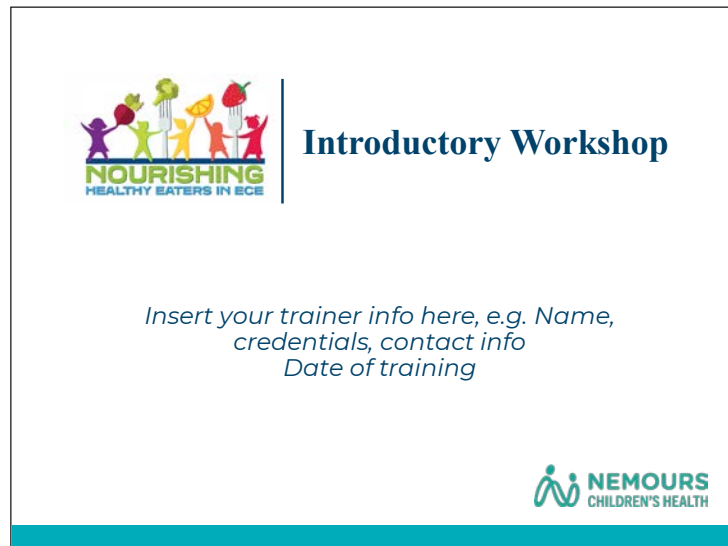
*Describe wellness
and adult nutrition*

2

*Recognize the importance
of healthy eating for infants,
toddlers and preschoolers*



Slide 1



The slide features the 'NOURISHING HEALTHY EATERS IN ECE' logo on the left, which includes stylized figures holding food items. To the right of the logo is the title 'Introductory Workshop'. Below the title is a placeholder text: 'Insert your trainer info here, e.g. Name, credentials, contact info Date of training'. At the bottom right is the 'NEMOURS CHILDREN'S HEALTH' logo.

[TRAINER NOTES]

Edit this slide to add your name, credentials, and contact information. Include the date of when you deliver the training.

[SUGGESTED SCRIPT]

Welcome to Nourishing Healthy Eaters in Early Care & Education. This series of workshops is designed to support early care and education providers deepen their understanding of how children learn to become healthy eaters. Thank you for your participation today as we explore how your daily practices

as a child care professional impact children's food journey.

Slide 2



The slide is titled 'Objectives for today'. On the left is an illustration of a strawberry on a fork. To the right of the illustration is a numbered list of two objectives.

[SUGGESTED SCRIPT]

Thank you for joining us for the Introductory Workshop of Nourishing Healthy Eaters in Early Care and Education! As you know, early childhood professionals are important role models to the children in their care. You have the influence to shape a child's experiences, preferences, and taste for different foods.

This workshop introduces basic concepts that support children to become healthy eaters and develop a love for a variety of foods. To explore how you can nurture a healthy eater

in your program or classroom, we will start off by exploring the importance of wellness and nutrition for adults. Reflecting on our own experiences and relationship with food and healthy habits will help us guide children as we promote healthy eating practices.

To get us started, join me in exploring your own food story...[NEXT SLIDE].

Slide 3



What is your food story?

[SUGGESTED SCRIPT]

Each of us has a food story. This story is based on a lifetime of experiences with eating and food. Our story includes the memories we carry, the foods we enjoy (and don't), and our understanding of nutrition. Attitudes about food and food preferences begin to develop in early childhood. Parents, families, and adult caregivers strongly influence them. An individual's relationship with food is influenced by how families discussed food, the climate of meals, culture, religion, tradition, and parenting styles. All families' food choices are also affected by access and availability.

[TRAINER NOTES]

Think about a brief personal story around food experiences that you are comfortable sharing or choose one of the stories below:

- *I grew up thinking I did not like broccoli. When I was a young child, my mother would cook broccoli on the stovetop until it was soft and mushy. I did not like the way it made our home smell. I avoided broccoli for a long time. Later in life, I discovered that steamed broccoli is a beautiful bright green color and has a great texture and taste. I began to explore broccoli recipes. Today I enjoy roasted broccoli, broccoli salads, blanched broccoli, and even grilled broccoli. I still don't want to eat it if it is mushy!*
- *Growing up, my Dad was picky. He liked his meat fried and only ate vegetables if they were either fried or boiled with bacon, so that's what we ate. I remember going to a friend's house when I was in middle school and being served roasted potatoes. I didn't know what they were! I learned to eat foods other ways, but the smell of frying foods brings back fond memories of my childhood.*
- *Our food situation was very unreliable when I was a teenager. I lived with my mother, who worked as a school aide and bus driver. There were times when there was nothing to eat in our home. My Mom would pull something together for dinner and try to give all or most of it to me. I remember going to bed hungry and anxious. When we did have groceries, my Mom made amazing lasagna and garlic bread-still my favorite meal. When my Mom got a better job and food was no longer scarce, I tended to overeat because of a nagging feeling that I might not have food later. Now, years later, I still struggle with that feeling.*
- *My Dad's parents, who were from India, lived with us when I was a child, and most of the time, either my grandma or my Mom did the cooking. My Mom grew up in Louisiana and loved to make Creole food, and of course, my grandma cooked Indian food. Most of the meals in our home were pretty spicy! I love spicy food to this day. My friends think this is funny, but I keep packets of crushed red pepper in my purse to spice up foods when I eat out.*

[TRAINER NOTES]

Ask participants to find the Food Story Box in the handout on page one. Allow about 10 minutes to complete the prompts.

There are several ways to debrief this activity:

- Ask a volunteer or several to introduce themselves and share their responses.
- Ask participants to form in groups of four and share their food stories.
- Read each question aloud and ask for participants to introduce themselves and share their responses.

Summarize with some of the key concepts you hear from participants relating to culture, religion, parenting styles, food access, and the climate of meals.

Prompts in the handout include:

List out several fruits and vegetables you enjoyed as a child.

What is a dish a parent or family member prepared that you remember? Why does this dish stand out for you?

What were your family meals like as a child?

What is a food you avoid today? Why?

What is a food item you currently enjoy when you are celebrating?

How do you think your childhood experiences with food influence your food choices today?

How did culture and tradition influence your food story?

[SUGGESTED SCRIPT]

Practices around feeding children have changed over the last 50 years. These changes result from society's changes (positive and negative), information (and misinformation) around food and diets, the food industry's influence, and new science on nutrition.

Understanding the influences behind our beliefs and attitudes around food can help us be conscious of how our behaviors and actions around food impact the children in our care.

Slide 4

What is wellness?

- Wellness means being aware of and making choices toward a healthy and fulfilling lifestyle.
- Wellness is more than being free from illness, it is a dynamic process of change and growth.
- Physical wellness means maintaining a healthy body and seeking care when needed. Physical health is attained through exercise, eating well, getting enough sleep and paying attention to the signs of illness and getting help when needed.



[SUGGESTED SCRIPT]:

Now that we've reflected on our personal or family experiences with food, we will explore some broader terms related to health and wellness. What is wellness?

[TRAINER NOTES]

Objective 1. Describe Wellness and Adult Nutrition

Conduct a quick activity with participants capturing responses on chart paper or a whiteboard. What is your understanding of the term 'wellness'?

A word cloud activity is an option for virtual delivery. Using a free platform such as Mentimeter or PolleEV, participants can enter multiple words they think of when they hear the term wellness to generate a word cloud.

Pause here and give participants time to read the slide or ask a volunteer to read the first bullet aloud and another volunteer to read the second bullet.

Page one of the handout has a place for participants to note why wellness is important to them.

[SUGGESTED SCRIPT]

Wellness is more than being free from illness. Facets of personal wellness include physical, emotional, intellectual, environmental, spiritual, social, and vocational wellness. The choices we make regarding wellness are shaped by what we have access to and the resources we can allocate to our wellness.

Slide 5

Benefits of Wellness for Adults

- Creates role models for children, families and co-workers
- Improves morale
- Raises mental alertness
- Enhances productivity
- Reduces absences, illness and health care costs
- Increases loyalty and retention

[TRAINER NOTES]

Encourage participants to reflect on what wellness means to them and record their thoughts on the bottom box on page one in the session handout.

Slide 6

Nutrition's role in wellness and health

- Good nutrition is part of a healthy lifestyle
- Not all people have access to nutritious, affordable, and culturally appropriate food
- Lack of access can lead to a poor diet which is associated with major health risks including heart disease, high blood pressure, type 2 diabetes, osteoporosis, and certain types of cancer
- The food we eat each day affects our health — how we feel today, tomorrow, and in the future

[SUGGESTED SCRIPT]

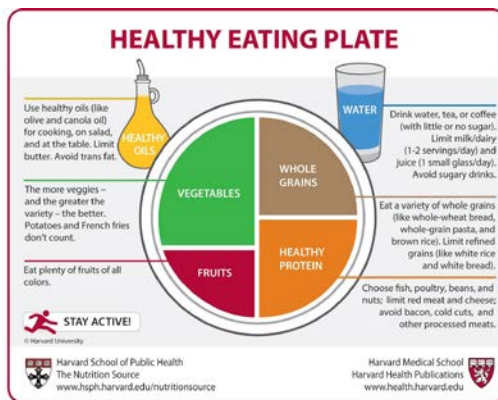
An important part of wellness is good nutrition. Food provides nutrients and calories that nourish and fuel the body. Our food choices are impacted by the foods we can access and afford.

Source:

<https://www.hhs.gov/fitness/eat-healthy/importance-of-good-nutrition/index.html>

Slide 7

Healthy Eating Plate



[SUGGESTED SCRIPT]

The Healthy Eating Plate, created by experts at Harvard School of Public Health and Harvard Medical School, points consumers to the healthiest choices in the major food groups. The Healthy Eating Plate is based exclusively on the best available science and was not subjected to political or commercial pressures from food industry lobbyists.

[TRAINER NOTES] Direct participants to the Healthy Eating Plate on page two of the handout.

[SUGGESTED SCRIPT]

- Notice that half of the plate is fruits and vegetables.

- A quarter of the plate is grains. Choose whole grains and limit refined grains, since whole grains are much better for health. In the body, refined grains like white bread and white rice act just like sugar.
- A quarter of the plate is protein foods. The Healthy Eating Plate encourages consumers to choose fish, poultry, beans or nuts, protein sources that contain other healthful nutrients. It encourages them to limit red meat and avoid processed meat, since eating even small quantities of these foods on a regular basis raises the risk of heart disease, diabetes, colon cancer, and weight gain.
- Water is a good choice.
- Notice that the Healthy Eating Plate depicts a bottle of healthy oil. Healthy fats reduce harmful cholesterol and are good for the heart, and Americans don't consume enough of them each day.

- *The figure scampering across the bottom of the Healthy Eating Plate's placemat is a reminder that staying active is an important component of wellness.*

A healthy eating pattern includes a wide variety of nutritious foods from all the food groups. Note that all foods can fit in a healthy diet.

Source: <https://www.hsph.harvard.edu/nutritionsource/healthy-eating-plate-vs-usda-myplate/>

[Trainer note]

Based on knowledge of the participants in your training session, consider adjusting the image on the slide.

Some options include the following:

Healthy Plates Around the World

The Institute for Family Health developed a series of "Healthy Plates" to help patients manage diabetes and other conditions. "Healthy Plates" are easy to use and are available in several designs representing different cultures. <https://institute.org/health-care/services/diabetes-care/healthyplates>.

Traditional Diets

Oldways is a nonprofit organization helping people rediscover and embrace the healthy sustainable joys of the 'oldways' of shared cultural traditions. They provide 'food pyramids' that depict traditional diets from several cultures. The food pyramids show examples of what to eat over time (not just at one meal!) and the relative proportion of each food group. Their site also provides 'plates of expression' depicting foods to compliment the heritage pyramids. Heritage Diet Pyramids are available for the following cultures: Mediterranean, African Heritage, Latin American, Asian, and Vegetarian & Vegan. Plates of expressions are available depicting the following cultures: Western & Central Africa, South America, the Caribbean, and the American South.

MyPlate

MyPlate is the current nutrition guide published by the USDA's Center for Nutrition Policy and Promotion and serves as a recommendation based on the Dietary Guidelines for Americans. <https://www.myplate.gov/>. The Connecticut SNAP-ED program has materials created MyPlate for All Cultures materials that may be useful for programs that participate in the CACFP. <https://www.snap4ct.org/snap4ct-blog/myplate-for-all-cultures>

Slide 8

Meals Relevant to other Cultures



<https://foodinsight.org/?s=diversifying+myplate>

[TRAINER NOTES]

The Food Insights series on Diversifying MyPlate highlights how the cuisine of different cultures and ethnicities meet the diverse meals promoted by the USDA MyPlate. You can learn more at the links provided along with the images on the slide.

Cuisines available as of July 2022 include: South Asian Muslim, Gujarati Indian, Haitian, Chinese and Latin American.

Slide 9

Meals Relevant to Other Cultures



<https://institute.org/health-care/services/diabetes-care/healthyplates/>

[TRAINER NOTES]

The Institute for Family Health developed a series of “Healthy Plates” to help patients manage diabetes and other conditions. “Healthy Plates” are easy to use and are available in several designs:

American
Criollo – Puerto Rican/Dominican (English and Spanish)
Soul Food
West African
Mexican (English and Spanish)

Slide 10

Meals Relevant to Other Cultures



[TRAINER NOTES]

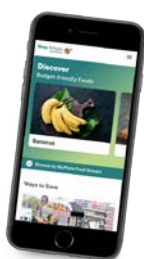
Oldways is a nonprofit organization helping people rediscover and embrace the healthy sustainable joys of the 'old ways' of shared cultural traditions. They provide food pyramids that depict traditional diets from several cultures. The food pyramids show examples of what to eat over time (not just at one meal) and the relative proportion of each food group. Their site also provide 'plates of expression' depicting foods to compliment the heritage pyramids.

Heritage Diet Pyramids are available for the following cultures: Mediterranean, African Heritage, Latin American, Asian, and Vegetarian & Vegan

Plates of expressions are available depicting the following cultures: Western & Central Africa, South America, the Caribbean, and the American South

Slide 11

NEW Resource: Shop Simple with MyPlate



- Use on any device
- Budget-friendly food suggestions
- Tips for purchasing and storing food
- Recipes
- Serving ideas
- Nutrition info
- Stores that accept SNAP EBT

MyPlate.gov/ShopSimple

[SUGGESTED SCRIPT]

Shop Simple with MyPlate is a tool to help you find cost-saving opportunities in your area and discover new ways to prepare budget-friendly foods. This app is useful for those with access to a smartphone.

Enjoy the tool from any device, simply visit MyPlate.gov/ShopSimple. Browse budget-friendly food suggestions from each of the MyPlate food groups, get tips for purchasing and storing the food, serving ideas, recipes, and nutrition info. Enter your zip code to find cost-

saving opportunities in your local area, including stores that accept SNAP EBT, rewards for SNAP participants, and farmers markets.

While there are many apps available that focus on healthy eating, cooking, and meal prep, we highlight this one because it is free and aligns with MyPlate and the Dietary Guidelines for Americans. There is no commercial interest related to this app but we encourage you to explore other app-based resources as well.

Slide 12

Every bite matters

The right mix can help you be healthier now and into the future

Focus on variety, amount, and nutrition

Choose foods and beverages with less saturated fat, sodium, and added sugars

Start with small changes to build healthier eating styles

Support healthy eating for everyone



[SUGGESTED SCRIPT]

MyPlate encourages finding a healthy eating style and building it throughout the lifetime. These are the key messages from USDA MyPlate.

Slide 13

A Healthy Eating Pattern



Fruits and vegetables
Whole Grains
Low-fat or Fat-Free Dairy
Lean meats, poultry, fish, beans, eggs
Nuts and seeds



Saturated Fat & Trans Fat
Cholesterol
Salt & Added Sugars

[SUGGESTED SCRIPT]

Many of us consume less than ideal amounts of certain nutrients needed for a healthy eating pattern. A healthy diet emphasizes fruits, vegetables, whole grains, and low-fat or fat-free milk and dairy products. It also includes lean meats, poultry, fish, beans, eggs, nuts, and seeds and is low in saturated fat, trans fat, cholesterol, salt, and added sugars.

Eating healthy reduces the risk for diseases, provides more energy, better sleep, better concentration and focus, and combats anxiety and

depression while also increasing confidence.

Making healthy choices is challenging, especially with increasing food prices, food insecurity, or limited access to quality foods or grocery stores. Even when faced with limited choices, we can rely on a few resources to better understand what we or our families are eating.

Slide 14

Understanding the Nutrition Facts Label

Nutrition Facts	
8 servings per container	
Serving size 2/3 cup (55g)	
Amount per serving	
Calories 230	
	% Daily Value*
Total Fat 8g	10%
Saturated Fat 1g	5%
Trans Fat 0g	
Cholesterol 0mg	0%
Sodium 160mg	7%
Total Carbohydrate 37g	13%
Dietary Fiber 4g	14%
Total Sugars 12g	
Includes 10g Added Sugars	20%
Protein 3g	
Vitamin D 2mcg	10%
Calcium 260mg	20%
Iron 8mg	45%
Potassium 240mg	6%

*The % Daily Value (DV) tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.

(For educational purposes only. These labels do not meet the labeling requirements described in 21 CFR 101.9.)

[TRAINER NOTES] Ask participants to find the EAT SMART document on page three in the handout for easier viewing.

[SUGGESTED SCRIPT]

Learning how to understand and use the Nutrition Facts label can help you make healthier eating choices and identify nutrient-dense foods for a healthy diet.

1 - Start with the serving information at the top.

This information tells you the size of a single serving and the total number of servings per container (package).

2 - Next, check the total calories per serving and container.

Pay attention to the calories per serving and how many calories you're consuming if you eat the whole package. If you double the servings you eat, you double the calories and nutrients. The next section of information on a nutrition label is about the amounts of specific nutrients.

3 - Limit certain nutrients.

Check essential nutrients and understand what you're looking for. For example, not all fats are unhealthy. Also, total sugars can include both natural and added sugars. Limit the amounts of added sugars, saturated fat, and sodium you eat and avoid trans fat. When choosing among different brands or similar products, compare labels and choose foods with less of these nutrients when possible.

3 - Get enough of the beneficial nutrients. The label is required to have information on vitamin D, calcium, iron, and potassium; vitamin A and C are not required.

Make sure you get enough of the nutrients your body needs, such as calcium, choline, dietary fiber, iron, magnesium, potassium, and vitamins A, C, D, and E.

4 & 5 - Understand % Daily Value.

The % Daily Value (DV) tells you the percentage of each nutrient in a single serving in terms of the daily recommended amount. If you want to consume less of a nutrient (such as saturated fat or sodium), choose foods with a lower % DV (5 percent or less). If you want to consume more of a nutrient (such as fiber), choose foods with a higher % DV (20 percent or more).

Remember that the information shown on the label is based on a diet of 2,000 calories a day. You may need less or more than 2,000 calories depending upon your age, gender, and activity level.

Slide 15



[SUGGESTED SCRIPT]

In addition to the Nutrition Facts label, the ingredient list is also a helpful tool for healthy choices. The ingredient list shows each ingredient in a food by its common or usual name. Ingredients are listed in descending order by weight, so the ingredient with the greatest contribution to the product is listed first. The ingredient contributing the least by weight is listed last.

Check the ingredient list on foods before you buy them. Use the list to determine whether a food or beverage contains ingredients that

are sources of nutrients you want to get more of, such as whole-grains, or is made up of nutrients you want to get less of, such as added sugars and partially hydrogenated oils (trans fat).

Labels are helpful but can also be perplexing as some nutrients have many names. For example, sugar can be listed as high-fructose corn syrup, sucrose, agave nectar, or dehydrated cane juice, to name a few. There are over 50 names for sugar which can make it challenging to recognize.. Take a moment and find the different sugars in this product. * Sugar, Fructose, Dextrose.

Salt also has many names. It can be listed as sodium benzoate, disodium or monosodium glutamate (MSG) to name a few.

Using the ingredient list with the nutrition label can help inform your choices.

Slide 16



[TRAINER NOTES]

Choose between one of the two activities suggested.

- In groups of four, or breakout rooms if facilitating virtually, ask participants to discuss the prompt on the screen. Capture the responses on chart paper or a whiteboard.

- Facilitate a large group brainstorming discussion using the question on the slide, “How do you choose what to eat?” Responses may range from nutrition and cost to proximity.

Keep in mind that a healthy lifestyle

is about balance. It is not about deprivation or restriction. Part of culture and community frequently involves the sharing of foods, not all of which are healthy. But enjoying a piece of cake at a birthday party is part of finding balance.

Some possible responses include:

Nutrition

Value/Cost

Convenience

Family Decisions/preferences

Culture

Proximity/Access

Taste/Enjoyment/Pleasure

Community

Slide 17

Sugar Sweetened Beverages (SSB)



[SUGGESTED SCRIPT]

What are sugar-sweetened beverages?

Sugar-sweetened beverages are any liquids that are sweetened with added sugars like brown sugar, corn sweetener, corn syrup, dextrose, fructose, glucose, high-fructose corn syrup, honey, lactose, malt syrup, maltose, molasses, raw sugar, and sucrose. Examples of SSBs include regular soda (not sugar-free), fruit drinks, sports drinks, energy drinks, sweetened waters, and coffee and tea beverages with added sugars.

Sugar-sweetened beverages (SSBs)

or sugary drinks are leading sources of added sugars in the diet. The sugar is not hidden; in fact, the sugars are listed on the nutrition label and the ingredient list. Most adults don't realize how much added sugar is in sugar sweetened-beverages.

Breaking the habit of drinking sugary drinks can be challenging. The rush of sugar causes the dopamine to be released to brain. This can lead to cravings for more sugar. Advertising also impacts our choices. Companies that make sugar sweetened beverages spend huge sums of money in targeted advertising aimed at communities of color. Some communities have taken steps to address those challenges through taxing, bans on super sized drinks and initiatives promoting healthier beverages.

Note that sugar is naturally occurring in foods like fruits and vegetables. These are healthy foods that contain water, fiber, and various micronutrients. Naturally occurring sugars are fine, but the same does not apply to added sugar.

Sources:

<https://www.cnn.com/2020/06/23/health/soda-targets-minority-youth-wellness/index.html>

Slide 18

How much sugar is in this beverage?



Nutrition Facts		Amount/Serving	% Daily Value
Total Fat		0g	0%
Sodium		15mg	3%
Total Carb.		65g	24%
Total Sugars		65g	
Added Sugars		65g	130%
Protein		0g	
Calories 240		per serving	
<small>Not a significant source of sat. fat, trans fat, cholesterol, fiber, vit. D, calcium, iron and potas.</small>			
<small>CARBOHYDRATE WATER, HIGH FRUCTOSE CORN SYRUP, CARAMEL COLOR, PHOSPHORIC ACID, NATURAL FLAVORS, CAFFEINE</small>			

4 grams(g) = 1 teaspoon
65 grams = 16 1/4 teaspoons

[SUGGESTED SCRIPT]

This label indicates that there is 65g of sugar in this beverage. Four grams of sugar is equal to one teaspoon. To determine, the amount of sugar divide 65 by 4.

This beverage contains the equivalent of 16 1/4 teaspoons of sugar.

There are approximately four calories in one gram, so this beverage contains 240 calories, all of which are from sugar.

The American Heart Association (AHA) recommends limiting the amount of added sugars you

consume to no more than half of your daily discretionary calorie allowance. Discretionary calories are excess calories to enjoy once your required nutrient needs are met. For most American women, that's no more than 100 calories per day or about six teaspoons of sugar. For men, it's 150 calories per day or about nine teaspoons. For children, the recommendation is 3-6 teaspoons. This is a wide range of ages, younger children would fall on the lower range of this spectrum, around 3-4 teaspoons.

Slide 19

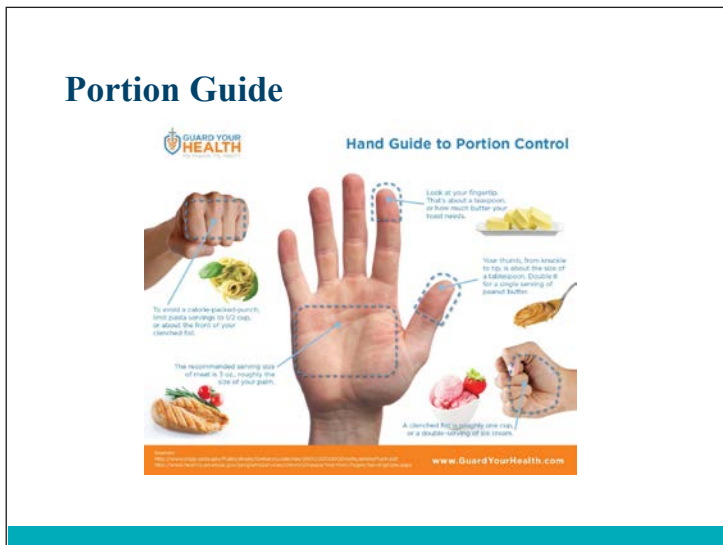
Average intake = 22 teaspoons per day



[SUGGESTED SCRIPT]

The average American takes in far higher amounts of added sugar per day however – an average of 22 teaspoons per day!

Slide 20



[TRAINER NOTES]

Encourage participants to find the **Portion Guide** document on page four in the handout for easier viewing.

[SUGGESTED SCRIPT]

Being conscious of portion sizes is another way to support wellness. Over time portions in restaurants have grown too large, distorted sizes. Examples include the enormous sodas or big gulps from convenience stores and the oversize plates used in many restaurants. A simple tool to help visualize portion sizes is your hand.

1. Look at your fingertip. That's about one teaspoon or one serving of butter for toast.
 2. Your thumb, from knuckle to tip, is about the size of a tablespoon. Double it for a single serving of peanut butter.
 3. The front part of your clenched fist is approximately $\frac{1}{2}$ cup or a serving of pasta.
 4. The recommended serving size of meat is 3 oz., roughly the size of your palm.
 5. A clenched fist is roughly one cup or a double serving of ice cream.
 6. The clenched fist (one cup) is the serving size for a serving of beans or vegetables.
 7. Two open hands are about 2 cups or a serving of leafy greens.
- Although hand size varies, this is a reasonable estimate for men and women. It also applies for children, smaller hands, smaller portions.

Slide 21

Challenges to Healthy Eating

Access to fresh, whole, affordable, culturally relevant food

Transportation

Time

Cooking Equipment

Cooking Skills

Space

Costs of equipment, transportation and groceries



[SUGGESTED SCRIPT]

Healthy eating is a challenge for everyone but many families, especially in underserved communities, face even greater barriers to quality food options. Even when families would like to eat healthier options, they may not be able to access healthy food options. It is important to recognize barriers to health and wellness when supporting families and children.

Access

Limited access to supermarkets, supercenters, grocery stores, or other sources of healthy and affordable quality food makes it

harder for some families to eat a healthy diet. Families who live in food deserts may rely on convenience stores and fast-food restaurants, which may not sell a variety of healthy foods. About 23.5 million people live in food deserts, and nearly half of them are also low-income.*

Transportation

Food shopping typically involves multiple heavy bags to carry. Managing groceries and children while using public transportation is challenging. Transportation by car is impacted by high gas costs.

Time

Time to shop and prepare food is also a constraint for families. Time for meal preparation on top of work, school, and commuting time, can be difficult to find. Preparing fresh, whole food is more time-consuming than preparing packaged, processed foods.

Cooking equipment can be expensive. Cooking with whole foods usually requires more equipment such as knives, utensils and tools.

Cooking skills

Cooking requires skills and knowledge. Food safety, knife skills and menu planning are essential pieces of healthy eating! Most of us learn our cooking skills from our families so if you grew up in a home where people cooked regularly, you may have picked up the cooking techniques used. Some middle and high schools offer classes that teach cooking skills. Cooperative Extension Agencies in some communities offers free or low-cost cooking classes as part of family consumer science programming. Another resource for cooking skills is SNAP-Ed. SNAP-Ed is a USDA program that provides a hands-on educational approach to SNAP recipients.

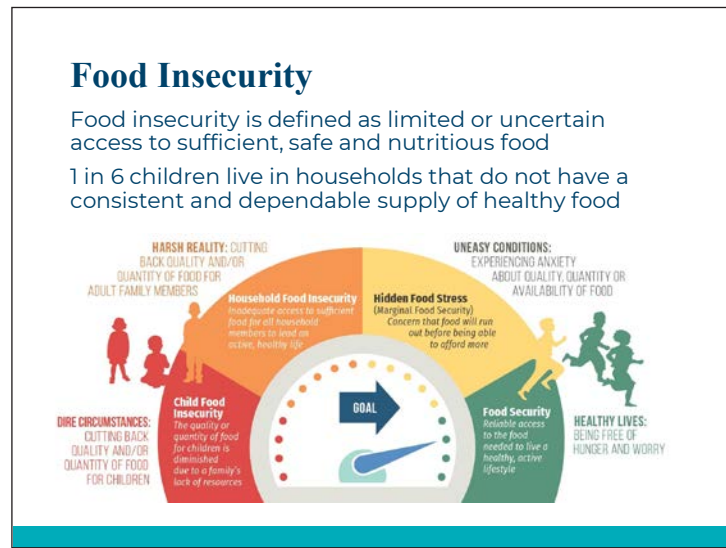
Space

Many home kitchens were not built out to support a lot of cooking.

[TRAINER NOTE]

Consider sharing a map of food deserts in the community. Maps can be accessed at <https://www.ers.usda.gov/data-products/food-access-research-atlas/go-to-the-atlas/>

Slide 22



[TRAINER NOTES]

Food insecurity rates have increased sharply due to the COVID-19 pandemic. Children in food insecure households may be hungry and missing vital nutrients.

[SUGGESTED SCRIPT]

Food-insecure families may avoid hunger by choosing cheaper, more filling types of food over more costly, nutritious foods. For young children, the result can be a diet with inadequate nutrients for normal growth and development. A family may be experiencing food insecurity if they regularly:

- Are unable to afford balanced meals
- Reduce the size of meals because of lack of money
- Reduce the quality and variety of their regular diet due to lack of money

Food insecurity causes stress in families, which can have a negative impact on child development.

The graphic here from the Children's HealthWatch Report Card on Food Security Among Young Children highlights the different levels of food stress that a family may experience. As you can see, families and children can experience different type of food stress and insecurity. While this graphic is from a few years ago, the pandemic has only increased these stresses for families and children.

Source: Children's HealthWatch, HIDDEN FOOD STRESS: UNDERREPORTED IN NATIONAL DATA 2015, <https://childrenshealthwatch.org/hiddenfoodstress/>

Slide 23

Addressing barriers to healthy eating

Community gardens

Farm to Early Care & Education

- [National Farm to ECE](#)

Farmers' markets



[SUGGESTED SCRIPT]

Many communities across the country are coming together to tackle these long-standing barriers to health and wellness. There are growing initiatives and organizations finding solutions to bring in healthier food options and change the power dynamics of food access and the traditional food system.

When seeking healthier food options for yourself or your ECE program, there may be additional community resources and options available to you, including:

Community gardens & Farm to Early Care & Education

Community gardens aim to increase access to fresh produce and enhance social connection around planting and growing local food. Community gardens are often supported local volunteers or may be available in your neighborhood or local school. You can even seek support for establishing a garden in your ECE program. The National Farm to School Network provides resources for ECE programs interested in getting started with gardening and other activities to bring local food to young children. <https://www.farmtoschool.org/our-work/early-care-and-education>.

Farmers' Markets & Nutrition Benefits

Farmers markets can be great sources of fresh fruits, vegetables and other healthy foods. In some states, farmers markets provide incentives to shoppers who use SNAP to purchase local food. A list of farmers' markets currently accepting SNAP benefits can be found at <https://www.fns.usda.gov/snap/farmers-markets-accepting-snap-benefits>.

Slide 24

Addressing barriers to healthy eating

Food Co-ops

Food banks & mobile food banks

Federal nutrition assistance programs



[SUGGESTED SCRIPT]

Food co-ops are stores owned and supported by the people that shop there. Like farmers' markets and community gardens, food co-ops emphasize community engagement and healthy, sustainable foods.

Food banks & mobile food banks can be another option for increasing food access. Many food banks are increasing their availability of healthy food options, some provide cooking skills classes or SNAP-Ed education. Mobile food banks are an option for rural communities who may not

have access to food pantries or are far away from a food bank.

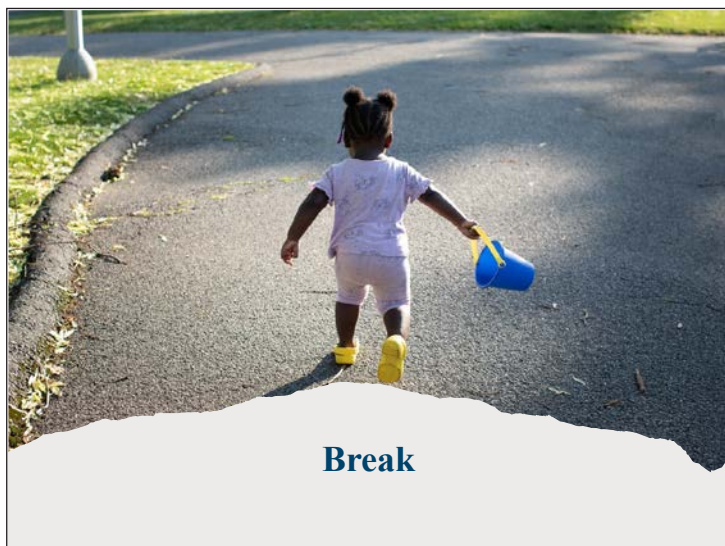
The two website highlighted here aim to connect communities with local food options.

Local Harvest allows you to search for local farms, community supported agriculture (CSAs), Farmers Markets, and Farm Stands based on your location. www.localharvest.org

United States Department of Agriculture (USDA): The USDA keeps a self-reported, searchable database of farmer's markets that allows people to search by zip code/state, products available, payment accepted, and type of area. <https://www.usdalocalfoodportal.com/>

Besides local food options, federal nutrition programs like WIC, SNAP can support families experiencing food stress and food insecurity. Many families may not realize they are eligible for these programs and the application process has changed in response to the COVID-19 pandemic. ECE programs can help connect families and staff connect to these programs. The handouts include information on Federal nutrition assistance programs and state agency contacts.

Slide 25



[TRAINER NOTES]

This is a suggested point in the training to provide a 10-minute break. There is a timer in the trainer kit to help track time. Encourage participants to get up and stretch or move, get water and take care of themselves.

For virtual sessions, request that each participant return in 10 minutes with a small edible item that we will use in an exercise. This could be a raisin, a nut, a cracker, or a bite of any item available.

Slide 26



[TRAINER NOTES]

Give each participant several raisins, or if training virtually, ask participants to hold the edible item they gathered during break.

Read the following script aloud in a slow, calm voice. Another option to facilitate this exercise is to play a video clip of a mindful eating exercise.

<https://www.youtube.com/watch?v=yeuDxIJgti4>

[SUGGESTED SCRIPT]

Mindfulness is being conscious or aware of something. Mindfulness in eating is being fully present and engaged in the act of eating.

1. Holding: First, take a raisin and hold it in the palm of your hand or between your finger and thumb.

2. Seeing: Take time to really focus on it; gaze at the raisin with care and full attention – imagine that this is your first time to see an object like this. Let your eyes explore every part of it, examining the highlights where the light shines, the darker hollows, the folds and ridges, and any asymmetries or unique features.

3. Touching: Turn the raisin over between your fingers, exploring its texture, maybe with your eyes closed if that enhances your sense of touch.

4. Smelling: Hold the raisin beneath your nose. With each inhalation, take in any smell, aroma, or fragrance that may arise. As you do this, notice anything interesting that may be happening in your mouth or stomach.

5. Placing: Now slowly bring the raisin up to your lips, noticing how your hand and arm know exactly how and where to position it. Gently place the raisin in your mouth; without chewing, noticing how it gets into your mouth in the first place. Spend a few moments focusing on the sensations of having it in your mouth, exploring it with your tongue.

6. Tasting: When you are ready, prepare to chew the raisin, noticing how and where it needs to be for chewing. Then, very consciously, take one or two bites into it and notice what happens in the aftermath, experiencing any waves of taste that emanate from it as you continue chewing. Without swallowing yet, notice the bare sensations of taste and texture in your mouth and how these may change over time, moment by moment. Pay attention to any changes in the object itself.

7. Swallowing: When you feel ready to swallow the raisin, see if you can first detect the intention to swallow as it appears, so that even this is experienced consciously before you actually swallow the raisin.

8. Following: Finally, see if you can feel what is left of the raisin moving down into your stomach, and sense how your body as a whole feels after you have completed this exercise.

<https://www.uaex.edu/life-skills-wellness/extension-homemakers/Mindfulness.pdf>

Slide 27

Reflections on Mindful Eating

- How did this experience compare to your typical eating pattern?
- Did anything surprise you during the experience?
- What did you notice about the raisin?
- What can you take from this experience and apply to your habits?

[TRAINER NOTES] Facilitate a large-group discussion using the questions on the slide

Slide 28



Mindful Eating Strategies

Ponder
Appraise
Slow
Savor
Stop

[TRAINER NOTES] Encourage participants to find the mindful eating strategy handout on page five.

[SUGGESTED SCRIPT]

By applying the practices in eating mindfully, you can learn to be more present while you eat. You become more aware of your reactions to food and eating, as well as your habits around mealtime. Mindful eating doesn't have to mean eating slowly. As you know what to pay attention to, you can eat at any speed.

You may end up enjoying food that you like even more while becoming

more tolerant of food that you may not like as much. In some cases, you may learn to appreciate flavors you previously discounted. In other cases, you might identify new flavors that you enjoy. You may also find that you can decrease the emotional intensity of eating food you dislike by adding a little more space between stimulus and response. To practice Mindful Eating, keep in mind...

- **Ponder:** Check in with yourself about your hunger before you eat – you may actually be thirsty, bored, or stressed.
- **Appraise:** Take a moment to take it in. How does it smell? Do you really want it? Is it more than you need?
- **Slow:** Slow down so your brain can keep up with your stomach. Put your fork down between bites and focus on the flavor.
- **Savor:** Enjoy your food. Take a moment to savor the satisfaction of each bite – the taste, texture, everything!
- **Stop:** Stop when you're full – there's no need to join the clean plate club if it means overeating.

Slide 29

Action Plan

Goal:

Eat 5 or more servings of fruits and vegetables every day

Today's Date:	Start Date:
Action Steps	Materials, resources or support needed
1. Prepare raw vegetables for quick snacks	Purchase vegetables
2. Make or buy a vegetable dip	Purchase dip
3. Move snack cakes from counter to cabinet	Support from my family to keep items in cabinet
4. Pack vegetables daily for work snack	Snack bags
5. Share my goal with my partner/family	Support

[SUGGESTED SCRIPT]

Adopting new habits is difficult. We all have established behaviors around our eating habits. These behaviors are shaped by our past and present experiences, culture, and tradition. Some of these habits support health and some less so. What is a habit around healthy eating you would like to build or do more frequently?

It can be helpful to set one small goal that is realistic to achieve. The more specific, the better! The goal of this action plan is to eat five or more fruits and vegetables a day. Think

about and count the servings of fruits and vegetables you consumed yesterday. Was this a typical day for you? Did you reach five servings? If you had three or four servings, then this would be a reasonable goal. If you had no fruits and vegetables yesterday, this would not be a small goal for you. Think about setting the number at two or three servings of fruit and vegetables a day.

Let's walk through the action steps. Action steps should have specific actions that move toward the goal or remove obstacles to success.

[TRAINER NOTES]

Walk through the sample action plan on the slide. After reading the action steps, ask participants to share what additional action steps would help them reach this goal.

Slide 30

Create Your Goals

What are the values guiding your food choices?

What qualities are important to you when it comes to food?

What is a healthy eating habit you wish you practiced more consistently?

[TRAINER NOTES]

The slide questions are provided as prompts for a large-group discussion to get participants thinking about goals. Goals could be a healthy eating behavior they would like to establish or an unhealthy eating behavior they would like to change. Direct participants to the action plan template in the handout on page six. Beneath the template is a list of sample goals. Encourage participants to select one of the listed goals or create a goal that fits their need.

Give participants five to ten minutes to create their own action steps. It can be helpful to encourage those with similar goals to work together. Afterward, ask a volunteer to share their plan or the group to reflect on the process of setting goals. For virtual training, the timer may help track the remaining time.

[SUGGESTED SCRIPT]

Eating is a learned behavior and based on many complex cues and emotions. The path to adopting a healthy eating behavior into your lifestyle can be an up and down journey. Relapsing into previous behaviors is common. Studies on smokers show they may take multiple times to quit before they reach a maintenance place. If your first attempt is not successful, think about what you learned in the process and attempt and adjust the course next attempt!

Understanding how challenging it is to change eating habits reinforces how important it is that we support young children in establishing healthy behaviors from the start!

Slide 31



[TRAINER NOTES]

Demonstrate the movement for four or more of the various beans listed below. Ask participants to stand in place. When you call out a type of bean, they should move like the type of bean or simply follow your movement.

Another option for this activity break is to ask participants to list as many types of beans as they can in one minute. When the time has expired, see who has the longest list at the end of the allocated time and ask them to read their list aloud.

Broad Bean- Stand with your arms and legs as wide as you can

Runner Bean- Run in place

Chili Bean- Shiver and shake

String Bean- Stand on tiptoes with arms above head

Black-Eyed Peas- Stand with a hand over one eye

Kidney Beans- Bend sideways into a 'C' shape

Beanstalk- Crouch down in a squat and 'grow' slowly as you return to standing

Snap Beans- Snap fingers

Jumping Beans- Jump in place

Bean Sprout- Stand on tiptoes and make yourself as tall as possible

Jelly Bean- Wiggle and wobble like jelly

Slide 32

Why is healthy eating important for infants, toddlers and preschoolers?

- Experts believe that early childhood is the best time to establish healthy eating habits
- Research shows that the more opportunities children are given to sample unfamiliar foods, the more likely they are to like and accept such foods
- Young children are motivated to imitate the behaviors around food modeled by caregivers and peers

[SUGGESTED SCRIPT]

Food preferences and dietary patterns begin developing from birth. From birth to age 2 is a critical period for exposing children to a wide variety of healthy foods and setting a preference for healthy options. Child care can help influence these preferences as children may consume up to two meals and two snacks daily while in child care.

Establishing healthy eating habits early can support a lifetime of good health.

[TRAINER NOTES]

The terms early care & education (ECE) professional and caregiver are used to refer to all professionals who care for children in family child care homes, head start settings, preschools and centers. Please adjust to use the term that is acceptable for your participants. Some ECE professionals prefer the term teacher, provider, or educator.

[SUGGESTED SCRIPT]

Our habits around food and eating started developing in early childhood. As adults, we carry some of these habits and preferences today. Establishing healthy eating habits early can support a lifetime of good health.

Infants and young children are dependent on the adults in their lives to make choices on what foods will be provided and the climate and practices in the feeding environment. As early care professionals, we can help children become healthy eaters.

As children engage in meals with classmates, caregivers and their family we can see growth in multiple areas of development. We will explore nutrition's role in three areas of child development during this section: Brain Development, Physical Development, and Social-Emotional Development. We will also consider how adults can help children develop healthy eating behaviors.

Child development is a highly interactive process: Genetics, environment, social and cultural practices, and nutrition influence how a child grows.

Healthy diets for young children contribute to physical well-being and are also vital for good cognitive development. Current research shows that a varied diet rich in essential nutrients such as protein, carbohydrates, healthy fats, and vitamins and minerals supports periods of rapid growth and brain development. Also, good feeding habits and environments are crucial to a young child's social-emotional learning.

Food preferences and dietary patterns begin developing from birth. From birth to age 2 is a critical period for exposing children to a wide variety of healthy foods and setting a preference for healthy options. Child care professionals can help influence these preferences as children may consume up to two meals and two snacks daily while in child care.

Slide 33

Physical Growth & Development

- During a child's first six months, they grow faster than at any other time in life. Healthy food fuels this growth.
- Children have specific energy needs (calories), including protein, fats, and nutrients.
- As children develop their motor skills and increase their movement, they need more energy.

[SUGGESTED SCRIPT]

From birth to 6 months, physical growth occurs more rapidly than at any other time in life and is fueled by calories and nutrients. Infants generally double their birth weight by 4-6 months of life and triple their birth weight by one year. The energy needs of infants are higher per pound than at any other time in life. Growth slows down during toddler and preschool-age years but continues at a steady rate. Fat is especially important in brain development and function. Motor Skill Development is a part of physical growth and development.

As motor skills emerge and movement increases, daily energy needs increase. Infants who are crawling need more energy than infants who have not mastered this skill.

During the subsequent training, **Nourishing Infants and Toddlers & Nourishing Preschoolers**, the content will explore the role of nutrition and mealtime experiences in motor skill development.

Slide 34

Brain Development



Responsive caregivers



Experiences



Protein, Fat, Iron, Zinc & Iodine

[SUGGESTED SCRIPT]

From birth to age three, the brain grows more quickly than at any other time in life. Nutrition provides the fuel for rapid growth. The developing brain also needs experiences in supportive environments and interactions with responsive caregivers. Feeding provides opportunities for both. During infancy, breast milk or formula in bottles provides the nutrients needed. The physical process of breastfeeding or being held close during bottle-feeding offers experiences and interactions that nurture the brain.

As a toddler, the brain is busy forming synapses. These are the connections that allow neurons (brain cells) to communicate with one another. Many synapses are being formed in the brain's areas responsible for language development, motor skills, and cognitive skills. Mealtime components that support the developing brain include social interactions and conversations and a healthy, varied diet.

If a child suffers from poor nutrition, brain development can be compromised by the absence of key nutrients required for proper cognitive functioning and neural development. Nutrients essential for brain development include Protein, Iron, Zinc, and Iodine.


Protein restriction seen in malnutrition can result in smaller brains with fewer neurons and reduced concentrations of neurotransmitters and growth factors.*

Iron is necessary for normal anatomic development of the brain. Young children are at risk for iron deficiency because of their rapid growth and expanding volume require iron.

Zinc and Iodine play a critical role in the development of neurons.

Fats also have a crucial role as they support myelination in the growing brain. Children need a high level of fat in their diets, around 50 percent of their total calories until age 2. Babies should receive most of this fat from breast milk or formula in the first year of life. Varied, healthy diets while in early care settings support brain development.

Slide 35



Healthy Eating Habits and Oral Health

- Nutritious foods and healthy eating habits are important for growth, development, and maintaining a healthy body
- The teeth, bones and soft tissues in the mouth benefit from healthy foods
- Prevent tooth decay by limiting between-meal snacks
- Caregivers should brush a young child's teeth at least once a day at bedtime

[SUGGESTED SCRIPT]

In addition to Brain Development, good nutrition is important for our teeth, gums, and mouth.

[TRAINER NOTES]

Highlight key points on slide.

Source: American Academy of Pediatric Dentists aapd.org

Slide 36

Social-Emotional Development

- Feeding provides a time for social interaction and developing trust with caregivers
- During mealtime, young children copy the eating patterns and behaviors of parents, caregivers, adults, siblings and peers providing a rich opportunity for Social-Emotional growth
- The first three years of life can be challenging because a child's feeding abilities and needs change with motor, cognitive and social development.

[SUGGESTED SCRIPT]

Social-Emotional Skills are the skills that help us get connect with others and manage emotions. The skills begin developing from birth. Social-Emotional Development, like Brain Development, is highly influenced by relationships with caregivers and experiences in environments. Feeding and Eating provide multiple opportunities for social-emotional development throughout the day.

Feeding is a significant event in the daily life of an infant and young child. For a preschooler, feeding

typically happens 5-6 times a day, counting meals and snacks. This might add up to 2 or more hours, comprising a substantial portion of a child's waking hours. For very young children feeding time is an opportunity to develop trust with caregivers, to interact with others. This verbal and non-verbal communication between children and adults builds a foundation for social development.

The first three years of life are particularly challenging because a child's feeding abilities and needs change with motor, cognitive and social development.

- *From birth to approximately three months, the infant develops self-regulation and organization. During this time, a child's experiences of hunger and fullness help develop regular feeding patterns.*
- *From three to seven months, the infant communicates with caregivers and develops self-soothing behaviors. A responsive caregiver responds to these cues helping establish trust.*
- *From 6-36 months children the child gradually "separates" emotionally from the caregiver and discovers a sense of independence or autonomy, making use of developing motor and language skills to establish independent feeding.*

With participation in group meals, the social component of feeding expands. During mealtimes we can see children engaging in activities such as social conversation, problem solving, taking turns, waiting, and self-help skills.

Slide 37



[TRAINER NOTES] Divide participants into groups of four or use breakout rooms if training virtually. Ask participants to think about the content of today's training and create a caption and hashtag for a social media post (i.e. Instagram, Twitter, Facebook). Remind participants that as ECE providers they are the original influencers for children. Give groups five minutes to think of captions and hashtags and then share back with the group. Capture responses on a flip chart, whiteboard, or virtual chat.

[SUGGESTED SCRIPT]

We are all probably familiar with social media and the power of influencers to promote behaviors, personal interests, hobbies, and products. Captions are simple, concise, and attention-grabbing. They support your post and sometimes go viral. A great caption or hashtag helps your friends, family or followers to share in your experience. Think about what you've learned, seen, or felt during this introductory training. Create a caption and hashtag that communicates your own takeaway from today.

*For example, **My food journey shapes me. #PasstheGreens***

Slide 38

Join us to learn more!

Nourishing Infants & Toddlers

*Insert Date,
Time & Location*

Nourishing Preschoolers

*Insert Date,
Time & Location*

1. Discuss the developmental stages of becoming a healthy eater and common challenges
2. Identify the role of ECE professionals in nurturing healthy eaters
3. Recognize family engagement opportunities around nutrition and food
4. Identify one or more nutrition best practices to incorporate in your daily routines with children

[SUGGESTED SCRIPT]

Today we have discussed nutrition basics and thought about how our early feeding & eating experiences influence our eating habits.

We have considered how nutrition and wellness are interrelated and developed an action plan to improve our nutrition.

We dove into how adequate nutrition is essential to areas of child development explored the adult role in helping children become healthy eaters

Two trainings focusing on age-specific objectives are available with

content relevant for providers caring for children in that age group. Talk with your trainer for more information.

Slide 39

Acknowledgments

This training was made possible thanks to the funding, technical expertise, and guidance from the following national and state organizations.



For expertise in children's health and wellness. This training series was developed by nutrition and early childhood experts.



For initial funding to design and develop the original Nourishing Health Eaters training series

[SUGGESTED SCRIPT]

Finally, we'd like to acknowledge some national and state partner organizations that made this training possible.

Slide 40



**Thank you for participating in
today's training**

{SUGGESTED SCRIPT}

Thank you for participating in today's training. As a child care professional, you can play an important role in Nourishing Healthy Eaters.

Handout



Nourishing Healthy Eaters in Early Care and Education - Introductory Session

Objectives:

1. Describe Wellness and Adult Nutrition
2. Recognize the importance of healthy eating for infants, toddlers, and preschoolers

My Food Story

Attitudes about food and food preferences begin to develop in early childhood influenced by parents, families, and adult caregivers. The way that our families discussed food, the climate of meals, culture, religion, and parenting style all impact our food story.

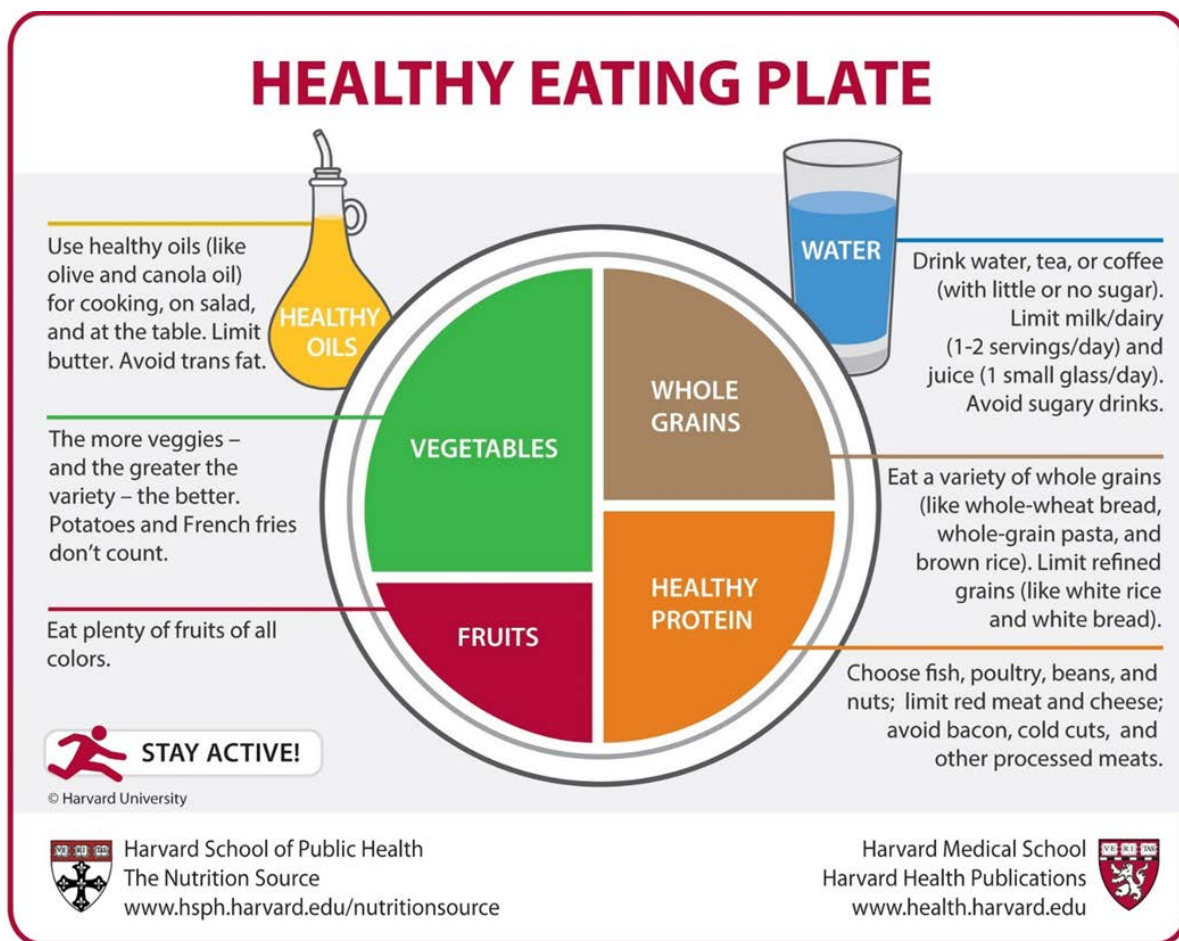
- List out several fruits and vegetables you enjoyed as a child.
- What is a dish a parent or family member prepared that you remember?
- What were your family meals like as a child?
- What is a food you avoid today? Why?
- What is a food you currently enjoy when you are celebrating?

How do you think your childhood experiences with food influence your food choices today?

Wellness is an active process of becoming aware of and making choices toward a healthy and fulfilling life. Inequities and access to choices that promote wellness exist in many communities.

Wellness is more than being free from illness, it is a dynamic process of change and growth.

Wellness is important to me because...



Sugar-sweetened beverages are any liquids that are sweetened with added sugars. Examples include regular soda (not sugar-free), fruit drinks, sports drinks, energy drinks, sweetened waters, and coffee and tea beverages with added sugars.



Sugar-sweetened beverages are leading sources of added sugars in the diet. Sugars are listed on the nutrition label and the ingredient list.

Breaking the habit of drinking sugary drinks can be challenging. The rush of sugar causes the dopamine to be released to brain. This can lead to cravings for more sugar.

Challenges to Healthy Eating



Access to fresh, whole, affordable, culturally relevant food
Transportation
Time

Cooking Equipment
Cooking Skills
Space
Cost of equipment, transportation, and groceries



EAT SMART

WITH FOOD NUTRITION LABELS

The Nutrition Facts label can help you make healthier choices.

Use it! Here's what to look for:

Nutrition Facts	
8 servings per container	
Serving size	2/3 cup (55g)
Amount per serving	
Calories	230
% Daily Value*	
Total Fat 8g	10%
Saturated Fat 1g	5%
Trans Fat 0g	
Cholesterol 0mg	0%
Sodium 160mg	7%
Total Carbohydrate 37g	13%
Dietary Fiber 4g	14%
Total Sugars 12g	
Includes 10g Added Sugars	20%
Protein 3g	
Vitamin D 2mcg	10%
Calcium 260mg	20%
Iron 8mg	45%
Potassium 235mg	6%
* The % Daily Value (DV) tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.	

Start with serving information.

This will tell you the size of a single serving and how many servings are in the package.

Check total calories.

Do the math to know how many calories you're really getting if you eat the whole package.

Limit certain nutrients.

Compare labels when possible and choose options with lower amounts of added sugars, sodium and saturated fat and no trans fat.

Get enough of beneficial nutrients.

Eat foods with nutrients your body needs, like calcium, dietary fiber, iron, potassium and Vitamin D.

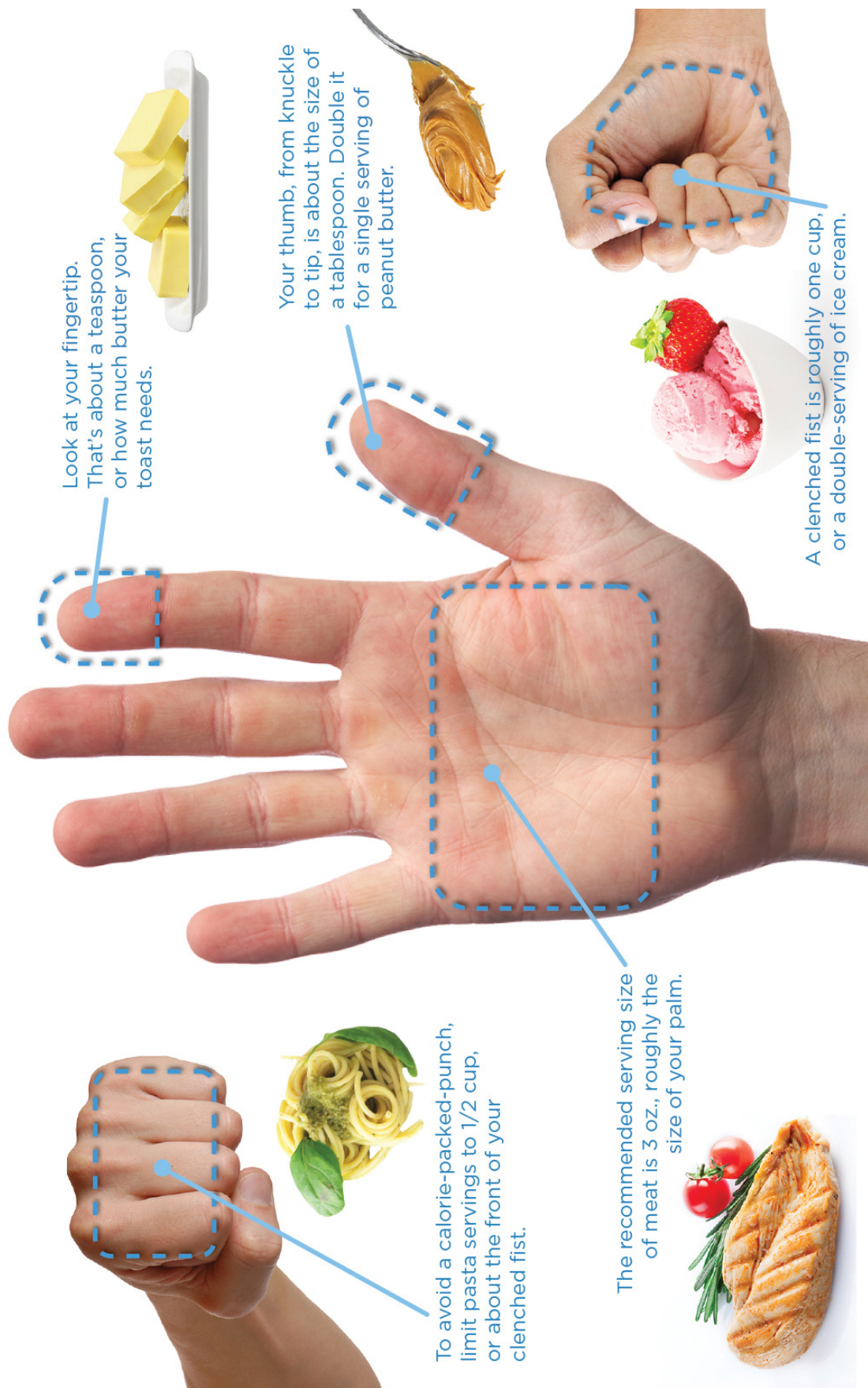
Understand % Daily Value.

- The % Daily Value (DV) tells you the percentage of each nutrient in a single serving in terms of the daily recommended amount.
- To consume less of a nutrient (such as saturated fat or sodium), choose foods with a lower % DV (5% or less).
- To consume more of a nutrient (such as fiber or potassium), choose foods with a higher % DV (20% or more).

For more tips and tricks on eating smart, visit heart.org/HealthyForGood



Hand Guide to Portion Control



Sources:
<http://www.cnpp.usda.gov/Publications/DietaryGuidelines/2000/2000DGBrochureHowMuch.pdf>
<http://www.health.arkansas.gov/programs/ChronicDisease/Nutrition/Pages/ServingSizes.aspx>

www.GuardYourHealth.com



MAKE EVERY BITE A MEDITATION

If you want to put healthier eating habits on the menu, mindfulness may be a simple and effective place to start! It's not about dieting or restrictions – it's about taking a moment to take it in.

Try these easy ways to incorporate mindful eating into your day, so you can Eat Smart at every meal:



Ponder: Check in with yourself about your hunger before you eat – you may actually be thirsty, bored or stressed.



Appraise: Take a moment to take it in. How does it smell? Do you really want it? Is it more than you need?



Slow: Slow down so your brain can keep up with your stomach. Put your fork down between bites and focus on the flavor.



Savor: Enjoy your food. Take a moment to savor the satisfaction of each bite – the taste, texture, everything!



Stop: Stop when you're full – there's no need to join the clean plate club if it means overeating.

Try one or more of these tactics to help you eat more mindfully. And for more ways to be Healthy for Good, visit heart.org/HealthyForGood



EAT SMART MOVE MORE BEWELL

Action Plan	
Goal Statement:	
Action Steps	Materials, Resources or Support Needed
<i>Example: Recognize my daily progress</i>	<i>Example: Planner/calendar, 5-10 minutes of time in the evening to think and note about my progress in my calendar</i>
1.	
2.	
3.	
4.	
Today's Date:	Start Date:

Sample Goals:

Eat 5 servings of Fruits and Vegetables per day
 Limit Sugary beverages to one drink per day
 Drink 5 glass of water per day
 Use 1 mindful eating strategy at each meal and snack

Sample Acton Steps:

Track or journal my successes and challenges
 Keep nutritious foods and snacks available
 Identify apps that help support my goals
 Name a partner for support

Healthy Eating in Early Childhood

- Experts believe that early childhood is the best time to establish healthy eating habits
- Research shows that the more opportunities children are given to sample unfamiliar foods, the more likely they are to learn to enjoy and accept them
- Young children are motivated to imitate the behaviors around food modeled by caregivers and peers.
- Food preferences and dietary habits begin developing from birth.
- From birth to age 2 is a critical period for exposing children to a wide variety of healthy foods and setting a preference for healthy options.
- Child care can help influence these preferences as children may consume up to two meals and two snacks daily while in child care.

Early care professionals can help children become healthy eaters.

Nutrition plays an essential role in early childhood growth and development



Physical Growth & Development



Brain Development



Social & Emotional Development

Nourishing Infants & Toddlers

Welcome

This second session addresses responsive feeding, establishing a breastfeeding-friendly environment, and adult practices that best support children. Content addresses engaging with families about food and child nutrition to include raising awareness of federal nutrition programs.

Objectives

1

Discuss the developmental stages of becoming a healthy eater and common challenges

2

Understand responsive feeding


3

Identify the role of ECE professionals in nurturing healthy eaters

4

Identify one or more nutrition best practices to incorporate in your daily routines with children

Slide 1



Nourishing Infants and Toddlers

*Insert your trainer info here, e.g. Name,
credentials, contact info
Date of training*



[TRAINER NOTES]

Edit this slide to add your name, credentials, and contact information. Include the date of when you deliver the training.



[SUGGESTED SCRIPT]

Welcome to Nourishing Healthy Eaters in Early Care & Education.

This series of workshops is designed to support early care and education providers deepen their understanding of how children learn to become healthy eaters. Thank you for your participation today as we explore how your daily practices

as a child care professional impact children's food journey.

Slide 2



What is your favorite fruit?

Icebreaker and Introductions

[TRAINER NOTES]

If you are delivering the training virtually, request participants to enter their response in the chat. At the end of the training, save the chat discussion to track attendance. Consider assisting participants to edit their name as it appears on the screen and chat in the platform to assist in capturing attendance at the virtual session.

[SUGGESTED SCRIPT]

Despite the health benefits of fruits and vegetables, many Americans do

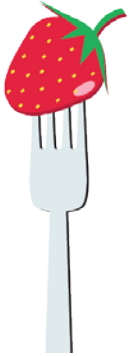
not eat enough in their daily diet. The 2020–2025 Dietary Guidelines for Americans recommends that adults consume 1 ½ to 2 cups of fruits and 2–3 cups of vegetables per day. However, only 1 in 10 US adults eat the recommended amount of fruits or vegetables each day. Not surprisingly, children's consumption of fruits and vegetables mirrors adults. Approximately 85% of 1–3-year-olds don't consume the recommended amounts of vegetables daily.

Think about your fruit and vegetable consumption yesterday? Approximately how many servings did you consume?

Today's training will present strategies we can use to help children learn to enjoy fruits, vegetables as well as other healthy foods.

Slide 3

Objectives



- 1) Discuss the developmental stages of becoming a healthy eater and common challenges
- 2) Understand responsive feeding
- 3) Identify the role of ECE professionals in nurturing healthy eaters
- 4) Identify one or more nutrition best practices to incorporate in your daily routines with children

[TRAINER NOTES]

Throughout this training the terms **early care & education (ECE)** **professional** and **caregiver** are used to refer to all professionals who care for children in family child care homes, head start settings, preschools and child care centers. Please adjust to use the term that is acceptable for your participants. Some ECE professionals prefer the term **teacher, provider, or educator**.

[SUGGESTED SCRIPT]

During the first session of Nourishing Healthy Eaters in ECE

settings, two objectives were discussed.

- *Describe wellness and adult nutrition*
 - *Recognize the importance of healthy eating for infants, toddlers, and preschoolers*
- The content in today's workshop will build on this information.*

Taste preferences and eating habits begin to be formed in early childhood and follow, to some degree, into adolescence and adulthood. Early childhood is a crucial window of development for healthy eaters. The objectives will lead us to explore the stages for learning to eat and examine how our practices as child care professionals can support children.

Slide 4



The Developmental Stages of Becoming a Healthy Eater & Common Challenges

[SUGGESTED SCRIPT]

Like all areas of child development, the development of feeding skills follows stages with later abilities and skills building on those already mastered. Understanding the progressions of skills allows ECE professionals to set realistic expectations and create environments and activities that help children master skills.

Slide 5

Infant Development and Feeding Skills

- Reflexes
 - Rooting
 - Gag
 - Tongue thrust
 - Suck, Swallow
- Coordinates suck, swallow and breathing
- Requires head and neck support during feeding

Stages of Infant Development and Feeding Skills (healthy, full-term)

Developmental milestones are used as markers to ensure that infants and toddlers are growing in a healthy direction. During early years, a child's relationship with food is crucial for his or her health and development. Learning the physical signs that relate to feeding is important to understanding this process.

BIRTH TO 3 MONTHS	4 - 6 MONTHS	7 - 9 MONTHS	10 - 11 MONTHS	12 - 15 MONTHS
Reflexes: <ul style="list-style-type: none"> • Suck/swallow • Tongue thrust • Rooting • Gag 	Gag and tongue thrust reflex starts to subside. Lip and chin wrinkling movement.	Begins control of head positioning in mouth. May sit without support.	Moves food side to side in mouth. Begins to use jaw and tongue to mash and chew food in repeating patterns.	Babbling chewing. Feeds self easily with fingers. Begins to feed self with spoon.
Requires head, neck and trunk support. Brings hands to mouth around 3 months.	Uses tongue to transfer food from front to back in swallow.	Pushes food with tongue. Begins introduction to solid foods (6 months).	Begins to curve lips around rim of cup.	Dips food with spoon rather than scoop.

[TRAINER NOTES]

Ask participants to refer to the handout on page two titled **Stages of Infant Development and Feeding Skills**. Review the first two entries in each column. Seek participant input on what infant providers notice on developing oral skills.

[SUGGESTED SCRIPT]

Children develop at their own pace, so it's impossible to tell precisely when a child will learn a given skill. However, the milestones provide a general idea of the changes to expect as a child gets older.

The handout focuses on oral motor development and physical development around feeding.

Slide 6

Other Developmental Domains

- Social-Emotional Development
 - Bonding with caregiver during feeding
 - Building trust in the feeding relationship
- Linguistic development (language, communication, speech)
 - Communicating hunger and fullness
 - Vocabulary that is used during feedings
 - Back and forth interactions

[SUGGESTED SCRIPT]

Caregiving routines such as feeding, and diapering comprise a large portion of the infant's day. These activities present opportunities to support development across all domains. Consider how social-emotional development and linguistic development are supported during feeding.

Feeding is a major event in the daily life of an infant and young child and for infants and young children feeding time is an opportunity to develop trust with caregivers, to interact with others. This verbal and

non-verbal communication between children and adults builds a foundation for social development.

From birth to approximately three months, the infant is developing self-regulation and organization. During this time, when an infant experiences hunger, they indicate with cues, like rooting for the nipple, squirming and eventually if their needs are not met, crying.

From three to seven months, the infant and caregivers/parents form an attachment that allows them to communicate with each other and the infant develops basic trust and self-

soothing behaviors. A responsive caregiver responds to an infants' hunger cues in a consistent, responsive way helping to establish trust.

Feeding time is also an opportunity to introduce new vocabulary, to discuss sensations such as hunger, the warmth of cereal or milk, and the textures of foods. It is a time to introduce colors discussing orange carrots or green broccoli.

Slide 7



[TRAINER NOTES]

For in-person training, provide approximately five minutes for participants to discuss the prompt on the slide in small groups. After the time elapses, use chart paper or a whiteboard to capture responses from the group. For virtual delivery, ask participants to put one statement in the chat box. Encourage participants to capture thoughts and responses on the handout callout box on page one.

[SUGGESTED SCRIPT]

Eating healthy depends on more

than just the foods we consume. What are some of the habits or characteristics of a healthy eater (adult or child)? As a child care professional, how can you support healthy habits during meals and snacks?

[TRAINER NOTES]

Some responses to the query on characteristics of healthy eaters may include:

- **Can respond to hunger and fullness cues and self-regulate eating**
- **Enjoys mealtimes**
- **Enjoys many different foods sometimes**
- **Feels good about eating**
- **Can try new food sometimes**
- **Can be around new foods without getting upset**

Some responses to the slide prompt may include:

- **Role modeling**
- **Family style dining**
- **Creating calm eating environments**
- **Teaching eating skills**
- **Having realistic expectations of children –understanding child development**
- **Setting a predictable schedule for meals and snacks**

[SUGGESTED SCRIPT]

The basic concepts of healthy eating are consistent from childhood to old age. The foods and beverages we consume impact our health. A healthy dietary pattern can help children (and adults) achieve and maintain good health. Eating is also a social act. Eating together is a way of expressing relationships, sharing life events and celebrating milestones. These social aspects of eating also play a role in being a healthy eater. The content today will consider how adults and caregivers can support children in becoming healthy eaters.

Slide 8

Foods for the first 6 months



Breast Milk



Iron Fortified Formula

[SUGGESTED SCRIPT]

During infancy, babies need specific nutrients. This is a period of rapid growth and development. Breast milk is the best source of nutrition for the first year of life. It is the only food babies need for the first six months. However, if a family is unable or chooses not to breastfeed which is ok, iron-fortified formula is a healthy option. Pediatricians can help families find the formula that best meets the needs of their child.

Slide 9



Breastmilk

- Provides health benefits for the breastfeeding parent and baby
- Both the nutrients in breastmilk and the act of feeding contribute to brain development
- Breast milk is the only food a baby needs until 6 months
- Recommended through 12 months and as long as mutually desired by the breastfeeding parent and baby
- The decision to breastfeed or formula feed is based on a breastfeeding parent's comfort level, lifestyle, and individual situation.

[SUGGESTED SCRIPT]

Choosing whether to breastfeed or formula feed their baby is one of the biggest decisions expectant and new families will make. While breast milk is the best nutritional choice for most infants, breastfeeding and may not be possible for all people. Absence of structural supports such as paid parental leave and flexible work schedules are barriers to breastfeeding. Additional workplace challenges exist such as the right to take breaks to pump and access to private spaces. Child care professionals respect parent choices and support

families in Later in this session we will discuss how child care can support families who choose to breastfeed.

When a family can breastfeed, it is good for babies. Breastmilk provides babies with nutrients, growth factors, and hormones. Because breastmilk changes based on the baby's needs and growth, it cannot be replicated in formula. Breastfed infants have fewer respiratory infections, ear infections, and stomach illnesses. Breastfeeding also supports the mothers' health by lowering the risk of certain cancers, reducing the risk of diabetes, and providing benefits to blood pressure.

Developing brains benefit from both the nutrients in breastmilk and the mother-child interactions during breastfeeding. Breastfeeding is a physical act with skin-to-skin contact which supports bonding between the breastfeeding parent and child. The bonding enhances the emotional circuitry in the developing brain laying a foundation for social-emotional development.

Slide 10

Readiness signs for complementary feeding

- Usually begins around 6 months, not earlier than 4 months
- Can sit in a feeding chair with head control
- Follows food with eyes
- Can use tongue to get food off the spoon and does not push the food out of their mouth
- Brings objects to mouth

[TRAINER NOTES]

It may be useful for participants to again refer to the **Stages of Infant Development and Feeding Skills on page two of the handout, focusing on the column labeled 4-6 months. Readiness signs are listed on page three of the handout.**

[SUGGESTED SCRIPT]

As babies grow they transition to the next feeding stage known as “complementary feeding” when parents and caregivers may begin to introduce foods along with continued breastmilk and/or

formula feeding, depending on the child. Signs of readiness for complementary foods start around six months. Some babies may show these signs a bit later and some a bit earlier, but complementary foods should not be introduced before 4 months.

Complementary feeding is when foods are added to ‘complement’ breastmilk or formula. Breastmilk or formula still have an essential role in providing nutrients and calories. Complementary foods help the infant learn how to eat and support the development of facial muscles and the oral cavity. The development of facial muscles also supports emerging speech abilities.

It is important to begin feeding when infants show the developmental signs of readiness as this indicates they are ready for increased caloric intake.

Between four and seven months, infants are receptive to a wide range of flavors and textures. Infants require fewer exposures than older children to accept new foods. As complementary foods are introduced, this is an opportunity to familiarize children with a wide variety of healthy foods, especially vegetables.

Talk with families about when and what foods they are introducing. While families decide when their child is ready for complementary foods, caregivers can be a great source of information. Develop a plan for introducing age-appropriate solid foods in consultation with child’s parent/guardian and primary care provider.

Slide 11

Positioning for Success

- Sitting upright
- Head, neck and trunk aligned
- Bolsters for support
- Footrests in place
- Safety straps secured



[TRAINER NOTES]

Slide content is on page three in the handout.

[SUGGESTED SCRIPT]

Positioning is key for success. Infants should sit upright. If they are not sitting independently, position them so that they lean back slightly. Make sure the infant is not slumping forward as this is not an ideal position for swallowing.

Ideally, the head, neck, and trunk are aligned. The infant may need bolsters such as a rolled-up dish towel or baby blanket for added

stability. Make sure that bolsters don't restrict the correct use of all safety straps.

Footrests are important. After infants grow to the point where the knees bend over the seat's edge, add a footrest. Some infant feeding chairs have an adjustable footrest. An empty tissue box or cereal box can be taped to the chair to meet the infant's feet, forming a footrest. Stability under the feet is important for adults and children during meals. Stability, when seated, supports the use of core muscles for sitting erect, reaching, and passing during meals.

Trays should fall just under the ribcage. Infant's elbows should be comfortable on the tray.

[TRAINER NOTES]

This is an optional exercise to demonstrate the impact of positioning. Ask participants to sit up straight with both feet firmly on the floor. Once positioned, ask them to pick up a nearby item such as a notebook or glass and move it from one side of their body to the other. Notice how this movement felt in terms of stability. Next, ask them to repeat the motion with feet off the ground. While the difference in adults may be subtle, to a child developing skills, stability boosts acquisition.

Slide 12



Fine and Oral Motor Skill Development

- Transfer items from one hand to the other hand
- Pincer grasp
- Moves hand to mouth with food
- Dips food with spoon
- Feeds self with spoon
- Curves lips around cup
- Holds cup with two hands
- Drinks from a straw

[TRAINER NOTES]

Ask participants to refer to the **Infant Development and Feeding Skills** handout focusing midway down each column on fine and oral motor development skills. What types of activities do ECE providers do outside of meals to support these skills?

Slide 13



Foods for children 6-24 months

- Human milk or infant formula should be served to at least 12 months
- Offer a wide variety of healthy foods from all the food groups
- Vary textures of foods such as pureed, mashed, diced
- Provide repeated experiences with fruits and vegetables
- Avoid foods which pose a choking hazard
- Avoid foods with added sugar and high sodium

[SUGGESTED SCRIPT]

Milk

Cows milk should not be served unless written exception is provided.

Variety

Children are born with the ability to learn to accept and enjoy all nutritious foods, but they need help from adults to develop this skill. It can take ten or more exposures for a child to accept a new food. The time from 6-24 months is an essential window for children for exposure to new foods as after age two, Neophobia, or the reluctance to try new foods emerges, and it can become more challenging to help

children accept new foods. MyPLATE.GOV is a resource for more information on healthy eating for infants and toddlers.

The context or environment of exposure is equally important. A positive social environment will increase the willingness of children to try a new food. Watching adults and peers enjoy the same food can also impact children's willingness to taste and enjoy foods.

Expose children to healthy foods prepared in different ways and with varying textures such as a smooth puree, chunkier purees, mashed, and finely chopped. Varying textures helps children develop their feeding skills and move to solid table foods.

Exposure/Repetition

Infants have a natural preference for sweet and salty foods and tend to avoid bitter or sour foods, but they can learn to enjoy these foods through repeated exposure. As adults, we may tend to read babies' reactions to new foods and imply meaning. Does the response to the taste of a new food convey surprise or a dislike?

In child care, cow's milk should not be served unless written exception from a medical professional is provided.

Repeated exposure is essential to developing acceptance of foods. Consider how an infant learns a new motor skill, such as sitting up. This skill is mastered through many attempts and more than a few failures. As adults, we encourage these attempts so the child can master this developmental milestone.

Transfer this idea repeated experiences and exposure to foods. A 6-month old infant who gets a taste of beets may open her eyes in surprise. A second and third spoonful may get pushed out of the mouth. She tastes them 6-10 times over the next 2-3 weeks and establishes a memory of this taste. She learns to accept it. During this window of 6-24 months, exposing children to a wide variety of foods, especially fruits and vegetables, supports children in becoming healthy eaters.

Choking hazards

Choking is a concern with infants and toddlers who are developing chewing and swallowing skills. Common choking hazards include grapes, hotdogs, raw carrots, popcorn, whole cherry tomatoes. Young children should always be closely observed when eating.

Added sugar and high sodium

Infants and toddlers eat small amounts of food, so it is essential that what they consume be high in nutrients, low in sodium and not contain additional calories from added sugars. Low- and no-calorie sweeteners are not recommended for children younger than age 2. Taste preferences are being formed during this period. Infants and toddlers may develop preferences for overly sweet or salty foods.

Slide 14

Challenges

Varied Appetites
Picky Eating
Food Jags
Sensory Processing
Challenges



[TRAINER NOTES] Slide content is on page three in the handout with space for notes.

[SUGGESTED SCRIPT]

Appetites vary

It can be challenging for adults to accept that toddlers and preschoolers go through phases. They may eat very small amounts for several meals then eat heartily for the next few meals. Remember that toddlers recognize hunger and fullness cues and know what they need. The role of adults is to provide healthy food options at regular intervals, meals, and snacks and

respect the toddler's decision about if and how much they eat. While toddlers are still growing, it is less dramatic than the first year of life, and their nutrient and fuel needs reflect this.

Picky Eating

Food preferences vary. This challenge usually peaks in the toddler and preschool years. Simply described, this is when a child refuses foods often or eats the same foods over and over. Once a toddler begins feeding herself, she has control over what she eats. Another influence on this behavior is the familiarity with foods served. During the toddler and preschool years, children are ideally being introduced to new foods regularly. It is normal to have a reluctance to try new food.

Think of the last new food you tried. What do you remember from that experience? Did it smell good? Were the people you were eating with enjoying it? These sensory, environmental, and interpersonal experiences can also influence children in learning to enjoy foods.

How can ECE Professionals support picky eaters?

Allow children to help with meal prep and provide exposure to new foods through taste testing, sensory activities, gardening. Getting all the senses involved helps children build relationships with food. They get to know them and are more likely to taste them when served at meals and snacks. Some children are still learning to enjoy foods and may need many (10 or more) experiences to learn to accept them. Child care programs can support families in providing multiple experiences with new fruits and vegetables and sharing successes.

Food Jags

Likewise, toddlers may decide to limit their meals to just a few foods prepared the same way; this is known as a food jag. Food jags can occur with all children as a way to establish independence and control. Food jags are also seen in some children with sensory integration issues. To prevent or overcome food jags, continue to provide a varied, healthy menu. Offer small portions or samples. Present the same food item over several weeks in different recipes. Get toddlers and preschoolers engaged with the foods in classroom activities such as sensory activities, books, or cooking activities.

Sensory Processing Challenges

Sensory processing issues are often first recognized during the toddler years when families or caregivers notice that a child has an unusual aversion to light, sound, textures, or other senses. While sensory processing challenges are common in children who have Autism, many children with no diagnosis experience sensory challenges. Sensory processing challenges occur when the brain has trouble processing information through the senses. The smell, sight, feel, and taste of food can cause sensory overload. Sensory processing challenges in feeding can resemble picky or fussy eaters. Engaging in conversations with families around feeding behavior and observations is essential. Discuss what you are noticing and ask if families are noticing similar behaviors. Share strategies that families and caregivers find successful. If behaviors are ongoing, families should seek medical evaluation. Speech-pathologists, occupational therapists and dieticians can provide supports for children and families.

Slide 15

Engaging with families

- Using milestone trackers to:
 - Help celebrate milestones and catch missed milestones early
 - Guide conversations and support your observations if you want to discuss concerns with families
- Encouraging parents to talk with their child's healthcare provider and to seek your states Early Intervention Program.

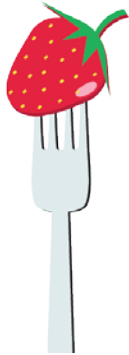
Discuss information on your state early intervention program. A variety of milestone trackers for child care providers and families are available from the CDC.

<https://www.cdc.gov/ncbddd/actearly/index.html>

Most states have an early intervention program whose mission is to identify and evaluate as early as possible children whose healthy development is compromised and provide for appropriate intervention to improve child and family development.

Share information with your participants on how to contact the early intervention program with concerns. The CDC has a free1-hour online module for providers on monitoring developmental milestones and discussing concerns with families. Watch Me! Celebrating Milestones and Sharing Concerns. <https://www.cdc.gov/ncbddd/watchmetraining/index.html>

Slide 16



Responsive Feeding in Infants & Toddlers

[SUGGESTED SCRIPT]

Responsive caregiving is the foundation of quality infant and toddler care. It involves creating an environment that is safe and predictable with sensitive, caring, and dependable interactions between child and caregiver. Research shows that healthy brain development in young children depends on the degree of responsive caregiving that a child received during the first two years of life. Your positive interactions with infants and toddlers today help them develop the skills to build secure relationships and recognize

and communicate their feelings throughout their lifetime.

One aspect of responsive caregiving is responsive feeding.

Slide 17

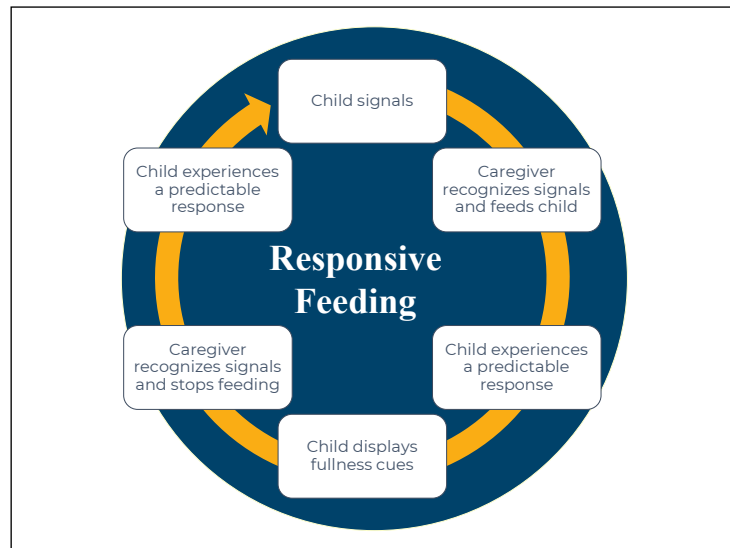
Responsive Feeding

- A serve and return or back and forth interaction between child and caregiver
- Gives children the opportunity to notice, understand, and trust their bodies' cues
- Helps children to self-regulate food intake

[SUGGESTED SCRIPT]

Responsive feeding refers to the back-and-forth interaction between caregiver and child. The caregiver who allows the infant to determine the timing, amount and pacing of a meal helps the infant develop self-regulation and secure attachment. The responsive caregiver adjusts and responds appropriately to the child's temperament, flexibility, and reaction to change.

Slide 18



[TRAINER NOTES]

Walk through the steps of responsive feeding seen on the slide. The diagram is found in the handout on page three. Ask participants to suggest cues of hunger and fullness as those tiles are discussed.

[SUGGESTED SCRIPT]

This image captures the steps of responsive feeding. While it may seem that the feeding is child-driven, caregivers set up the routines and the setting to promote the back-and-forth interactions between caregivers and child.

Positive affection and high levels of warmth are part of responsive feeding. The child establishes a sense of trust with the caregiver as his needs are met with an appropriate response.

Slide 19

What is the caregiver's role in responsive feeding?

- Recognize child's signs
- Respond to the child in a prompt, emotionally supportive and appropriate manner
- Create a relaxed and pleasant feeding environment
- Serve developmentally-appropriate foods that are healthy and tasty
- Offer food on a predictable schedule at times when the child is likely to be hungry
 - for infants, timing will be more individualized
 - for toddlers, more structured to enable group meals

[SUGGESTED SCRIPT]

When practicing responsive feeding, a caregiver should watch a child's behaviors and signals. The adult should create a relaxed and joyful environment for eating.

[Trainers notes]

Highlight bullets on the slide.

Slide 20

Hunger and Fullness Cues

Cues are an opportunity to connect with families and discuss the cues they notice their child use and how they respond. Caregivers can also discuss family practices around feeding.

- What do families notice as hunger and fullness cues?
- How do they respond?
- Are there cultural practices or beliefs around feeding infants?

[TRAINER NOTES]

Refer to the handout *Signs of infant development and feeding skills* and discuss the cues listed for each age group.

Birth to 6 months

Hunger cues

- Rooting
- Sucking noise and motions or sucking on lips, fingers, toys or clothing
- Open mouth postures
- Flexion in wrists, clenched hands

Fullness cues

- Sucking slows or stops
- Turns head away
- Falls asleep
- Pushes food away
- Seals lips together
- Relaxes hands and wrists
- Looks around and does not pay attention to caregiver

Toddlers

Hunger cues

- Gets excited when sees food
- Moves head toward spoons or tries to bring food to mouth
- Opens mouth when offered a spoon or food
- Uses hand motions, sounds, or words to indicate hunger

Fullness cues

- Pushes food away
- Closes his or her mouth when food is offered
- Turns head away from food
- Uses hand motions, sounds or words to indicate fullness

<https://www.cdc.gov/nutrition/infantandtoddlernutrition/mealtime/signs-your-child-is-hungry-or-full.html>

Slide 21



Paced Bottle Feeding

1. Hold infant in your arms, almost upright
2. Never prop a bottle in an infant's mouth
3. Hold bottle almost sideways, not upright
4. Observe nipple filled with milk, not air
5. Allow baby to set the feeding pace
6. Switch arms during the feeding
7. Recognize fullness cues and stop feeding when cues are displayed

[SUGGESTED SCRIPT]

Let's consider the mechanics of bottle feeding. Paced bottle feeding is a technique that allows the infant to control the pace of the feeding. The steps of paced bottle feeding are listed on the slide.

- *Hold infant in arms, almost upright. This position allows a baby to look into the caregiver's face and for the caregiver to closely observe feeding cues.*
- *Never prop a bottle in an infant's mouth. Many state regulations outline that bottles can not be propped.*
- *Hold the bottle almost sideways, not upright. With the bottle held sideways, milk flow is slower, allowing the baby to control the pace better.*
- *Keeping the bottle nipple filled with milk reduces the amount of air babies take in with the milk.*
- *Allow baby to set the feeding pace. Babies may want to take breaks, catch their breath, and stop to burp. Read the cues and respond. Babies will open their mouth when ready to resume the feeding.*
- *Switch arms during feeding. This allows the baby to interact with both eyes during the feeding and experience different room views.*
- *Recognize fullness cues and stop feeding when cues are displayed*

Talk with parents about what they notice about the pace of their child's feeding and the position they observe their baby prefers when eating. If parents do not supply bottles, programs may choose to purchase and use the same bottle and nipple used at home.

Bottle feeding an infant is a 15–20-minute interaction and a rich opportunity for social interaction.

Slide 22

Benefits of Responsive feeding

Through responsive feeding children learn to:

Listen to their body's signals of hunger and fullness

Develop self-control regarding how much food they will eat

Actively participate in meal and snack times

Effectively communicate their needs and learn that these needs will be met

To learn more about responsive feeding access a free online module at www.healthykidshealthyfuture.org

[SUGGESTED SCRIPT]

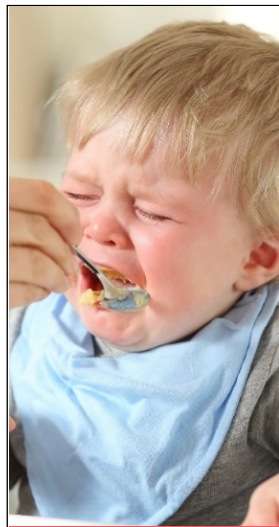
Responsive feeding helps children to notice, understand, and trust their bodies' cues. This awareness builds healthy eating skills that last a lifetime.

[TRAINER NOTES]

Responsive feeding may be a new term for some ECE professionals. A free 60-minute training on Responsive Feeding is available on the website listed on the screen. This module is targeted for both parents and ECE professionals.

<https://healthykidshealthyfuture.org/5-healthy-goals/nurture-healthy-eaters/resources/feeding-course/>

Slide 23



Nonresponsive feeding

The caregiver does not accurately read and appropriately respond to the child's feeding cues of hunger, fullness, or food preference

There is a lack of positive back and forth interactions between the caregiver and the child

This can happen in the following ways:

- a. Child is pressured to eat or overeat
- b. Child controls the situation
- c. Child is ignored

[SUGGESTED SCRIPT]

a. The caregiver pressures the child to eat. (Authoritarian feeding)
This can involve the caregiver pressuring the child to eat (at defined times or a certain amount), potentially overriding the child's internal hunger and fullness cues. An example of this might be if a provider coaxes a child to eat or drink, thinking they have not eaten enough or the right foods or amounts. This may interfere with the child's emerging independence and learning feeding skills.

b. The child controls the situation.

(Indulgence)

An example of this is a child refusing to eat a meal, throws a tantrum, and a caregiver responds by giving them something else to eat. This is known as indulgence and may be more likely to happen in the child's home than in a childcare program with a fixed menu consisting of only healthy food.

c. The caregiver ignores the child and becomes uninvolved.

This can happen when facing the challenge of feeding multiple children at one time. The caregiver's focus may be diverted, and he/she may not engage and support all the children in a group.

Why is it essential to avoid nonresponsive feeding?

If caregivers do not watch cues closely, it is easy to overfeed infants and toddlers. Regular overfeeding can eventually override a child's internal controls so that they no longer have appropriate hunger and fullness cues or don't recognize those cues.

Nonresponsive feeding can lead to overweight infants and toddlers

Slide 24



[SUGGESTED SCRIPT]

Our beliefs, values, and practices around food and feeding children develop from many sources. Not all of these beliefs may align with responsive feeding practices. We may remember the traditions of our parents and grandparents, and the experiences from our childhood. We may be influenced by advertisements for food products or information from current diet trends. Even noticing what how and what friends and family are feeding their children can inform our practices.

Education and information from the medical community (AAP) or USDA programs such as TEAM Nutrition, W.I.C., CACFP, and SNAP can also impact our knowledge and practices.

[TRAINER NOTES]

Divide participants into small groups for a discussion on feeding beliefs that don't align with responsive feeding. For virtual delivery use breakout rooms for this discussion. There is a box on the handout for participants to capture discussion points. This exercise is an opportunity for self-reflection and cultural humility is key when facilitating these discussion. Many practices around food and feeding have been shaped by historical realities and injustices.

Slide 25

Summary video



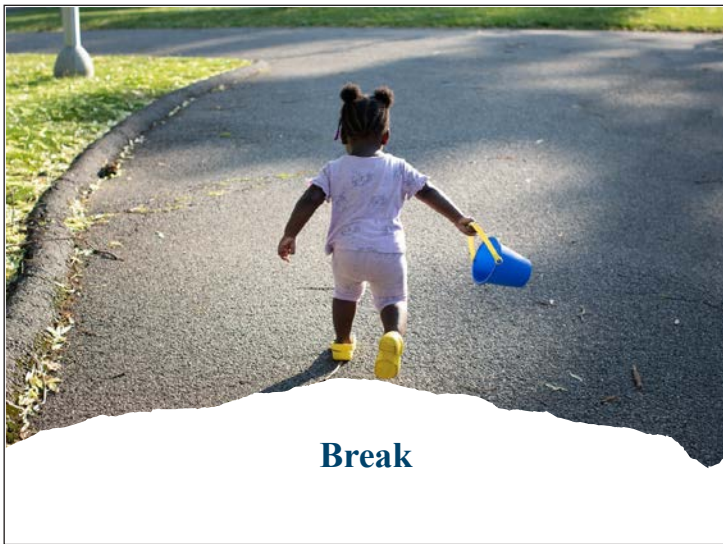
[TRAINER NOTES]

This two-minute video summarizes the session content to this point. Ask participants to listen for one key point to share after watching the video.

https://www.youtube.com/watch?v=FtQZBhHBxqY&feature=emb_logo

<https://foodinsight.org/first-year-feeding-practices-video/>

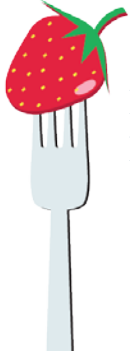
Slide 26



[TRAINER NOTES]

This is a suggested point in the training to provide a 10-minute break. There is a timer in the trainer kit to assist participants in tracking the remaining time. For virtual training, set up the timer from the trainer kit so participants can see it countdown. Encourage participants to get up and stretch or move, get water and take care of themselves.

Slide 27



Identify the role of ECE professionals in nurturing healthy eaters

[SUGGESTED SCRIPT]

Young children are dependent on adults to provide healthy foods and model how to enjoy foods. As taste buds are developing, exposing toddlers to a wide variety of nutritious foods and textures builds a strong foundation for lifelong health.

Slide 28

Creating a breastfeeding friendly child care



[SUGGESTED SCRIPT]

Child care can be an important support for families choosing to breastfeed. The American Academy of Pediatrics recommends that babies be breastfed exclusively for the first six months. Beyond that, breastfeeding is encouraged until at least 12 months and longer if both the family and baby are willing. Data shows a drop off in breastfeeding rates when infants enter child care, and mothers return to work or school. Supporting families in their infant feeding choices can help families continue to breastfeed.

Some states have an official breastfeeding-friendly recognition for child care centers and homes that demonstrate best practices. Recognition programs can help families identify child care that support their feeding choices.

[TRAINER NOTES]

For in-person delivery, divide participants into small groups. Ask them refer to the handout and review the list of breastfeeding-friendly strategies on page four in the handout. Count the number of strategies you incorporate in your child care program or home? What challenges limit other strategies from being implemented?

For virtual delivery, one option is to use breakout rooms for this activity. Another option is for the trainer to read aloud a strategy and ask participants to use a thumbs-up sign if they employ this strategy in their setting and a thumbs-down if they don't. Ask participants to share examples of how they accomplish strategies or the challenges that limit them.

___ Breastfeeding families have access to a private room for breastfeeding or pumping, other than a bathroom, with appropriate seating and privacy

___ Enough refrigerator and/or freezer space is available to allow all breastfeeding families including staff to store expressed breast milk

___ For families who provide breast milk we promote and support breastfeeding by talking about the benefits and recommendations

___ We promote breastfeeding and support families who breastfeed by informing families about community resources that provide breastfeeding support

___ We provide educational literature to families to promote breastfeeding and support families who provide breast milk

___ Program staff show a positive and open attitude about breastfeeding

Image source: Indiana Black Breastfeeding Coalition

Slide 29

Division of Responsibility

Adults are responsible for:	Infants are responsible:
<ul style="list-style-type: none"> • What to feed 	<ul style="list-style-type: none"> • When to eat • How much to eat • Whether they eat what is offered
Adults are responsible for:	Toddlers & Preschoolers are responsible:
<ul style="list-style-type: none"> • What to feed • When to feed • Where to feed 	<ul style="list-style-type: none"> • How much to eat • Whether they eat what is offered

[TRAINER NOTES]

The slide image is on the bottom of page four of the handout.

[SUGGESTED SCRIPT]

The division of responsibility in feeding outlines roles in the feeding relationship. Caregivers are responsible for the appropriate structure and routine of feeding (the what, when, and where of eating), and the child is responsible for how much and whether or not to eat what the caregiver provides. In child care settings with toddler and preschool-aged children, the when is controlled by the program schedule.

Satter, E. (2000). *Child of Mine: Feeding with Love and Good Sense*, Revised and Updated Edition (Revised ed.). Boulder, Colorado: Bull Publishing.

Slide 30

What is the caregiver's role in the Division of Responsibility?

- Pay attention to and respond to hunger and fullness cues
- Choose and prepare food
- Make eating times pleasant
- Role model social skills at mealtime
- Be considerate of children's lack of food experience
- Trust children's choices relating to food

[TRAINER NOTES]

Discuss the bullets on the slide. Ask participants to consider how these align with the division of responsibility. This list is on page one of the handout. Social skills and table manners may differ by culture. For example, eating with hands is typical in some cultures and not for others. As you facilitate this content consider asking participants to reflect and share the mealtime social skills they encourage.

Slide 31

What are child's responsibilities?

- 1
Eat the amount they need
- 2
Learn to eat the food their families and caregivers eat
- 3
Learn social skills at mealtime

Slide 32

Leading a Healthy Feeding Environment



<https://mediahub.unl.edu/media/4119>

[TRAINER NOTES]

Click on slide title to follow link. Encourage participants to listen to the different comments the provider uses during meals and snack.

Slide 33



[SUGGESTED SCRIPT]

Communicating with families around feeding supports the development of healthy eaters. This slide captures a few wonderful resources around food and feeding.

[TRAINER NOTES]

If conducting the training in-person, pass a copy of the resources around the room. Websites are in the handout. If time allows, facilitate a discussion around resources related to food and feeding participants share with families. If conducting the training virtually, consider sharing

your screen and spotlighting one resource. Note that images and links are found on page five of the handout.

<https://www.womenshealth.gov/patient-materials/resource/guides?from=breastfeeding>

<https://www.sesamestreet.org/toolkits/food/resources>

[https://pathways.org/wp-](https://pathways.org/wp-content/uploads/2020/03/FeedingBrochure_English_LEGAL_2020.pdf)

[content/uploads/2020/03/FeedingBrochure_English_LEGAL_2020.pdf](https://pathways.org/wp-content/uploads/2020/03/FeedingBrochure_English_LEGAL_2020.pdf)

<https://theicn.org/cacfp#2c5b3c0b1a0528a11>

Slide 34

Supporting Families

SNAP — the Supplemental Nutrition Assistance Program, *formerly known as Food Stamps*

WIC — Special Supplemental Nutrition Program for Women, Infants, and Children

CACFP — The Child and Adult Care Food Program

Emergency food resources in your community

- Summer Food Program sites
- Farmers to Families Food Box Program
- Hours & Location of Food Pantries & Banks

[TRAINER NOTES]

Slide content is on page five of the handout.

[SUGGESTED SCRIPT]

The need for emergency food resources has increased across many communities due to the COVID-19 pandemic. Newly food insecure households may be more reluctant to seek and accept help. As an early care and education professional, sharing your knowledge of important community resources related to food and nutrition can support families and increase access to healthy foods.

The United States Department of Agriculture's (USDA's) Food and Nutrition Service administers several programs targeted at young children and families with young children.

[TRAINER NOTES]

Consider using breakout rooms for this activity. Divide participants into three groups and assign each group one of the federal food programs (CACFP, SNAP and WIC). Instruct each group to discuss the program using the handout provided in the facilitator guide and personal knowledge. Allow ten minutes for groups to discuss and identify 1-3 points about the program to share with the large group. Invite each group to share.

SNAP

SNAP provides nutrition benefits to supplement the food budget of families so they can purchase healthy food and move towards self-sufficiency. To get SNAP benefits, families apply in the state in which they currently live and must meet certain requirements, including resource and income limits. Monthly allotment is based on family size. SNAP benefits can be used for a variety of healthy foods. Benefits are loaded monthly on an Electronic Benefit Transfer (EBT) card, which works like a debit card.

WIC

The Special Supplemental Nutrition Program for Women, Infants, and Children - better known as the WIC Program - serves to safeguard the health of low-income pregnant, postpartum, and breastfeeding women, infants, and children up to age 5 who are at nutritional risk by providing nutritious foods to supplement diets, information on healthy eating including breastfeeding promotion and support, and referrals to health care. Most states issue WIC benefits using Electronic Benefit Transfer (EBT) cards. WIC is expanding benefits to children up to age 6

CACFP

The Child and Adult Care Food Program (CACFP) helps child care institutions and family or group day care homes provide nutritious foods to young children. Child care centers, family day care homes, afterschool care centers, and emergency shelters receive cash reimbursement for serving meals and snacks that meet Federal nutritional guidelines to

eligible children. Centers and day care homes may be approved to claim reimbursement for serving up to two meals and one snack per day to each eligible child or adult participant. Meals served to children in centers are reimbursed at rates based upon a child's eligibility for free, reduced-price, or paid meals

Additional resources for families include information about the following local programs: These might include

Summer Meal Program *Sites and serving times- This program serves children 18 and younger. The USDA has made temporary changes so that meals can be taken home and parents/guardians can pick up meals (in some states).*

Food Banks

Days and hours of operations of Food Pantries and meals at Churches & Community Center

Slide 35

Engaging with Families

- Taste Testing
- Cooking events or classes
- Produce basket pick up at child care
- Coupon swap board
- Community gardens/ECE gardens



[SUGGESTED SCRIPT]

Some opportunities for connecting with families around food include:

Taste Testing

A taste testing is always popular events. If timed at pick-up or drop-off, a taste testing event provides a quick way to connect with parents. These could be opportunities to share new items being added to program menus or quick, affordable family meal options such as crockpot recipes. Children could help prepare some of the items and tie back to classroom activities and curricula.

Cooking Events

Cooking events or classes are a fun way to learn new cooking skills or recipes. Some cooperative extension programs offer cooking classes as part of their community programming. SNAP-Ed programs can be another resource for meal preparation education for parents.

CSA

Produce baskets, or CSAs (community support agriculture), connects families (and program staff) with local, fresh foods. To find farmers in your community who offer CSAs, check with your Cooperative Extension, local farmers market, or localharvest.org. The child care could serve as a pick-up point for families who order from the farmer.

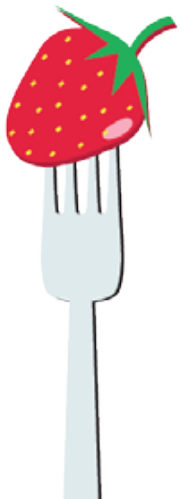
Coupon swaps

Use a bulletin board in the lobby for coupon swapping and sharing. Save a spot on the board for information on digital coupons.

Child Care or Community gardens

Community gardens are plots of land where people work together to grow food. Share information on the gardens in your community on bulletin boards or newsletters. Child care gardens are a powerful way for children to experience and learn about foods. Families can help! CACFP can help fund certain expenses related to child care gardens.

Slide 36



Identify one or more nutrition best practices to add into your daily routines with children

Slide 37



Reflection activity

[TRAINER NOTES]

Ask participants to find the reflection checklist in the handout on page six. This is a list of some provider practices that help children learn about food, create positive food experiences and Nourish Healthy Eaters. Allow five minutes for participants to complete the checklist.

Encourage participants to identify and share a practice they would like to add to their routines or improve. For virtual delivery, participants can add this practice to the chat box. Trainers can ask curious questions, if time allows,

as to why certain practices were selected.

The practices listed on the checklist are taken from the Wellness Workbook and include only provider level practices. For most practices, *All the Time* is the best practice. For practices with an asterisk, *Rarely or Never* is the best practice.

Eating Environment

1. Meal time is relaxed and calm
2. Toddler and preschooler meals are served family style (children encouraged to serve themselves with limited help)
3. Early childhood providers sit with children during meals and talk informally about trying and enjoying healthy food
4. Early childhood providers help children learn to recognize hunger/fullness cues
5. Early childhood providers eat the same meals/snacks as the children and avoid unhealthy foods (e.g., soda, sweets, fast food)
6. Food or beverages are used as an incentive or reward*
7. Food or beverages are withheld as punishment*
8. Early childhood providers encourage children to finish their plate of food*

Infant Feeding and Nutrition

9. We feed each infant on the infant's cues unless instructed in writing by family/guardian and child's healthcare provider
10. We end feedings based only on infants showing signs they are full
Signs of fullness: slowing pace of eating, turning away, becoming fussy, spitting out or refusing more food.
11. At meal times, providers praise and provide hands-on help to guide older infants as they learn to feed themselves
12. We encourage infant's families and staff to breastfeed or provide breast milk for at least 12 months (if possible or they choose to breastfeed)
13. Infants are fed prior to going to sleep. No infant sleeps with a bottle

Slide 38

Nourishing Healthy Eaters ABC Plan

Action I plan to take **D**ate I will begin this action?
How does my action
Benefit children? **E**vidence I have
What **C**hallenges been successful?
will I face?

[TRAINER NOTES]

Ask participants to refer back to the reflection checklist and select one or more best practice they will add or strengthen in their daily routines. The ABC plan is found on the last page of the handout. Give participants ten minutes to complete a plan. Ask for volunteers to share. If time is limited, work through a sample plan as a large group capturing responses on a flip chart (or whiteboard if the training is virtual). Have the group suggest a best practice to address and work through each step with participants brainstorming responses.

Slide 39

Sustaining practice change



<https://www.futureme.org/>



[TRAINER NOTES]

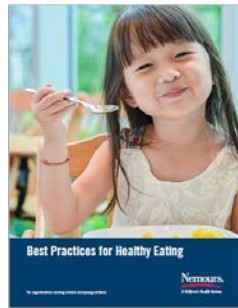
For this optional activity, encourage participants to write a letter to themselves on the website, futureme.org. On this free site users, select a future date to receive an email they write to themselves. Encourage them to select a date 4-6 weeks in the future to receive an email that is a reminder to monitor their accountability with their practice change. One or two sentences can quickly capture their goals. Practice is change is challenging and sometimes it requires relooking at goals and developing action steps that address challenges.

Slide 40

More Resources for ECE settings



Healthykidshealthyfuture.org



[SUGGESTED SCRIPT]

The Healthy Kids Healthy Future website is full of resources to support Early Care Professionals in creating healthy environments. One resource to spotlight is **Nemours Best Practices for Healthy Eating Guide**. Content includes information on the CACFP meal pattern, portion sizes, family style dining, Menu Planning and Meal Preparation, Developing policies to support healthy eating and Family Tip Sheets and Daily communication forms. The booklet is available to download in English and Spanish.

Slide 41

Acknowledgments

This training was made possible thanks to the funding, technical expertise, and guidance from the following national and state organizations.



For expertise in children's health and wellness. This training series was developed by nutrition and early childhood experts.



For initial funding to design and develop the original Nourishing Health Eaters training series

[SUGGESTED SCRIPT]

Finally, we'd like to acknowledge some national and state partner organizations that made this training possible.

Slide 42



**Thank you for participating in
today's training**



[SUGGESTED SCRIPT]

Thank you for participating in today's training. As a child care professional, you can play an important role in Nourishing Healthy Eaters.

| Handout



Nourishing Infants and Toddlers

Objectives:

1. Discuss the developmental stages of becoming a healthy eater and common challenges
2. Understand responsive feeding
3. Identify the role of ECE professionals in nurturing healthy eaters
Identify one or more nutrition best practice to incorporate in your daily routines with children
4. Identify one or more nutrition best practices to incorporate in your daily routines with children

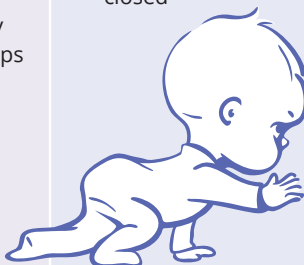
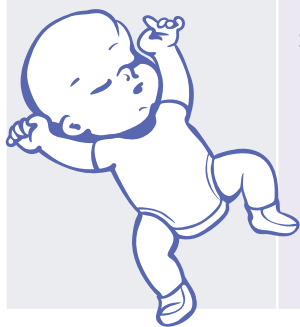
How do we support children to become healthy eaters?



Stages of Infant Development and Feeding Skills *(healthy, full-term)*

Developmental milestones are used as markers to ensure that infants and toddlers are growing in a healthy direction. During early years, a child's relationship with food is crucial for his or her health and development. Learning the physical stages that relate to feeding is important to understanding this process.

BIRTH - 5 MONTHS	4 - 6 MONTHS	5 - 9 MONTHS	8 - 11 MONTHS	10 - 12 MONTHS
<p>Reflexes:</p> <ul style="list-style-type: none"> • Suck/swallow • Tongue thrust • Rooting • Gag <p>Requires head, neck and trunk support</p> <p>Brings hands to mouth around 3 months.</p> <p>Coordinates suck-swallow-breathe while feeding.</p> <p>Moves tongue back and fourth to suck.</p> <p>Hunger cues:</p> <ul style="list-style-type: none"> • Wakes and tosses • Sucks on fist • Fusses or cries <p>Satiety cues:</p> <ul style="list-style-type: none"> • Seals lips together • Turns head away • Decreases or stops sucking • Falls asleep or spits nipple out 	<p>Gag and tongue thrust reflex starts to disappear.</p> <p>Up and down munching movement.</p> <p>Uses tongue to transfer food from front to back to swallow.</p> <p>Recognizes spoon and opens mouth.</p> <p>Draws in upper and lower lip as spoon is removed from mouth.</p> <p>Good head control and can sit with support.</p> <p>Introduction to pureed and strained foods without choking.</p> <p>Hunger cues:</p> <ul style="list-style-type: none"> • Fusses or cries • Smiles or coos during feeding • Moves head toward spoon <p>Satiety cues:</p> <ul style="list-style-type: none"> • Turns head away • Decreases or stops sucking • Spits nipple out • Distraction of surrounding 	<p>Begins control of food positioning in mouth.</p> <p>May sit without support.</p> <p>Follows food with eyes.</p> <p>Begins introduction to solid foods (6 months).</p> <p>Drinks small amounts from cup with help.</p> <p>Begins to feed self.</p> <p>Transfers food from one hand to another.</p> <p>Tries to grasp foods such as crackers and teething biscuits.</p> <p>Hunger cues:</p> <ul style="list-style-type: none"> • Reaches for spoon or food • Points to food <p>Satiety cues:</p> <ul style="list-style-type: none"> • Eating slows down • Pushes food away or clenches mouth closed 	<p>Moves food side to side in mouth.</p> <p>Begins to use jaw and tongue to mash and chew food in rotating patterns.</p> <p>Begins to curve lips around rim of cup.</p> <p>Sits alone without support.</p> <p>Begins to use fingers to pick up objects (pincer grasp.)</p> <p>Can put food in mouth with hands and feed self finger foods.</p> <p>Begins to eat ground or finely chopped food and small pieces of soft food.</p> <p>Drinks from cup with less spilling.</p> <p>Hunger cues:</p> <ul style="list-style-type: none"> • Reaches food • Points to food • Gets excited about food <p>Satiety cues:</p> <ul style="list-style-type: none"> • Eating slows down • Pushes food away 	<p>Rotary chewing.</p> <p>Feeds self easily with fingers.</p> <p>Begins to feed self with spoon.</p> <p>Dips food with spoon rather than scoop.</p> <p>Begins to hold cup with two hands.</p> <p>Drinks from straw.</p> <p>Good hand-eye-mouth coordination.</p> <p>Begins eating chopped food and smalls pieces of table food.</p> <p>Bites through a variety of textured food.</p> <p>Hunger cues:</p> <ul style="list-style-type: none"> • Uses words or sounds for specific foods. <p>Satiety cues:</p> <ul style="list-style-type: none"> • Shakes head and says, "no."



Within the first few days of life, an infant has to first learn the coordination of sucking, breathing and swallowing. Next there is learning tongue control and movement that will eventually lead to chewing. With the introduction of complementary foods at around six months, infants learn how to open their mouths in response to food, start learning how to bite soft foods, and how to hold and bring it to their mouths. Every movement from bringing food to mouth, opening mouth, biting, moving tongue to chew food and then swallowing are all learned skills.

Complementary feeding- Introducing foods along with continued breastmilk or formula.

Readiness signs for Complementary Feeding

Sits in a feeding chair with head control

Follows food with eyes

Uses tongue to get food off the spoon and does not push the food out of their mouth

Brings objects to mouth

Positioning for Success

Sitting upright

Head, neck and trunk aligned

Bolsters for support

Footrests in place

Safety straps secured

Feeding Challenges

Varied Appetites

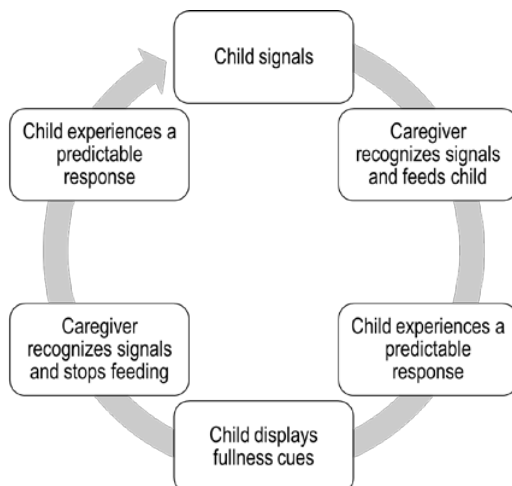
Picky Eating

Food Jags

Sensory Processing Challenges

Early Intervention Program - State programs with a mission to identify and evaluation children whose healthy development may be delayed or compromised and provide appropriate intervention.

Responsive Feeding



Caregiver Role in Responsive Feeding

- Recognizing child's signals
- Responding to the child in a prompt, emotionally supportive and appropriate manner
- Creating a relaxed and pleasant feeding environment
- Serving developmentally appropriate foods that are healthy and tasty
- Offering food on a predictable schedule at times when the child is likely to be hungry
 - for infants, timing will be more individualized
 - for toddlers, more structured

Beliefs, Values and Practices Activity

Our beliefs, values, and practices around food and feeding children develop from many sources. Not all of our beliefs may align with responsive feeding practices. Discuss the statements below. Some practices around food and feeding have been shaped by historical realities and injustices. What other beliefs and practices related to feeding young children do you question?

1. *Babies don't know when they are full*
2. *Children should empty the bottle or eat all the food on the plate*
3. *Food should be offered as a first response to crying*

Creating a breastfeeding friendly child care environment

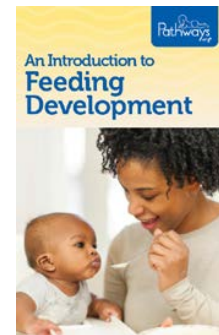
Directions: Place a check mark beside the strategies your ECE site has in place to support breastfeeding families and staff.

- ☐ Breastfeeding families have access to a private room for breastfeeding or pumping, other than a bathroom, with appropriate seating and privacy
- ☐ Enough refrigerator and/or freezer space is available to allow all breastfeeding including staff to store expressed breast milk
- ☐ For families who provide breast milk we promote and support breastfeeding by talking about the benefits and recommendations
- ☐ We promote breastfeeding and support families by informing families about community resources that provide support
- ☐ We provide educational literature to families to promote breastfeeding and and support families who provide breast milk
- ☐ Program staff show a positive and open attitude about breastfeeding

Division of Responsibility

Adults are responsible for:	Infants are responsible:
<ul style="list-style-type: none"> • What to feed 	<ul style="list-style-type: none"> • When to eat • How much to eat • Whether they eat what is offered
Adults are responsible for:	Toddlers & Preschoolers are responsible:
<ul style="list-style-type: none"> • What to feed • When to feed • Where to feed 	<ul style="list-style-type: none"> • How much to eat • Whether they eat what is offered

Resources for Families



womenshealth.gov/patient-materials/resource/guides?from=breastfeeding
theicn.org/cacfp#2c5b3c0b1a0528a11
sesamestreet.org/toolkits/food/resources
pathways.org/wp-content/uploads/2020/03/FeedingBrochure_English_LEGAL_2020.pdf

Supporting Families

The need for emergency food resources has increased across many communities. As an early care and education professional, sharing your knowledge of important community resources related to food and nutrition can support families and increase access to healthy foods.

SNAP — the Supplemental Nutrition Assistance Program, formerly known as Food Stamps. SNAP provides nutrition benefits to supplement the food budget of families so they can purchase healthy food. Household income is the main criteria for determining eligibility.

WIC — Special Supplemental Nutrition Program for Women, Infants, and Children, known as WIC, provides supplemental foods to pregnant, post-partum and breastfeeding women and children up to age 5. The WIC program also provides breastfeeding support, well-child checks and referrals.

CACFP — The Child and Adult Care Food Program reimburses child care programs and homes for meals and snacks that meet the Nutritional guidelines to eligible children. Reimbursement rates are based upon the child's eligibility for free, reduced-price or paid meals.

Other food and nutrition supports include:

Summer Food Program sites
Emergency food resources in your community
-Hours & Location of Food Pantries & Banks

Engaging with Families

Some opportunities for connecting with families around food include:

- Taste Testing events
- Cooking events or classes
- Produce basket pick up at child care
- Coupon swap board
- Community gardens/ECE gardens

Meal Time Practices Reflection Activity

Think about your practices during meals and snacks. Indicate how each of the practices listed below fits into your daily practices.

	Rarely or Never	Sometimes	Most times	All the time
Eating Environment				
1. Meal time is relaxed and calm				
2. Toddler and preschooler meals are served family style (children encouraged to serve themselves with limited help)				
3. Early childhood providers sit with children during meals and talk informally about trying and enjoying healthy food				
4. Early childhood providers help children learn to recognize hunger/fullness cues				
5. Early childhood providers eat the same meals/snacks as the children and avoid unhealthy foods (e.g., soda, sweets, fast food)				
6. Food or beverages are used as an incentive or reward*				
7. Food or beverages are withheld as punishment*				
8. Early childhood providers encourage children to finish their plate of food*				
Infant Feeding and Nutrition				
9. We feed each infant on the infant's cues unless instructed in writing by family/guardian and child's healthcare provider				
10. We end feedings based only on infants showing signs they are full <i>Signs of fullness: slowing pace of eating, turning away, becoming fussy, spitting out or refusing more food.</i>				
11. At meal times, providers praise and provide hands-on help to guide older infants as they learn to feed themselves				
12. We encourage infant's families and staff to breastfeed or provide breast milk for at least 12 months (if possible or they choose to breastfeed)				
13. Infants are fed prior to going to sleep. No infant sleeps with a bottle				

ABC PLAN

Instructions: Refer back to the reflection checklist on the previous page and select one or more best practice you will add, or strengthen, in your daily routines with children. Complete the Action Plan below.

A ction I plan to take	
How does this action B enefit children	
C hallenges I may face	
D ate I will begin	
E vidence of success	

Nourishing Preschoolers

Welcome

The third session addresses the developmental stages and common challenges for preschool-aged children. Environmental and classroom practices are presented. Content addresses engaging with families about food and child nutrition to include raising awareness of federal nutrition programs.

Objectives

1

Discuss the developmental stages of becoming a healthy eater and common challenges

2

Identify the role of ECE professionals in nurturing healthy eaters


3

Recognize family engagement opportunities around nutrition and food

4


Identify one or more nutrition best practices to incorporate in your daily routines with children

Slide 1



Nourishing Preschoolers

*Insert your trainer info here, e.g. Name, credentials,
contact info
Date of training*



[TRAINER NOTES]

Edit this slide to add your name, credentials, and contact information. Include the date of when you deliver the training.




[SUGGESTED SCRIPT]

Welcome to Nourishing Preschoolers. This series of workshops has been created to support early care and education professionals to deepen their understanding of how children learn to become healthy eaters.

Food nourishes bodies, but food also brings joy. Early childhood is a time

to explore the wonder of food, discover flavors, experience textures, and notice colors. Most importantly, in early childhood, we want to help children begin a healthy relationship with food. ECE professionals play an important role in a child's food journey

Slide 2



What is your favorite vegetable?

Icebreaker Activity

[SUGGESTED SCRIPT]

Despite the health benefits of fruits and vegetables, many Americans do not eat enough in their daily diet. The 2020–2025 Dietary Guidelines for Americans recommends that adults consume 1.5–2 cups of fruits and 2–3 cups of vegetables per day. Only 1 in 10 US adults eat the recommended amount of fruits or vegetables each day. Not surprisingly, children's consumption of fruits and vegetables mirrors adults. Approximately 85% of 1–3-year-olds don't consume the

recommended amounts of vegetables daily. Today we will talk about many strategies we can use help children learn to enjoy fruits, vegetables, and other healthy foods.

[TRAINER NOTES]

Invite participants to introduce themselves and share their favorite vegetable and how they like it prepared. This activity can be facilitated asking each participant to share, by pairing or group participants together to share in small groups or by using breakout rooms if facilitating virtually.

Slide 3

Objectives



- 1) Discuss the developmental stages of becoming a healthy eater and common challenges
- 2) Identify the role of ECE professionals in nurturing healthy eaters
- 3) Recognize family engagement opportunities around nutrition and food
- 4) Identify one or more nutrition best practices to incorporate in your daily routines with children

[TRAINER NOTES]

Throughout this training, the terms early care & education (ECE) professional and caregiver are used to refer to all professionals who care for children in family child care homes, head start settings, preschools, and centers. Please use the term that is acceptable for your participants. Some ECE professionals prefer the term teacher, provider, or educator.

[SUGGESTED SCRIPT]

During the first session of Nourishing Healthy Eaters in ECE

settings, two objectives were discussed.

- Describe wellness and adult nutrition
- Recognize the importance of healthy eating for infants, toddlers, and preschoolers

The content in today's workshop will build on this information.

Taste preferences and eating habits begin to be formed in early childhood and follow, to some degree, into adolescence and adulthood. Early childhood is a crucial window of development for healthy eaters. The objectives will lead us to explore the stages for learning to eat and examine how our practices as child care professionals can support children. Multiple factors influence a child's eating behaviors. Eating preferences and behaviors develop alongside growth in cognitive, motor, and social skills.

Slide 4



The Developmental Stages of Becoming a Healthy Eater & Common Challenges

[SUGGESTED SCRIPT]

Like all areas of child development, the development of feeding skills follows stages with later abilities and skills building on those already mastered. Understanding the progressions of skills allows ECE professionals to set realistic expectations and create environments and activities that help children master skills.

Slide 5



How do we support children to become healthy eaters?

[TRAINER NOTES]

For in-person training, provide approximately five minutes for participants to discuss the prompt on the slide in small groups. After the time elapses, use chart paper or a whiteboard to capture responses from the group. For virtual delivery, ask participants to put 1 statement in the chat box. Encourage participants to capture thoughts and responses on the handout callout box on page 1.

[SUGGESTED SCRIPT]

Eating healthy depends on more

than just the foods we consume. What are some of the habits or characteristics of a healthy eater (adult or child)? As a child care professional, how can you support healthy habits during meals and snacks?

[TRAINER NOTES]

- ***Some responses to the query on characteristics of healthy eaters may include:***
- ***Can respond to hunger and fullness cues and self-regulate eating***
- ***Enjoys mealtimes***
- ***Enjoys many different foods sometimes***
- ***Feels good about eating***
- ***Can try new food sometimes***
- ***Can be around new foods without getting upset***

Some responses to the slide prompt may include:

- ***Role modeling***
- ***Family style dining***
- ***Creating calm eating environments***
- ***Teaching eating skills***
- ***Having realistic expectations of children –understanding child development***
- ***Setting a predictable schedule for meals and snacks***

[SUGGESTED SCRIPT]

The basic concepts of healthy eating are consistent from childhood to old age. The foods and beverages we consume impact our health. A healthy dietary pattern can help children (and adults) achieve and maintain good health. Eating is also a social act. Eating together is a way of expressing relationships, sharing life events and celebrating milestones. These social aspects of eating also play a role in being a healthy eater. The content today will consider how adults and caregivers can support children in becoming healthy eaters.

Slide 6

Behavior Milestones related to feeding and eating



[TRAINER NOTES]

Orient participants to the USDA Behavioral Milestones flyer on page two of the handout.

Encourage participants to spend a few minutes reviewing the bullets or review as a large group. If time supports a discussion of the milestones, prompts include:

How does this align with what you have observed in the children you care for?

How do you support children when you recognize they aren't yet achieving a milestone?

[SUGGESTED SCRIPT]

The preschool years are an important time for developing healthy habits for life. From 2 to 5 years old children grow and develop in ways that affect behavior in all areas including eating. The timing of these milestones varies with each child. Different childrearing practices and cultural expectations can influence a child's developmental and behavioral milestones.

Slide 7



[TRAINER NOTES]

Orient participants to the second highlighted box on page one of the handout.

[SUGGESTED SCRIPT]

Early childhood is a window of opportunity for young children. When exposed to foods as a young child, we are more likely to learn to accept and enjoy them. Since eating preferences carry into adulthood, helping children learn to enjoy healthy foods promotes lifelong health. Children's willingness to taste foods increases the more familiar they are with that food.

Young children may need many exposures before accepting a new food.

Supporting a child with 8-15 exposures to a food requires patience.

What is exposure?

Let's consider broccoli. Exposure can be broccoli on the table in view and a child observing peers and adults eat and enjoy that item. A child may spoon one piece of broccoli on their plate, put in their mouth and take it back out. They may lick the broccoli. While we would consider these poor table manners for adults, these sensory experiences are how they learn about food. These are all examples of exposure and support learning to accept and enjoy broccoli.

Sensory experiences are also part of familiarizing children with new foods. Appreciating the textures and smells of raw and cooked vegetables is sensory learning.

Taste-testing is a great way to expose children to new foods. Very small servings of new foods can be less intimidating when they are presented outside of meals and snacks. They can seem like an adventure

Cooking activities are also an exposure. Preschoolers can wash the broccoli, peel the stalk, and separate the head into florets.

Increasing knowledge and understanding of a certain food can also be an exposure. Learning about how broccoli grows such as seeing pictures of broccoli as it grows in a field increases awareness and may spark curiosity. For older children, sharing the nutrients broccoli provides the body can stimulate interest. In addition to vitamins and minerals, broccoli provides protein which helps build and strengthen muscles.

Reading books about foods can increase familiarity. We will talk more about children's books in a bit.

Slide 8

Overcoming challenges

Challenges

- Neophobia
- Picky eaters
- Food jags



Strategies

- Provide a varied menu
- Offer small portions
- Do not force or pressure
- Provide repeated, neutral exposure to healthy foods
- Serve family style meals

[TRAINER NOTES]

Slide content is on page one of the handout.

[SUGGESTED SCRIPT]

Neophobia is a fear of trying new foods. Neophobia is normal eating behavior in children 2-5 years old and usually disappears as children age. Neophobia is different from picky (or fussy) eaters who may reject both new and familiar foods. Neophobia frequently impacts fruit and vegetable consumption in young children.

Picky eating is also a normal phase

of development. Picky eaters reject both new and familiar foods. Picky eating can be associated with stress and conflict at meals.

Food jags are when a child wants to eat the same foods, prepared the same way, every day and sometimes every meal. Food jags can occur with all children as a way to establish independence and control.

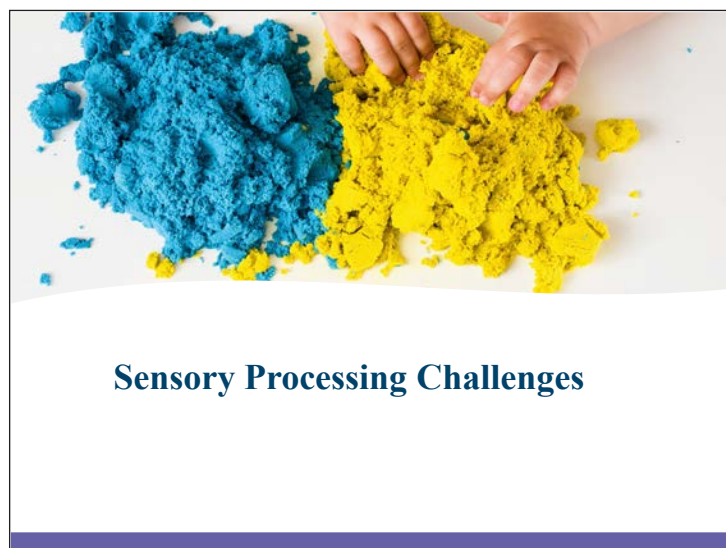
Strategies to overcome these challenges are similar.

- Continue to provide a varied, healthy menu.
- Offer small portions or samples.
- Present the same food item over several weeks in different recipes.
- Keep offering but not forcing healthy options.

Each strategy requires patience on the part of the adult.

We will discuss strategies more in the next section of the training.

Slide 9



[SUGGESTED SCRIPT]

Sensory Processing Challenges

Sensory processing issues are often first recognized during the toddler years when families or caregivers notice that a child has an unusual aversion to light, sound, textures, or other senses. While sensory processing challenges are common in children who have Autism, many children with no diagnosis experience sensory challenges.

Sensory processing challenges occur when the brain has trouble processing information through the senses. The smell, sight, feel, and

taste of food can cause sensory overload. Sensory processing challenges in feeding can resemble picky or fussy eaters. Engaging in conversations with families around feeding behavior and observations is essential. Discuss what you are noticing and ask if families are noticing similar behaviors. Share strategies that families and caregivers find successful. If behaviors are ongoing, families should seek medical evaluation. Occupational therapists and dietitians can provide supports for children and families.

Slide 10



SUGGESTED SCRIPT

Children under age 5 are at high risk of choking on foods and small items. Choking is when food becomes trapped in the airway, and the airway is blocked or severely restricted. Preschool-aged children are at higher risk of choking. They have less practice controlling food in their mouths and do not always chew food into small enough pieces to swallow safely.

Closely supervise children during all meals and snacks. As you model healthy eating, take small bites, eat slowly, and chew food well.

Establishing a calm, unhurried

eating environment encourages children to eat at a slow pace. Cutting items like grapes, cherry tomatoes into slivers, short strips, or small pieces reduces the choking danger.

Slide 11



How can providers support development during mealtime?

Physical
Cognitive
Social and Emotional
Language

[TRAINER NOTES]

Divide participants into four groups. For virtual training, use breakout groups. Assign each group one developmental domain. Ask each group to brainstorm three ways to support children in this domain during meals and snacks or classroom activities related to food. Allow five minutes in groups. Ask one person from each group to share back with the large group.

[SUGGESTED SCRIPT]

Physical development

- Coaching children on using a serving utensil to include hand-over-hand support
- Coaching children on passing the serving dish. This can include keeping hands and fingers on the outside of the bowl (not wrapped over the lip), making eye contact with the receiver, gently pushing the bowl across the surface,
- Promoting small motor development to practice pouring (water tables or sensory tables), using tongs to move cotton balls, serving spoons to move beads etc.

Cognitive development

- Supporting mealtime conversations
- Increasing awareness of different foods and ways of preparing foods
- Linking meal components to classroom experiences such as gardening or sensory activity

Social and emotional development

- Role model table manners (Please and Thank You, using a napkin)
- Creating a positive environment around food choices. Encouraging children to communicate in a polite way around food choices. For example, “No thank you, I don’t want to try that today” instead of “Yuck.” Children should always decide what and whether they will eat a food item, but verbalizing judgement can insult other children’s food choices.
- Promoting independence during meals through cleaning messes, clearing dishes

Slide 12



Identify the role of ECE professionals in nurturing healthy eaters

Objective 2

[SUGGESTED SCRIPT]

Each child is born with the capacity to become a healthy eater. During the preschool years, children need supporting adults to help them master skills and overcome challenges. Next, we will discuss our role as early care and education professionals and the practices we can use to help children become healthy eaters.

Slide 13



Healthy Feeding Practices

- Create a consistent meal/snack routine with adequate time so children are not rushed
- Provide a variety of healthy options
- Maintain a relaxed, pleasant environment during meals and snacks
- Minimize mealtime distractions
- Eat with children
- Implement Family Style Dining

[SUGGESTED SCRIPT]

Children benefit from healthy feeding practices because they help them develop and maintain a positive attitude about eating.

Children learn to:

- * Listen to their body's signals of hunger and fullness
- * Regulate their food intake
- * Actively participate in meal and snack times
- * Effectively communicate their needs and learns that these needs will be met
- * Learn to accept new foods

Children depend on adults to create an environment that allows them to learn and thrive. These teacher practices or strategies listed on the slide around feeding encourage children to become healthy eaters. Positive affection and high levels of warmth are part of a healthy feeding environment.

Children will have better mealtime experiences if they are not sleepy, overly hungry, or upset. A consistent routine supports a child in developing healthy eating behaviors. Part of this routine should be sufficient time for meals and snacks. Preschoolers can be slow eaters as they are mastering the use of utensils and engaging in conversations. Rushing meals creates stress.

Serve foods that children can eat themselves with fingers or utensils.

TVs/Screens should not be on during meals and snacks.

Enthusiastically model the enjoyment of foods served. Adults support conversation, assist with serving and eating, and model desired mealtime behaviors.

Slide 14

Division of Responsibility

Adults are responsible for:	Infants are responsible:
<ul style="list-style-type: none"> • What to feed 	<ul style="list-style-type: none"> • When to eat • How much to eat • Whether they eat what is offered
Adults are responsible for:	Toddlers & Preschoolers are responsible:
<ul style="list-style-type: none"> • What to feed • When to feed • Where to feed 	<ul style="list-style-type: none"> • How much to eat • Whether they eat what is offered

[TRAINER NOTES]

Invite participants to view the table on page three in the handouts.

[SUGGESTED SCRIPT]

The division of responsibility in feeding outlines roles in the feeding relationship. The table can be found on page three in the handout. Caregivers are responsible for the appropriate structure and routine of feeding (the what, when, and where of eating), and the child is responsible for how much and whether or not to eat what the caregiver provides. In child care settings with toddler and preschool-aged children, the when is controlled by the program schedule.

settings with toddler and preschool-aged children, the when is controlled by the program schedule.

Satter, E. (2000). *Child of Mine: Feeding with Love and Good Sense*, Revised and Updated Edition (Revised ed.). Boulder, Colorado: Bull Publishing.

Slide 15



Role of Adults in the Division of Responsibility

- Pay attention to and respond to children's hunger and fullness cues
- Model table manners and social skills at mealtime
- Be considerate of children's lack of food experience
- Choose and prepare food
- Make eating times pleasant
- Trust children's choices relating to food

[SUGGESTED SCRIPT]

Ellyn Satter is an internationally recognized authority on eating and feeding. She is a dietitian, family therapist, and author. Her division of responsibility in feeding defines caregiver and child roles in the feeding relationship from birth through adolescence. This slide captures the division of responsibilities in early childhood. In a child care setting with toddler and preschool-aged children, the when may be controlled by the program schedule.

To understand how to help children learn to be healthy eaters requires that we understand the roles in the feeding relationship. When caregivers to their job, children can do their job in eating.

Source:

Satter, E. (2000). *Child of Mine: Feeding with Love and Good Sense*, Revised and Updated Edition (Revised ed.). Boulder, Colorado: Bull Publishing.

Slide 16



Child Responsibilities

- Eat the amount they need
- Learn to eat the food adults eat
- Learn table manners and social skills at mealtime

[SUGGESTED SCRIPT]

All children are born with the ability to recognize and respond to hunger and fullness cues. Preschoolers' appetites can vary widely from day to day and meal to meal.

Children are born with the ability to accept foods. Even foods they won't eat today, they understand that someday they will eat them. This is part of growing up.

Children are growing physically, acquiring skills, and learning to enjoy the foods provided by adults and caregivers in their lives.

Slide 17

Whose Responsibility?


Stand for adult

Sit for child


1. Pay attention to and respond to hunger and fullness cues
2. Learn to eat the food adults eat
3. Model table manners and social skills at mealtime
4. Eat the amount they need
5. Trust children's choices relating to food
6. Grow predictably in the way that is right for them
7. Be considerate of children's lack of food experience

[TRAINER NOTES]

This activity is a quick knowledge check on the division of responsibility in feeding. Ask participants to stand if role on the screen is the adult role and sit if it is a child's responsibility. The responsibilities will float on the screen, one at a time, each time you strike the enter key.

1. Adult, Stand
2. Child, Sit
3. Adult, Stand
4. Child, Sit
5. Adult, Stand
6. Child, Sit
7. Adult, Stand

Before participants sit back down, encourage them to take a quick stretch. Lift arms above the head and bend to the right and left gently.

Slide 18

Feeding Practices	
Healthy Feeding Practices	Unhealthy Feeding Practices
<ul style="list-style-type: none"> Allow children to decide what and how much they will eat Model healthy eating Provide repeated exposure to new foods prepared in various ways Gently encourage children to try new foods Ask children about fullness when seconds are requested 	<ul style="list-style-type: none"> Children are pressured to eat Food is used as punishment or reward Praise is given when children finish food Certain foods are restricted

[TRAINER NOTES]

Read the list of healthy feeding practices noting how each of the practices listed align with the Division of Responsibility.

[SUGGESTED SCRIPT]

Let's look at the list of unhealthy feeding practices. These unhealthy feeding practices have been associated with negative outcomes such as increased intake of sugary beverages and unhealthy (high calorie) snack foods, and the lower acceptance of new foods. These practices can also have negative impact on children's relationship with foods and eating.

Pressure

According to Ellyn Satter, pressure doesn't work.

Trying to get kids to eat more, results in them eating less

Trying to get kids to eat less, results in them eating more

Trying to get kids to eat certain foods, results in them avoiding it altogether

Punishment or Reward

Using food as a reward or a punishment undermines healthy eating habits and can change a child's relationship with food. Food is being used to control behavior which can decrease a child's ability to notice hunger/fullness cues and regulate intake. Studies have shown that using food for reward or punishment can increase the risk of emotional eating.


Praise

Praise feels good to all of us and many children respond to praise. Healthy eating involves stopping in response to fullness cues, not a clean plate or finishing certain food items.

Restricting certain food items

Another controlling feeding practice is overly restricting certain food items, such as a high fat or sugary treat or a specific meal component. When an adult limits or restricts a particular food it sends the message that one food is better than another. For example, when an adult denies a second serving of bread, until all the broccoli is eaten, the child understands the bread to be a reward and understands it is better than vegetables.

Slide 19



Phrases that *HELP* and *HINDER*

As the caregiver, you play the biggest role in your child's eating behavior. What you say has an impact on developing healthy eating habits. Negative phrases can easily be changed into positive, helpful ones!

Phrases that <i>HINDER</i>	Phrases that <i>HELP</i>
INSTEAD OF ... Eat that for me. If you do not eat one more bite, I will be mad. Phrases like these teach your child to eat for your approval and love. This can lead your child to have unhealthy behaviors, attitudes, and beliefs about food and about themselves.	TRY ... This is <i>kiwi</i> fruit! It's sweet like a strawberry. These radishes are very crunchy! Phrases like these help to point out the sensory qualities of food. They encourage your child to try new foods.
INSTEAD OF ... You're such a big girl; you finished all your peas. Jenny, look at your sister. She ate all of her bananas. You have to take one more bite before you leave the table. Phrases like these teach your child to ignore fullness. It is better for kids to stop eating when full or satisfied than when all of the food has been eaten.	TRY ... Is your stomach telling you that you're full? Is your stomach still making its hungry growling noise? Has your tummy had enough? Phrases like these help your child to recognize when he or she is full. This can prevent overeating.
INSTEAD OF ... See, that didn't taste so bad, did it? This implies to your child that he or she was wrong to refuse the food. This can lead to unhealthy attitudes about food or self.	TRY ... Do you like that? Which one is your favorite? Everybody likes different foods, don't they? Phrases like these make your child feel like he or she is making the choices. It also shifts the focus toward the taste of food rather than who was right.
INSTEAD OF ... No dessert until you eat your vegetables. Stop crying and I will give you a cookie. Offering some foods, like dessert, in reward for finishing others, like vegetables, makes some foods seem better than others. Getting a food treat when upset teaches your child to eat to feel better. This can lead to overeating.	TRY ... We can try these vegetables again another time. Next time would you like to try them raw instead of cooked? I am sorry you are sad. Come here and let me give you a big hug. Reward your child with attention and kind words. Comfort him or her with hugs and talks. Show love by spending time and having fun together.

Adapted from "What You Say Really Matters" in Feeding Young Children in Group Settings, Dr. Janice Fletcher and Dr. Laurel Brannen, University of Idaho.

[TRAINER NOTES]

Invite participants to find the Phrases that **HELP** and **HINDER** on page four in the handout.

[SUGGESTED SCRIPT]

As a caregiver, what you say has an impact on children's eating habits. Many adults may have grown up as members of the clean plate club. We may have experienced this as positive pressure-being praised for cleaning our plate (or making a happy plate) or negative pressure – being coaxed, scolded, or punished for not cleaning our plate. Pressure can be positive in encouraging,

reminding, cheering or telling how good and healthy a particular food is.

Pressure can also be negative in restricting, comparing children, begging, or shaming a child.

When we feel pressure, our brain focuses on responding to the pressure, which interferes with natural cues of hunger and fullness.

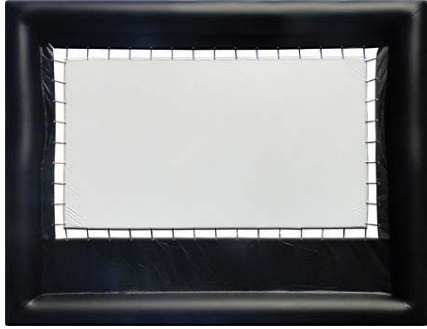
Neutral language around meals and feeding allows a child supports a child in eating mindfully, using senses, and responding to their individual appetite cues.

Source:

<https://www.ellynsatterinstitute.org/positive-or-negative-its-still-pressure/>

Slide 20

Modeling Healthy Eating: Effective Verbal Comments



<https://mediahub.unl.edu/media/4119>

[TRAINER NOTES]

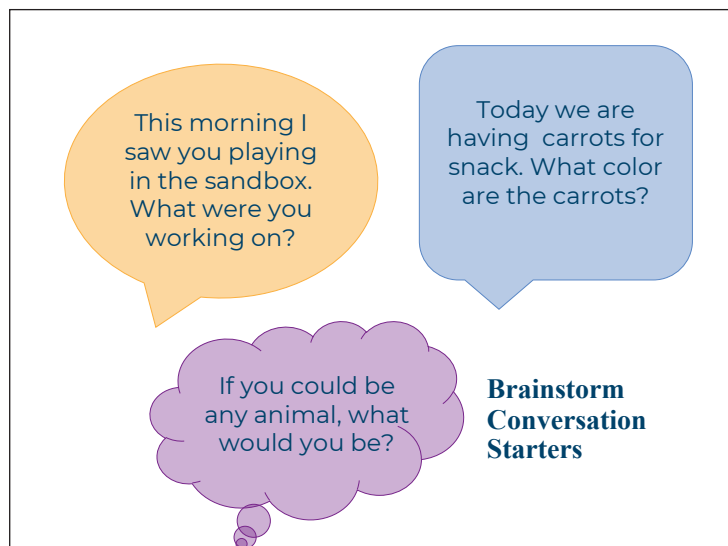
Ask participants to find the note box in the handout on page three and note the four verbal comment strategies to encourage healthy eaters during meals.

To debrief the video clip: Ask for participant reflections on what they observed and how they might incorporate these strategies in their meal and snack times with children.

The four verbal comment strategies covered in the clip are:
 Make specific comments
 Be enthusiastic

Ask questions about the food
 Use absolute comments

Slide 21



[SUGGESTED SCRIPT]

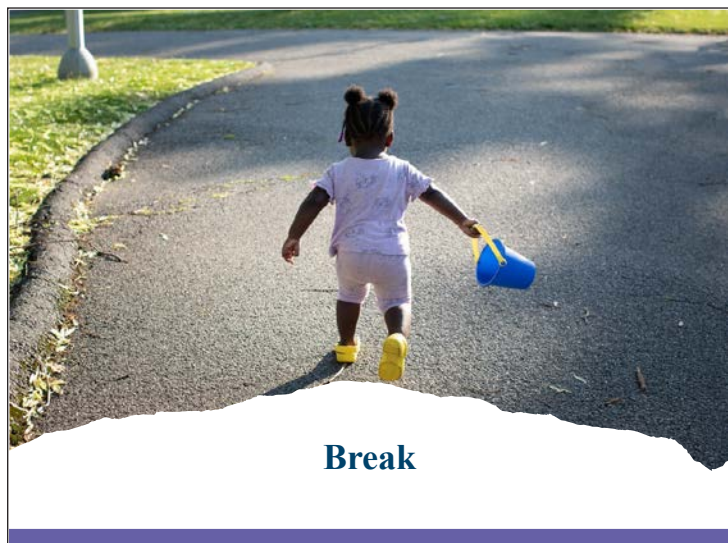
Positive mealtimes are social, relaxed, and calm with conversations between children and adults. Mealtime conversations are also a chance to continue learning from experiences and activities from the classroom. Talking about the foods served and the senses used (taste, texture, smell, sound when chewed) can spark curiosity and encourage children to try a food. Other children may find a conversation about foods they don't enjoy (or new food) to be stressful and would benefit from discussions not focused on food. As teachers get

to know children and understand their personalities, they can lead conversations that all children can enjoy to keep the mealtime pleasant and pressure-free.

[TRAINER NOTES]

Direct participants to the shaded box on page five of the handout. Divide participants into groups of 3-4 and ask them to brainstorm four conversation starters. Ask each group to share back their list. (What colors are on your plate? How did this grow? I saw you building with blocks today; what did you create? What foods do you like to eat at home? What ingredients do you think are in this? What animals do you think like to eat this food?)

Slide 22



[TRAINER NOTES] This is a suggested point in the training to provide a 10-minute break. There is a timer in the trainer kit to in tracking the time. Encourage participants to get up and stretch or move, get water and take care of themselves.

Slide 23



[SUGGESTED SCRIPT]

Family Style Dining is a meal service that encourages healthy habits and supports the Division of Responsibility in feeding. Children have control of the choices that go on their plate. There is a feeling of safety that comes with this control, and children can consider foods within this safe space.

Family Style Dining looks different from one ECE program to the next depending on the ages of the children served and

whether food is provided by the ECE program or brought from home, but the key elements stay the same. If your ECE program is new to Family Style Dining, you can introduce it slowly by incorporating a few of these elements at a time.

In its most complete form, family-style meal service involves all of the following elements:

- *Children help set and clear the table.*
- *Food is placed on the table in small containers with child-size serving utensils.*
- *Beverages are served in small pitchers.*
- *Children choose their portion size and serve themselves independently unless adult help is required.*
- *Adults sit at the table with children and role-model by eating the same foods and drinking the same beverages.*
- *Adults intentionally engage with children at the table to talk about trying and enjoying new foods and to guide the conversation to create a positive mealtime environment that supports learning.*
- *Children engage in conversation with one another and with the adults around the table.*

When children are allowed to decide their own portion sizes, they generally serve themselves a smaller amount and are less likely to overeat. This decision-making process helps to reinforce children's eating according to their internal hunger and fullness cues.

Slide 24

Getting Ready for Family Style Dining

- Assist children with mealtime skills such as:
- Proper handwashing
- Holding utensils, glasses, plates, and bowls
- Passing serving dishes
- Cleaning spills and at end of mealtime
- Appropriately sized serving and eating utensils help children to:
- Develop and enhance fine motor skills
- Improve hand-eye coordination skills

[SUGGESTED SCRIPT]

To be successful with family style meal service, it's important that children learn and develop certain skills.

Adults can help children develop skills to be successful with family-style dining

Children will learn mealtime skills, such as:

- *Proper handwashing techniques*
- *How to hold utensils, glasses, plates, and bowls.*
- *Children will need to be*

continuously reminded that serving utensils cannot go in their mouths but will master this over time. Remind children to pass bowls and plates holding the outside edges. Dishes with a small lip are ideal.

- *How to pass serving dishes and pitchers.*
- *Spills will happen. When they do, remind children that it is ok to make mistakes and help with the cleanup.*
- *An empty tub for dirty dishes placed at child level helps reduce spills during cleanup. Assisting in cleanup promotes independence and teaches responsibility.*

Many of these skills require practice, and developmentally appropriate equipment can help. Child-size utensils, glasses, plates, and bowls help children develop the needed fine motor skills. Gradually, children will learn to direct their fingers, hands, and wrists to perform more complex tasks. Hand and finger skills such as using a fork, spoon, and occasionally a knife are developmental milestones that are generally achieved between 3-5 years

Slide 25



Family Style Dining

All foods are placed on the table where children and adults sit together to share the meal

Adults encourage children to serve themselves independently or with adult help as needed

Benefits

- Exposure to a variety of foods without pressure
- Children eat more fruits and vegetables when they observe peers and adults enjoying these foods
- Children practice serving portion sizes and listen to internal hunger cues
- Children gain independence and cooperation skills

[TRAINER NOTES]

Current CACFP meal pattern guidance is that enough food should be placed on the table to allow for the full CACFP portion size required for each child. Children do not have to serve each component. Teachers can gently offer the food.

[SUGGESTED SCRIPT]

Family-style dining is considered a best practice when public health conditions permit. Children should not serve foods during an outbreak of gastrointestinal illness or other community outbreaks of disease.

Follow state and local health department guidelines. Other aspects of family-style dining can continue for examples children can still decide which meal components they would like plated.

Source:

USDA Food and Nutrition Services. (2016, September 12). *Offer Versus Serve and Family Style Meals in the Child and Adult Care Food Program | USDA-FNS.*

<https://www.fns.usda.gov/cacfp/offer-versus-serve-family-style-meals>. Retrieved December 12, 2020, from <https://www.fns.usda.gov/cacfp/offer-versus-serve-family-style-meals>

Slide 26

Foods to Serve

Protein

- Avoid fried meats
- Serve beans and lean meats

Dairy


- Yogurt and cheese
- Low-fat for 2 years of age and older



[SUGGESTED SCRIPT]

Serve beans and lean meats like chicken or fish, avoiding fried meats. Serve milk equivalent products like yogurt and cheese, using low-fat varieties for 2 years of age and older. Work with families to understand protein and dairy options that are culturally relevant for their child and adjust the program menu as able.

Slide 27



Foods to Limit

- Salt
Avoid salty foods like chips and pretzels
- Sugar
Avoid candy, sodas, sweetened drinks, fruit nectars, and flavored milks
- Oils
Avoid trans fats, saturated fats, fried foods
Choose healthy fats like nuts, seeds, vegetable oils

[SUGGESTED SCRIPT]

When preparing meals for young children, limit salt and sugar as much as possible. Serving whole foods instead of packaged, processed foods will make this easier. It is challenging to avoid processed food as often they are less expensive than whole foods and require less time to prepare. Avoid salty foods such as chips and pretzels. Avoid sugar, including concentrated sweets such as candy, sodas, sweetened drinks, fruit nectars, and flavored milk.

Limit oils by choosing monounsaturated and polyunsaturated fats such as nuts, seeds, and vegetable oils like olive oil. Avoid trans fats, saturated fats and fried foods.

Slide 28

Beverages to Serve

Milk
Whole, pasteurized milk for 12-24 months
Skim or 1% pasteurized milk to ages 2 years and older

Juice
100% juice with no added sweeteners
No more than 4-6 oz juice/day for children ages 1-6
No juice for children younger than 12 months

[SUGGESTED SCRIPT]

What are the best beverages to serve?
Milk is nutritious, providing protein, calcium and vitamin D. Serve whole pasteurized milk to 12- to 24-month-old children unless a doctor prescribes low or reduced fat milk. Serve skim or 1% pasteurized milk to children two years of age and older unless a doctor prescribes low or reduced fat milk.

Work with families to understand their milk preferences.

Slide 29



Beverages to Serve Water

Available both inside and outside

- Place cups next to the faucet
- Place a pitcher and cups on a counter or table
- Offer during and after playground time
- Offer with snack
- Provide whenever requested by a child

[SUGGESTED SCRIPT]

Water helps children stay hydrated and is a healthy alternative to sugar sweetened beverages.

The earlier children get in the habit of drinking water often, the better. Water should be offered in a variety of ways such as placing cups next to the faucet, providing pitchers and cups on a counter or table, offering water after or during playground time, with snack, and whenever requested by a child.

Slide 30

Using books to support healthy habits



[SUGGESTED SCRIPT]

As we have discussed experiences and exposure to food are not limited to mealtimes. Many classroom activities can help children become more familiar and curious about new foods. Dramatic play areas containing a variety of 'healthy' play food items encourage familiarity. Book centers or reading areas with an assortment of different reading materials stimulate imagination and thinking skills. Having books with young children supports their growing cognitive and language skills. Books can expose children to new

concepts and new situations allowing children opportunities to think and develop their own opinions.

https://youtu.be/maoh_RPpOwU

[TRAINER NOTES]

Click on the hyperlink. This 2 ½ minutes long video clip is the reading of Growing Vegetable Soup by Lois Ehlert. Another option is to read aloud the copy of the book found in the Nourishing Healthy Eaters Trainer Kit. Trainers may substitute other early childhood titles about food and eating. When selecting children's books, providers/teachers should carefully review book contents and themes. Consider selecting books by diverse authors/illustrators that reflect the culture of the community. Children should be able to connect with the theme of healthy eating but also see themselves in the characters.

After the video or reading, facilitate a discussion of extension ideas.

- **Do a sensory activity with different vegetables in the book. Notice the color, texture and scent.**
- **Practice cutting with a knife, for example, using a plastic knife on a zucchini, mushrooms, or sweet peppers**
- **Plant seeds in eggshells or cups. Watch them grow and introduce vocabulary such as sprout, roots, leaves.**
- **Purchase a vegetable plant to grow outside. Help children observe the plant grow by measuring its height, observing for blossoms and produce and noticing changes with the seasons.**
- **Help the children shuck corn. Notice the texture of the husks and silks. Introduce vocabulary words to include kernel, cob, husk, silk and ear.**
- **Share herb plants with children. Encourage them to gently rub basil, rosemary or mint to release the fragrance**

Lead a brief large-group discussion on the children's books that include food or eating. There is a short list in the handout on page five with space for participants to capture titles shared by others.

Slide 31



Reflection activity

[TRAINER NOTES]

As a summary activity for this objective, ask participants to complete a Self-Reflection Activity in the handout on page six. Give participants 5-7 minutes to complete the activity. Debrief the activity by asking participants to share practices they are interested in adding to their routines. For virtual delivery, participants can add 1 practice to the chat box. Trainers can ask curious questions, if time allows, as to why certain practices were selected.

The practices listed on the checklist are taken from the Wellness Workbook and include only provider level practices. For most practices, the response *All the Time* is the best practice. For practices with an asterisk, *Rarely or Never* is the best practice.

[SUGGESTED SCRIPT]

We have discussed teacher practices to support children in their journey to become healthy eaters. As a summary activity, please reflect on your current practices. Read through each of the teacher practices and indicate how frequently you apply this in your classroom. After you have completed the list, think about which practice you could add to your routines.

Eating Environment

1. Meal time is relaxed and calm
2. Toddler and preschooler meals are served family style (children encouraged to serve themselves with limited help)
3. Early childhood providers sit with children during meals and talk informally about trying and enjoying healthy food
4. Early childhood providers help children learn to recognize hunger/fullness cues
5. Early childhood providers eat the same meals/snacks as the children and avoid unhealthy foods (e.g., soda, sweets, fast food)
6. Providers gently offer children unfamiliar foods, knowing that a child may need to sample a new food 10 or more times before learning to like it.
7. Food or beverages are used as an incentive or reward*
8. Food or beverages are withheld as punishment*

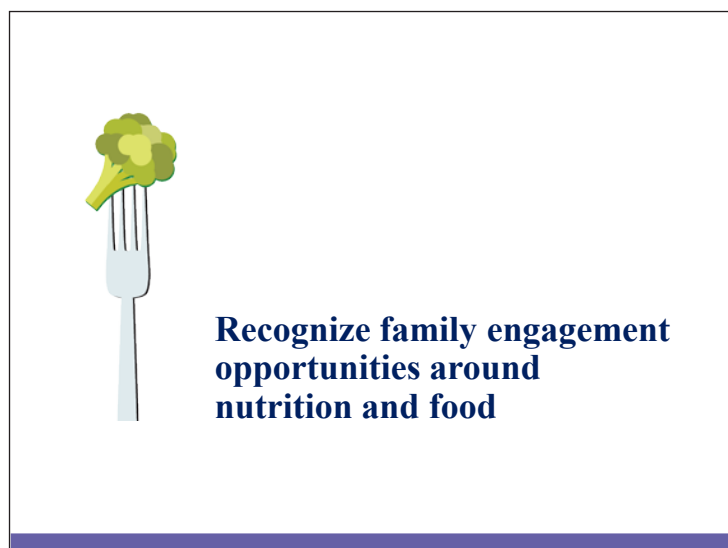
Water

9. Drinking water is available when children are outdoors
10. Drinking water is available when children are indoors
11. At snack time, drinking water is provided

Adult Beverages/Role Modeling

12. Early childhood providers drink sugar-sweetened beverages in front of children*

Slide 32



Objective 3

[SUGGESTED SCRIPT]

Families play a primary role in the developing eating habits of preschoolers. Children's experiences in child care settings are also important in shaping habits, but what happens at home may be different. Communicating with families to understand their beliefs and experiences around meals and food can help you better support each child in his eating journey to become a healthy eater.

Slide 33



[TRAINER NOTES]

This is a suggested large group discussion activity.

[SUGGESTED SCRIPT]

Food and nutrition can be challenging topics to discuss with families as our food choices are very personal and tied to income, access, culture, and identity. It is also useful to recognize our own implicit biases as we engage in conversations with families.

Societal norms around nutrition can include preferences for certain foods, attitudes about acceptable

ranges of body weight, and values placed on health. Communicating with families to appreciate their beliefs and values around food can help ECE professionals understand and support children in their food journey.

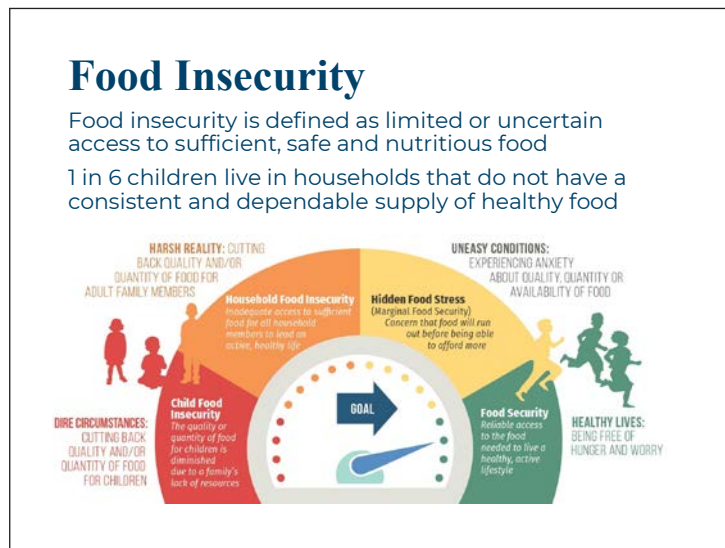
Differences exist around access and affordability to food which impact the food choices a family can make.

Slide 34

Food Insecurity

Food insecurity is defined as limited or uncertain access to sufficient, safe and nutritious food

1 in 6 children live in households that do not have a consistent and dependable supply of healthy food



[TRAINER NOTES]

Food insecurity rates have increased sharply due to the COVID-19 pandemic. Children in food insecure households may be hungry and missing vital nutrients.

[SUGGESTED SCRIPT]

Food-insecure families may avoid hunger by choosing cheaper, more filling types of food over more costly, nutritious foods. For young children, the result can be a diet with inadequate nutrients for normal growth and development. A family may be experiencing food insecurity if they regularly:

- Are unable to afford balanced meals
- Reduce the size of meals because of lack of money
- Reduce the quality and variety of their regular diet due to lack of money

Food insecurity causes stress in families, which can have a negative impact on child development.

The graphic here from the Children's HealthWatch Report Card on Food Security Among Young Children highlights the different levels of food stress that a family may experience. As you can see, families and children can experience different type of food stress and insecurity. While this graphic is from a few years ago, the pandemic has only increased these stresses for families and children.

Source: Children's HealthWatch, **HIDDEN FOOD STRESS: UNDERREPORTED IN NATIONAL DATA 2015**

<https://childrenshealthwatch.org/hiddenfoodstress/>

Slide 35

Addressing barriers to healthy eating

Community gardens

Farm to Early Care & Education

[National Farm to ECE](#)

Farmers' markets



[SUGGESTED SCRIPT]

Many communities across the country are coming together to tackle these long-standing barriers to health and wellness. There are growing initiatives and organizations finding solutions to bring in healthier food options and change the power dynamics of food access and the traditional food system.

When seeking healthier food options for yourself or your ECE program, there may be additional community resources and options available to you, including:

Community gardens & Farm to Early Care & Education

Community gardens aim to increase access to fresh produce and enhance social connection around planting and growing local food. Community gardens are often supported local volunteers or may be available in your neighborhood or local school. You can even seek support for establishing a garden in your ECE program. The National Farm to School Network provides resources for ECE programs interested in getting started with gardening and other activities to bring local food to young children. <https://www.farmtoschool.org/our-work/early-care-and-education>.

Farmers' Markets & Nutrition Benefits

Farmers markets can be great sources of fresh fruits, vegetables and other healthy foods. In some states, farmers markets provide incentives to shoppers who use SNAP to purchase local food. A list of farmers' markets currently accepting SNAP benefits can be found at <https://www.fns.usda.gov/snap/farmers-markets-accepting-snap-benefits>.

Slide 36

Addressing barriers to healthy eating

Food Co-ops

Food banks & mobile food banks

Federal nutrition assistance programs



[SUGGESTED SCRIPT]

Food co-ops are stores owned and supported by the people that shop there. Like farmers' markets and community gardens, food co-ops emphasize community engagement and healthy, sustainable foods. Membership fees and/or requirements for volunteer hours can be a challenge to participation.

Food banks & mobile food banks can be another option for increasing food access. Many food banks are increasing their availability of healthy food options, some provide cooking skills classes or SNAP-Ed

education. Mobile food banks are an option for rural communities who may not have access to food pantries or are far away from a food bank.

The two website highlighted here aim to connect communities with local food options. Local Harvest allows you to search for local farms, community supported agriculture (CSAs), Farmers Markets, and Farm Stands based on your location. www.localharvest.org

JustFood is a NYC organization focused on food justice and provides resources on food access, community food education. The website can help you find a CSA or Farmers Market. www.justfood.org

Besides these local food options, federal nutrition programs like WIC, SNAP can support families experiencing food stress and food insecurity. Many families may not realize they are eligible for these programs and the application process has changed in response to the COVID-19 pandemic. ECE programs can help connect families and staff connect to these programs. The handouts include information on Federal nutrition assistance programs and state agency contacts.

Slide 37

Supporting Families

SNAP — the Supplemental Nutrition Assistance Program, *formerly known as Food Stamps*

WIC — Special Supplemental Nutrition Program for Women, Infants, and Children

CACFP — The Child and Adult Care Food Program
Summer Meal Program Sites

Emergency food resources in your community
Food Banks and Pantries

[TRAINER NOTES]

Invite participants to view the slide information on page seven in the handout

[SUGGESTED SCRIPT]

The need for emergency food resources has increased across many communities due to the COVID-19 pandemic. Newly food insecure households may be more reluctant to seek and accept help. As an early care and education professional, sharing your knowledge of community resources related to food and nutrition can increase access to healthy foods.

The United States Department of Agriculture's (USDA's) Food and Nutrition Service administers several programs targeted at young children and families with young children.

SNAP

SNAP provides nutrition benefits to supplement the food budget of families so they can purchase healthy food. To get SNAP benefits, families meet specific requirements, including resource and income limits. The monthly allotment is based on family size. SNAP benefits can be used for a variety of healthy foods. Benefits are loaded monthly on an Electronic Benefit Transfer (EBT) card, which works like a debit card.

WIC

The Special Supplemental Nutrition Program for Women, Infants, and Children, better known as the WIC Program, serves to safeguard the health of low-income pregnant, postpartum, and breastfeeding women, infants, and children up to age 5. WIC provides nutritious foods to supplement diets, education on healthy eating, and referrals to health care. Most states issue WIC benefits using Electronic Benefit Transfer (EBT) cards. WIC is expanding services to children up to age six soon.

CACFP

The Child and Adult Care Food Program (CACFP) helps child care settings and family child care homes provide nutritious foods to young children. Child care centers receive reimbursement for serving up to two meals and one snack per day that meet Federal nutritional guidelines to eligible children. Reimbursement rates are based upon a child's eligibility for free, reduced-price, or paid meals

Summer Meal Program Sites and serving times- *This program serves children 18 years of age and younger. The USDA has made temporary changes that support meals taken home and parents or guardians picking up meals (in some states).*

Emergency food resources may include:

Days and times of operations for Food Banks and Pantries

Days and hours of operations of Food Pantries and meals at Churches & Community Center

Slide 38



Food and Families in ECE

Taste Testing
Cooking events or classes
Produce basket pick up at child care
Coupon swap board
Community gardens/ECE gardens

[SUGGESTED SCRIPT]

Food connects us to our community, to our cultures, and each other. An event with food served is a sign of hospitality and friendliness. Some opportunities for connecting with families around food include:

Taste Testing

Taste testing events are always popular. If timed at pick-up or drop-off, taste testing can be a quick way to connect with parents. These could be opportunities to share new items being added to program menus or quick, affordable family meal options such as crockpot recipes.

Children could help prepare some of the items for taste testing and talk with their parents about the event.

Cooking Events

Cooking events or classes are a fun way to learn new cooking skills or recipes. Some cooperative extension programs offer cooking classes as part of their community programming. SNAP-Ed programs can be another resource for meal preparation education for parents.

CSA

Produce baskets, or CSAs (community support agriculture), connects families (and program staff) with local, fresh foods. To find farmers in your community who offer CSAs, check with your Cooperative Extension, local farmers market, or localharvest.org. The child care could serve as a pick-up point for families who order from the farmer.

Coupon swaps

Use a bulletin board in the lobby for coupon swapping and sharing. Save a spot on the board for information on digital coupons.

Child Care or Community gardens

Community gardens are plots of land where people work together to grow food. Share information on the gardens in your community on bulletin boards or newsletters. Child care gardens are a powerful way for children to experience and learn about foods. Families can help! CACFP can help fund certain expenses related to child care gardens.

Slide 39

Resources to share with families



[TRAINER NOTES]

Have samples of each of the resources available to pass around during your session. Adjust resources to your participants. Trusted sources for parent resources include the USDA Team Nutrition website, the Institute of Child Nutrition, and KidsHealth.org. Images and links are in the participant handout on page six,

[SUGGESTED SCRIPT]

Sharing tips and information with families can support a child's food journey.

Some organizations and agencies that provide handouts and resources for families include: the Institute for Child Nutrition, Sesame Street and USDA (MyPlate.gov). Check your handout for links to the resources pictured on the slide.

<https://theicn.org/resources/1481/grab-in-5/116663/5-ways-to-grocery-shop-with-kids.pdf>

<https://www.sesamestreet.org/toolkits/food/resources>

https://myplate-prod.azureedge.net/sites/default/files/2020-12/HealthyTipsforPickyEaters_031418_508.pdf

Slide 40



How do you engage with families around food and nutrition?

[TRAINER NOTES]

Facilitate a large group discussion around what participants and their programs currently do to engage with families around food and nutrition. There are additional prompts below to continue the discussion.

[SUGGESTED SCRIPT]

What does family engagement look like in your program or family child care home?
Do you share information on what children eat during meals?
Do families provide input to your menus?

Are there events you celebrate that tie to food such as fruit and vegetable month (June) or cultural celebrations where food is incorporated into activities or menus such as Lunar New Year, Mardi Gras or Indigenous People's Day? What resources around food do you share with families? This might include Resources & Information,, Food banks & pantries (locations and hours), Community meal sites and Educational materials.

Slide 41



Identify one or more nutrition best practices to add into your daily routines with children

[TRAINER NOTES]

Ask participants to find the reflection checklist in the handout and consider a practice that would like to strengthen or improve in their setting.

Eating Environment

1. Meal time is relaxed and calm
2. Toddler and preschooler meals are served family style (children encouraged to serve themselves with limited help)
3. Early childhood providers sit with children during meals and talk informally about trying and enjoying healthy food
4. Early childhood providers help children learn to recognize hunger/fullness cues
5. Early childhood providers eat the same meals/snacks as the children and avoid unhealthy foods (e.g., soda, sweets, fast food)
6. Providers gently offer children unfamiliar foods, knowing that a child may need to sample a new food 10 or more times before learning to like it.
7. Food or beverages are used as an incentive or reward*
8. Food or beverages are withheld as punishment*

Water

9. Drinking water is available when children are outdoors
10. Drinking water is available when children are indoors
11. At snack time, drinking water is provided

Adult Beverages/Role Modeling

12. Early childhood providers drink sugar-sweetened beverages in front of children*

Slide 42

Nourishing Healthy Eaters ABC Plan

Action I plan to take **D**ate I will begin this action?
How does my action
Benefit children? **E**vidence I have been successful?
What **C**hallenges will I face?

[TRAINER NOTES]

Ask participants to refer back to the reflection checklist and select one or more best practice they will add or strengthen in their daily routines. The ABC plan is found on the last page of the handout. Give participants ten minutes to complete a plan. Ask for volunteers to share. If time is limited, work through a sample plan as a large group capturing responses on a flip chart (or whiteboard if the training is virtual). Have the group suggest a best practice to address and work through each step with participants brainstorming responses.

Slide 43

Sustaining practice change



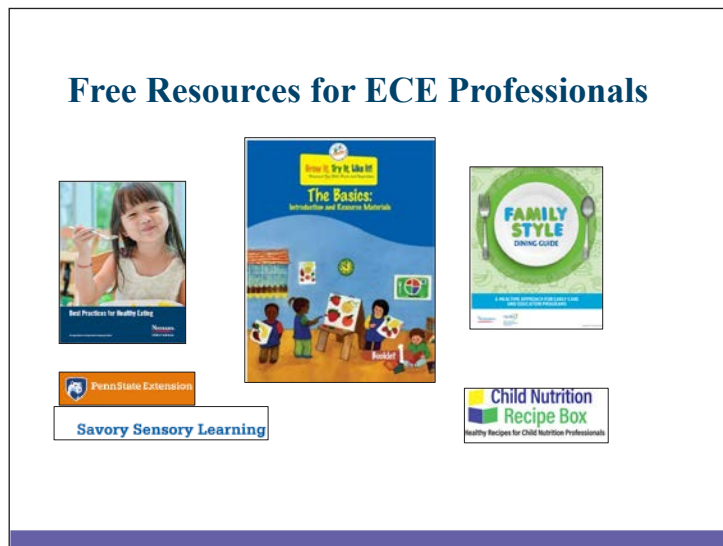
<https://www.futureme.org/>



[TRAINER NOTES]

For this optional activity, encourage participants to write a letter to themselves on the website, [futureme.org](https://www.futureme.org/). On this free site users, select a future date to receive an email they write to themselves. Encourage them to select a date 4-6 weeks in the future to receive an email that is a reminder to monitor their accountability with their practice change. One or two sentences can quickly capture their goals. Practice is change is challenging and sometimes it requires relooking at goals and developing action steps that address challenges.

Slide 44



[TRAINER NOTES]

Each image is linked to the resource website. If time allows, explore one resource. Images of the resources are also on the last page of the handout. Encourage participants to reach out if they would like more information on resources to help support their action plan.

[SUGGESTED SCRIPT]

Do you need any resources to support your plan? This slide has some resources that may help.

Nemours Best Practices for Healthy Eating Guide. Content includes information on the CACFP meal pattern, portion sizes, family style dining, Menu Planning and Meal Preparation, Developing policies to support healthy eating and Family Tip Sheets and Daily communication forms. The booklet is available to download in English and Spanish. https://healthykidshealthyfuture.org/wp-content/uploads/2022/03/26636_Nemours_HealthyEatingGuide_Eng.pdf
https://healthykidshealthyfuture.org/wp-content/uploads/2022/03/26636_Nemours_HealthyEatingGuide_Spanish_final.pdf

Nutrition Curricula-A early childhood nutrition curricula can support teachers in introducing nutrition concepts and fun learning activities around food. Grow It, Try It, Like It: Preschool Fun with Fruits and Vegetables is free to download. Programs participating in CACFP can request a printed copy and non-participating programs can download this document free/ <https://www.fns.usda.gov/tn/grow-it>

Family Style Dining Guide- This 46-page booklet is a step-by-step approach in preparing children, adults, families and the program to implement FSD. <https://d3knp61p33sjvn.cloudfront.net/2016/02/FamilyStyleDiningToolkit.pdf>

Taste Test Guide -A taste test is an activity that introduces children to foods and beverages they may not have tried before. This 4-page guide includes food safety reminders. <https://static1.squarespace.com/static/5913265f86e6c06cfc83eb8d/t/5b327d0e70a6adc4082d84ad/1530035509839/F2PSTasteTestGuide.pdf>

Recipes-The Child Nutrition Recipe Box provides program operators with recipes to prepare healthy and delicious meals that meet the CACFP meal pattern requirements. <https://theicn.org/icn-resources-a-z/usda-standardized-recipes>

Sensory Activities – A short summary ideas using all 5 senses to learn about foods. <http://bkcd-media.vhost.psu.edu/documents/Lunches1406.pdf>

Slide 45

Acknowledgments

This training was made possible thanks to the funding, technical expertise, and guidance from the following national and state organizations.



For expertise in children's health and wellness. This training series was developed by nutrition and early childhood experts.



For initial funding to design and develop the original Nourishing Health Eaters training series

[SUGGESTED SCRIPT]

Finally, we'd like to acknowledge some national and state partner organizations that made this training possible.

Slide 46



Thank you for participating in today's training



[SUGGESTED SCRIPT]

Thank you for participating in today's training. As a child care professional, you can play an important role in Nourishing Healthy Eaters.

Handout



Nourishing Preschoolers



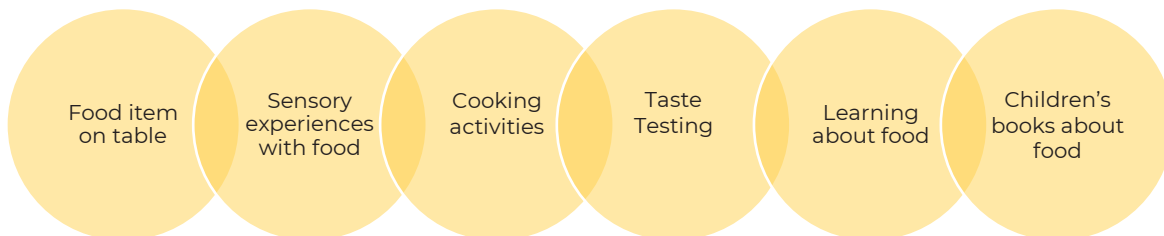
Objectives:

1. Discuss the developmental stages of becoming a healthy eater and common challenges
2. Identify the role of ECE professionals in nurturing healthy eaters
3. Recognize family engagement opportunities around nutrition and food
4. Identify one or more nutrition best practices to incorporate in your daily routines with children

How do we support children to become healthy eaters?

Learning to accept new foods

Young children may need 8-15 exposures or more to each acceptance and enjoyment of a new food



Overcoming challenges

Challenges

Neophobia
Picky eaters
Food jags
Sensory Processing Challenges



Strategies

Provide a varied menu
Offer small portions
Do not force or pressure
Provide repeated, neutral exposure
Serve family style meals



United States Department of Agriculture

Behavioral Milestones

The preschool years are an important time for developing healthy habits for life. From 2 to 5 years old, children grow and develop in ways that affect behavior in all areas, including eating. The timing of these milestones may vary with each child.



2 YEARS

- Can use a spoon and drink from a cup
- Can be easily distracted
- Growth slows and appetite drops
- Develops likes and dislikes
- Can be very messy
- May suddenly refuse certain foods



3 YEARS

- Makes simple either/or food choices, such as a choice of apple or orange slices
- Pours liquid with some spills
- Comfortable using fork and spoon
- Can follow simple requests such as "Please use your napkin."
- Starts to request favorite foods
- Likes to imitate cooking
- May suddenly refuse certain foods



4 YEARS

- Influenced by TV, media, and peers
- May dislike many mixed dishes
- Rarely spills with spoon or cup
- Knows what table manners are expected
- Can be easily sidetracked
- May suddenly refuse certain foods



5 YEARS

- Has fewer demands
- Will usually accept the food that's available
- Dresses and eats with minor supervision

Go to www.ChooseMyPlate.gov for more information.
USDA is an equal opportunity provider and employer.

Center for Nutrition Policy and Promotion
July 2015



ECE Providers can support healthy feeding practices

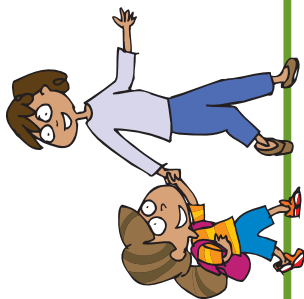
- Create a consistent meal/snack routine with adequate time so children are not rushed
- Provide a variety of healthy options
- Maintain a relaxed, pleasant environment during meals and snacks
- Minimize mealtime distractions
- Eat with children
- Implement Family Style Dining

Division of Responsibility

Adults are responsible for:	Infants are responsible:
<ul style="list-style-type: none">• What to feed	<ul style="list-style-type: none">• When to eat• How much to eat• Whether they eat what is offered
Adults are responsible for:	Toddlers & Preschoolers are responsible:
<ul style="list-style-type: none">• What to feed• When to feed• Where to feed	<ul style="list-style-type: none">• How much to eat• Whether they eat what is offered

Effective Verbal Comments

- Make Specific Comments
- Be enthusiastic
-
-



Phrases that *HELP* and *HINDER*

As the caregiver, you play the biggest role in your child's eating behavior. What you say has an impact on developing healthy eating habits. Negative phrases can easily be changed into positive, helpful ones!



Phrases that *HINDER*

INSTEAD OF ...

Eat that for me.

If you do not eat one more bite, I will be mad.

Phrases like these teach your child to eat for your approval and love. This can lead your child to have unhealthy behaviors, attitudes, and beliefs about food and about themselves.

INSTEAD OF ...

You're such a big girl; you finished all your peas.

Jenny, look at your sister. She ate all of her bananas.

You have to take one more bite before you leave the table.

Phrases like these teach your child to ignore fullness. It is better for kids to stop eating when full or satisfied than when all of the food has been eaten.

INSTEAD OF ...

See, that didn't taste so bad, did it?

This implies to your child that he or she was wrong to refuse the food. This can lead to unhealthy attitudes about food or self.

Phrases that *HELP*

TRY ...

This is kiwi fruit; it's sweet like a strawberry.

These radishes are very crunchy!

Phrases like these help to point out the sensory qualities of food. They encourage your child to try new foods.

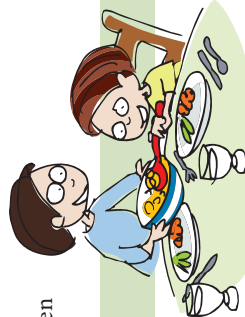
TRY ...

Is your stomach telling you that you're full?

Is your stomach still making its hungry growling noise?

Has your tummy had enough?

Phrases like these help your child to recognize when he or she is full. This can prevent overeating.



TRY ...

Do you like that?

Which one is your favorite?

Everybody likes different foods, don't they?

Phrases like these make your child feel like he or she is making the choices. It also shifts the focus toward the taste of food rather than who was right.

TRY ...

We can try these vegetables again another time. Next time would you like to try them raw instead of cooked?

I am sorry you are sad. Come here and let me give you a big hug.

Reward your child with attention and kind words. Comfort him or her with hugs and talks. Show love by spending time and having fun together.

Mealtime Conversations Starters

Brainstorm four conversation starters to use with preschoolers during meals and snacks.

- 1.
- 2.
- 3.
- 4.

Additional conversation starters can be found at <https://www.health.ny.gov/prevention/nutrition/resources/chattingmeal.htm>

Family Style Dining

Family style dining is a meal service that encourages healthy habits and supports the Division of Responsibility in feeding. Children have control of the choices that go on their plate. There is a feeling of safety that comes with this control, and children can consider foods within this safe space.

What does family style dining look like?

Children help set the table

Food is placed on the table in small containers with child-sized utensils

Beverages are served in small pitchers

Children serve themselves all food and beverages

Adults sit at the table with children and role model by eating the same foods

How does family style dining benefit children?

Children experience exposure to a variety of foods without pressure

Children practice serving portion sizes and listen to internal hunger cues

Children gain independence and cooperation skills

Children eat more fruits and vegetables when they observe peers and adults enjoying these foods

Children engage in conversation

Children's books about food and eating

Growing Vegetable Soup by Lois Ehlert
 Fry Bread, Kevin Noble Maillard
 Foodie Faces by Bill and Claire Wurtzel
 Round is a Tortilla by Roseanne Thong

-
-

Supporting Families

The need for emergency food resources has increased across many communities. As an early care and education professional, sharing your knowledge of important community resources related to food and nutrition can support families and increase access to healthy foods.

SNAP — the Supplemental Nutrition Assistance Program, formerly known as Food Stamps. SNAP provides nutrition benefits to supplement the food budget of needy families so they can purchase healthy food. Household income is the main criteria for determining eligibility.

WIC — Special Supplemental Nutrition Program for Women, Infants, and Children, known as WIC, provides supplemental foods to pregnant, post-partum and breastfeeding women and children up to age 5. The WIC program also provides breastfeeding support, well-child checks and referrals.

CACFP — The Child and Adult Care Food Program reimburses child care programs and homes for meals and snacks that meet the Nutritional guidelines to eligible children. Reimbursement rates are based upon the child's eligibility for free, reduced-price, or paid meals.

Other food and nutrition support include:

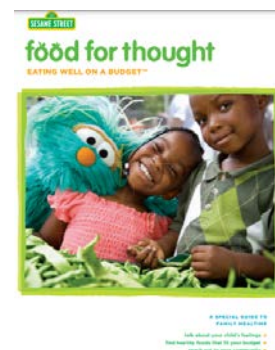
Summer Food Program sites
Emergency food resources in your community
-Hours & Location of Food Pantries & Banks

Engaging with Families

Some opportunities for connecting with families around food include:

- Taste Testing events
- Cooking events or classes
- Produce basket pick up at child care
- Coupon swap board
- Community gardens/ECE gardens

Resources for Families



<https://myplate-prod.azureedge.us/sites/default/files/2021-03/HealthyTipsforPickyEaters.pdf>
theicn.org/cacfp#2c5b3c0b1a0528a11
sesamestreet.org/toolkits/food/resources

Meal Time Practices Reflection Activity

Think about your practices during meals and snacks. Indicate how each of the practices listed below it fits into your daily practices.

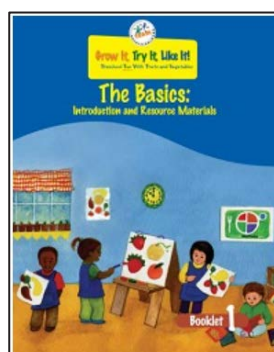
	Rarely or Never	Sometimes	Most times	All the time
Eating Environment				
1. Meal time is relaxed and calm				
2. Toddler and preschooler meals are served family style (children encouraged to serve themselves with limited help)				
3. Early childhood providers sit with children during meals and talk informally about trying and enjoying healthy food				
4. Early childhood providers help children learn to recognize hunger/fullness cues				
5. Early childhood providers eat the same meals/snacks as the children and avoid unhealthy foods (e.g., soda, sweets, fast food)				
6. Providers gently offer children unfamiliar foods, knowing that a child may need to sample a new food ten or more times before learning to like it.				
7. Food or beverages are used as an incentive or reward*				
8. Food or beverages are withheld as punishment*				
Water				
9. Drinking water is available when children are outdoors				
Adult Beverages/Role Modeling				
10. Early childhood providers drink sugar-sweetened beverages in front of children*				

ABC PLAN

Instructions: Refer back to the reflection checklist on the previous page and select one or more best practice you will add, or strengthen, in your daily routines with children. Complete the Action Plan below.

A ction I plan to take	
How does this action B enefit children	
C hallenges I may face	
D ate I will begin	
E vidence of success	

Resources



Achieving a State of Healthy Weight High Impact Obesity Prevention Standards Infant Feeding and Child Nutrition

Source of ASHW Healthy Weight Practices in PCO/CFOC Online Standards

The tables below display ASHW High Impact Obesity Prevention Standards (HIOPS) in PCO/CFOC standards. Links to the NRC searchable CFOC Online Standards Database (@ <https://nrckids.org/CFOC/Database>) enable viewing the complete standard, rationale, references and related standards for each of the HIOPS.

Multiple-sourced HIOPS. The concepts captured in some ASHW HIOPS appear in different contexts in more than one PCO/CFOC standard. For example, the Infant Feeding HIOPS IB2: *do not feed beyond satiety*, is a core concept that is addressed slightly differently in two standards: [4.3.1.2 - Feeding Infants on Cue by a Consistent Caregiver/Teacher](#) ("observing satiety cues can limit overfeeding") and [4.3.1.8 - Techniques for Bottle Feeding](#) ("Allow infant to stop the feeding"). Therefore, some ASHW HIOPS have more than one linked standard in the tables below.

INFANT FEEDING		
HIOPS	ASHW HIOPS Text	Source of HIOPS in PCO/CFOC Standards
IA1	Encourage and support breastfeeding and feeding of breast milk by making arrangements for mothers to feed their children comfortably on-site.	4.3.1.1 - General Plan for Feeding Infants
IA2	Serve human milk or infant formula to at least age 12 months, not cow's milk, unless written exception is provided by primary care provider and parent/guardian.	4.3.1.7 - Feeding Cow's Milk & 4.2.0.4 - Categories of Foods
IB1	Feed infants on cue.	4.3.1.2 - Feeding Infants on Cue by a Consistent Caregiver/Teacher & 4.3.1.8 - Techniques for Bottle Feeding
IB2	Do not feed infants beyond satiety; Allow infant to stop the feeding.	4.3.1.2 - Feeding Infants on Cue by a Consistent Caregiver/Teacher & 4.3.1.8 - Techniques for Bottle Feeding
IB3	Hold infants while bottle feeding; Position an infant for bottle feeding in the caregiver/teacher's arms or sitting up on the caregiver/teacher's lap.	4.3.1.8 - Techniques for Bottle Feeding
IC1	Develop a plan for introducing age-appropriate solid foods (complementary foods) in consultation with the child's parent/guardian and primary care provider.	4.3.1.11 - Introduction of Age-Appropriate Solid Foods to Infants
IC2	Introduce age-appropriate solid foods (128 a) no sooner than 4 months of age, and preferably around 6 months of age.	4.3.1.11 - Introduction of Age-Appropriate Solid Foods to Infants
IC3	Introduce breastfed infants gradually to iron-fortified foods no sooner than four months of age, but preferably around six months to complement the human milk.	4.3.1.11 - Introduction of Age-Appropriate Solid Foods to Infants
ID1	Do not feed an infant formula mixed with cereal, fruit juice or other foods unless the primary care provider provides written instruction.	4.3.1.5 - Preparing, Feeding, and Storing Infant Formula
ID2	Serve whole fruits, mashed or pureed, for infants 7 months up to one year of age.	4.2.0.4 - Categories of Foods & 4.3.1.11 - Introduction of Age-Appropriate Solid Foods to Infants
ID3	Serve no fruit juice to children younger than 12 months of age.	4.2.0.4 - Categories of Foods & 4.2.0.7 - 100% Fruit Juice

NUTRITION		
HIOPS	ASHW HIOPS Text	Source of HIOPS in PCO/CFOC Standards
NA1	Limit oils by choosing monounsaturated and polyunsaturated fats (such as olive oil or safflower oil) and avoiding trans fats, saturated fats and fried foods.	4.2.0.4 - Categories of Foods
NA2	Serve meats and/or beans - chicken, fish, lean meat, and/or legumes (such as dried peas, beans), avoiding fried meats.	4.2.0.4 - Categories of Foods
NA3	Serve other milk equivalent products such as yogurt and cottage cheese, using low-fat varieties for children 2 years of age and older.	4.2.0.4 - Categories of Foods
NA4	Serve whole pasteurized milk to twelve to twenty-four month old children who are not on human milk or prescribed formula, or serve reduced fat (2%) pasteurized milk to those who are at risk for hypercholesterolemia or obesity	4.3.2.3 - Encouraging Self-Feeding by Older Infants and Toddlers
NA5	Serve skim or 1% pasteurized milk to children two years of age and older.	4.3.2.3 - Encouraging Self-Feeding by Older Infants and Toddlers
NB1	Serve whole grain breads, cereals, and pastas.	4.2.0.4 - Categories of Foods
NB2	Serve vegetables, specifically, dark green, orange, deep yellow vegetables; and root vegetables, such as potatoes and viandas.	4.2.0.4 - Categories of Foods
NB3	Serve fruits of several varieties, especially whole fruits.	4.2.0.4 - Categories of Foods
NC1	Use only 100% juice with no added sweeteners.	4.2.0.7 - 100% Fruit Juice
NC2	Offer juice only during meal times.	4.2.0.7 - 100% Fruit Juice
NC3	Serve no more than 4 to 6 oz juice/day for children 1-6 years of age.	4.2.0.4 - Categories of Foods & 4.2.0.7 - 100% Fruit Juice
NC4	Serve no more than 8 to 12 oz juice/day for children 7-12 years of age.	4.2.0.4 - Categories of Foods & 4.2.0.7 - 100% Fruit Juice
ND1	Make water available both inside and outside.	4.2.0.6 - Availability of Drinking Water
NE1	Teach children appropriate portion size by using plates, bowls and cups that are developmentally appropriate to their nutritional needs.	4.3.2.2 - Serving Size for Toddlers and Preschoolers & 4.7.0.1 - Nutrition Learning Experiences for Children
NE2	Require adults eating meals with children to eat items that meet nutrition standards.	4.5.0.4 - Socialization During Meals
NF1	Serve small-sized, age-appropriate portions.	4.3.2.2 - Serving Size for Toddlers and Preschoolers
NF2	Permit children to have one or more additional servings of the nutritious foods that are low in fat, sugar, and sodium as needed to meet the caloric needs of the individual child; Teach children who require limited portions about portion size and monitor their portions.	4.3.2.2 - Serving Size for Toddlers and Preschoolers & 4.5.0.4 - Socialization During Meals
NG1	Limit salt by avoiding salty foods such as chips and pretzels.	4.2.0.4 - Categories of Foods
NG2	Avoid sugar, including concentrated sweets such as candy, sodas, sweetened drinks, fruit nectars, and flavored milk.	4.2.0.4 - Categories of Foods
NH1	Do not force or bribe children to eat.	4.5.0.11 - Prohibited Uses of Food
NH2	Do not use food as a reward or punishment.	4.5.0.11 - Prohibited Uses of Food

References

1. American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child care. Caring for Our Children: National Health and Safety Performance Standards, Guidelines for Early Care, and Education Programs. American Academy of Pediatrics; 2019.
2. American Heart Association. Understanding Food Nutrition Labels. www.heart.org. Published 2010. Accessed December 12, 2020. <https://www.heart.org/en/healthy-living/healthy-eating/eat-smart/nutrition-basics/understanding-food-nutrition-labels>
3. American Heart Association. Added Sugars. www.heart.org. Published April 17, 2018. Accessed December 12, 2020. <https://www.heart.org/en/healthy-living/healthy-eating/eat-smart/sugar/added-sugars>
4. Anzman-Frasca S, Ventura AK, Ehrenberg S, Myers KP. Promoting healthy food preferences from the start: a narrative review of food preference learning from the prenatal period through early childhood. *Obesity Reviews*. 2017;19(4):576-604. doi:10.1111/obr.12658
5. Birch LL, Doub AE. Learning to eat: birth to age 2 y. *The American Journal of Clinical Nutrition*. 2014;99(3):723S-728S. doi:10.3945/ajcn.113.069047
6. Brown JE, Lechtenberg E. *Nutrition through the Life Cycle*. Cengage; 2020.
7. CDC. CDC's Developmental Milestones. Centers for Disease Control and Prevention. Published September 24, 2018. <https://www.cdc.gov/ncbddd/actearly/milestones/index.html>
8. CDC. Micronutrient Facts. Centers for Disease Control and Prevention. Published March 9, 2020. <https://www.cdc.gov/nutrition/micronutrient-malnutrition/micronutrients/>
9. Children's Health Watch. Hidden Food Stress: Underreported in National Data. Children's HealthWatch. Published October 27, 2016. Accessed September 26, 2022. <https://childrenshealthwatch.org/hiddenfoodstress/>

10. Cusick SE, Georgieff MK. The Role of Nutrition in Brain Development: The Golden Opportunity of the “First 1000 Days.” *The Journal of Pediatrics*. 2016;175:16-21. doi:10.1016/j.jpeds.2016.05.013
11. Sullivan L, Brumfield C. *The First 1000 Days: Nourishing America’s Future*.; 2016. <https://thousanddays.org/wp-content/uploads/1000Days-NourishingAmericasFuture-Report-FINAL-WEBVERSION- SINGLES.pdf>.
12. Gahagan S. Development of Eating Behavior. *Journal of Developmental & Behavioral Pediatrics*. 2012;33(3):261-271. doi:10.1097/dbp.0b013e31824a7baa
13. Healthy Eating Research, Pérez-Escamilla, Segura-Pérez S, Lott M. Feeding Guidelines for Infants and Young Toddlers: A Responsive Parenting Approach. https://healthyeatingresearch.org/wp-content/uploads/2017/02/her_feeding_guidelines_report_021416-1.pdf
14. Knowles MS. *The Modern Practice of Adult Education: From Pedagogy to Andragogy*. Cambridge Adult Education; 1980.
15. Benjamin-Neelon SE. Position of the Academy of Nutrition and Dietetics: Benchmarks for Nutrition in Child Care. *Journal of the Academy of Nutrition and Dietetics*. 2018;118(7):1291-1300. doi:10.1016/j.jand.2018.05.001
16. Satter E. *Child of Mine : Feeding with Love and Good Sense*. Bull Pub. ; Berkeley, Ca; 2000.
17. U.S. Department of Agriculture, Food and Nutrition Service, FNS. *Infant Nutrition and Feeding*.; 2019. https://wicworks.fns.usda.gov/sites/default/files/media/document/Infant_Nutrition_and_Feeding_Guide.pdf
18. U.S. Department of Agriculture, U.S. Department of Health and Human Services. *Dietary Guidelines for Americans, 2020-2025*.; 2020. <https://www.dietaryguidelines.gov>
19. Harvard University. *Healthy Eating Plate*. The Nutrition Source. Published 2019. <https://www.hsph.harvard.edu/nutritionsource/healthy-eating-plate/>
20. Castle J, Jacobsen M. *Fearless Feeding : How to Raise Healthy Eaters from High Chair to High School*. Fearless Feeding Press; 2018.



Nemours National Office of Policy & Prevention
1201 15th Street NW, Suite 520
Washington, DC 20005
202.457.1440 • 202.649.4418
www.healthykidshealthyfuture.org

©2022. The Nemours Foundation.
Nemours is a registered trademark of the Nemours Foundation.