In addition to the CDC and Nemours logos, you are welcome to add your state logo(s) and unique project name to these slides.

• Welcome programs and participants back to the Learning Session.
Enter acknowledgments for your state partners.

The ECELC is a project funded by the Centers for Disease Control and Prevention (CDC) to support early care and education (ECE) providers to promote best practices in healthy nutrition, physical activity, breastfeeding support, and screen time.

Nemours is supporting this project nationally through their expertise, materials, and time throughout the implementation process.

Gretchen Swanson Center for Nutrition is administering the evaluation component of this project.
This session will focus on how providers can improve best practices for healthy eating with emphasis on family-style dining and breastfeeding support.

In the “Facilitating Change in Your Program” segment later today, participants will continue the action planning process and will complete the “Program Staff” and “Program Environment” columns of their Action Plan.
Learning Session 3 Objectives

At the end of the Learning Session, participants will be able to:

1. Describe best practices for family-style dining and breastfeeding support and identify change opportunities within their program;

2. Have the information to continue the Action Plan, with focus on impacting program staff and the program environment; and

3. Continue to document and communicate the process of healthy change by adding to the storyboard.
Note: Using large chart paper or board, create a graph with the Healthy Kids, Healthy Future (HKHF) goals listed on the bottom:
• Nurture Healthy Eaters;
• Provide Healthy Beverages;
• Increase Physical Activity;
• Reduce Screen time; and
• Support Breastfeeding.

Have your sticky notes in 5 different colors on hand.
• Assign each color a HKHF goal (i.e. yellow is “Nurture Healthy Eaters”);
• Participants will use the sticky notes to build a bar graph;
• As a large group, have participants share which goal(s) they worked towards and the action steps they implemented related to program policies, program environment, program staff, and the children;
• Give the Leadership Team the color sticky note that pertains to the goal(s) they’ve focused on for their Action Plan; and
• Ask the Leadership Team to write the name of their program on the sticky note(s) and place it in the column of their respective goal.
Note: Ask participants if they practice family-style dining in their program. Explain that family-style dining can benefit the child, the teacher, and the program.
This video demonstrates how one program introduced family-style dining to their 2 year olds.

Click on the photo (hyperlink) to start the video.  
https://www.youtube.com/watch?v=ElpanmnPhAg
In its most basic form, FSD involves children and adults sitting together to enjoy foods and beverages in a manner that supports children’s independence.

FSD is a meal service approach that helps ECE programs support children to have developmentally appropriate mealtime experiences and helps to prevent childhood obesity.

Foods and beverages are placed on the table where the children and adults sit together to share the meal. Children are encouraged to serve themselves independently with adult help when needed.
FSD enriches a child’s learning environment. Family style meal service gives children the opportunity to take an active role in their feeding as it allows them to make decisions and to take responsibility for their food choices. FSD also creates a unique opportunity for us to model healthy food choices and table manners.
Whether it’s food served in the classroom or food brought in from home, the concepts stay the same.

Use the variety of lunches available as an educational moment; children can observe other healthy foods and create discussions on healthy eating.

There are many elements to family-style meal service. It looks different from program to program depending on the ages of the children served and whether food is provided by the program or brought from home; two important factors that impact how many family-style dining elements can be practiced by an ECE program.

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

- Children help set and clear the table.
- Child-size tables, utensils, and serving dishes are utilized.
- Food is passed in small containers.
- Beverages are served in small pitchers.
- Children serve themselves.
- Adults sit at the table with children and role-model by eating the same foods.
- Children engage in conversation.

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.
FSD maximizes meal and snack times for hands-on learning and supports Early Learning Standards in many child development domains (motor, social, language, and emotional).

**Small, Large, Oral Motor Development**

- Passing out plates, tipping a pitcher of milk, and lifting a serving spoon of food use a variety of motor skills.
- Learning to use serving utensils, such as tongs, allows children to develop fine motor skills.
- Children need to balance to stay in their chairs, which strengthens core muscles.
- Oral motor skills are developed when children learn to drink from a glass.
Social Development

- The social interaction involved in FSD provides teaching opportunities for sharing, turn taking, and table manners.
- Children learn empathy and how to recognize and respond to others’ needs.
- As children talk with their peers and adults at meals, they practice social etiquette behaviors, such as saying “please” and “thank you”, and learn the art of conversation and how important these are for a pleasant mealtime experience.
- Adult role modeling of both manners and conversation skills is fundamental to FSD.

Overtime you will see children use these skills more frequently both during and outside of mealtime.
FSD maximizes meal and snack times for hands-on learning and supports Early Learning Standards in many child development domains (motor, social, language, and emotional).

**Language Development**

- Mealtime conversations develops children’s language and can create a language-rich environment.
- Using words and sentences describing the flavor, texture, color, or temperature of a food enriches children’s vocabulary.
- Talk about topics that interest the children in your program!

**RESOURCE:** Check out these mealtime conversation cards!  
FSD maximizes meal and snack times for hands-on learning and supports Early Learning Standards in many child development domains (motor, social, language, and emotional).

**Emotional Development**

- Family style dining can boost a child’s self confidence through trying new things and mastering new skills.
- Getting food from the serving bowl to their plate is a reason to celebrate. “I did it!” are important words for children to say.
- Waiting their turn for food to be passed around helps children practice self-regulation.
- Children learn independence when they help to set the table, serve themselves, and clear the table. The more children do themselves, the less an adult must do for them.
To be successful with family style meal service, it’s important that children:
- Learn and develop mealtime skills
- Practice self-feeding

Learn and develop mealtime skills
Family style dining requires specific skills. Some of these skills require instruction and practice. Children can develop skills necessary for success with family style dining. Children should be able to:

Practice proper handwashing techniques
Use utensils, glasses, plates, and bowls – learn how to hold utensils by the handle, glasses by the side, plates by the edge, and bowls by the side or rim. Hands should not touch parts of their plates or glasses where food is placed. Children will need to be constantly reminded that serving utensils cannot go in their mouths.

Look at the person they are passing the dish to, or receiving the dish from. This will reduce spills and supports social etiquette.

Clear their place setting and assist in cleanup. This promotes independence and teaches responsibility. Spills will happen. When they do, remind children that it is ok to make mistakes and have them help with the cleanup. A tub for dirty dished placed at child level helps reduce spills.

Practice self-feeding
Older infants and toddlers should hold and drink from an appropriate child-sized glass and use a child-sized spoon and/or fork to serve themselves. Self-feeding with fingers is also appropriate. Preschoolers are usually better at feeding themselves when they use utensils, glasses, and dishes that match their abilities.
Hand-eye coordination skills:
- Children learn to direct the movements of 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 should be achieved between the ages of 3-5 years.
To be successful with family style meal service, it’s important that staff are prepared to:

**Encourage self-feeding practices**
Providers should encourage older infants and toddlers to hold and drink from an appropriate child-sized glass and use a child-sized spoon and/or fork to serve themselves. Self-feeding with fingers is also appropriate. Preschoolers are usually better at feeding themselves when they use utensils, glasses, and dishes that match their abilities.

**Arrange seating to support skills**
You can sit near children that you know need more support with family style dining. This will allow you to easily assist with passing dishes and helping children serve themselves.

**Assess children’s mealtime skills**
Providers must assess what skills children currently have and what skills they need to develop for family style dining. Once these are determined, providers can determine the best way support each child in developing these skills outside of mealtimes and supporting them during mealtimes.

**Integrate Meal Service Practice into other activities**
Allow children time to practice family style dining skills outside of mealtimes. You can include practice in daily routines, transitions, and play and learning experiences. Be creative! Allow children to mix play objects from different learning areas to create their own learning opportunities.
Integrating Meal Service into Daily Activities

- Daily transitions and routines
- Dramatic play
- Small motor experiences
- Sand and water play
- Literacy and music/movement activities

It is important to provide opportunities for children to learn skills needed for family-style dining prior to implementing it at mealtime. Programs can provide child sized equipment such as pitchers, cups, forks and spoons outside of mealtime to allow children to strengthen skills, such as pouring, which are needed at mealtime.

**Daily Transitions and Routines**
Use these times to help children learn self-help skills and health practices. Children who properly wash their hands with adult supervision are learning to reduce the spread of germs and stay healthy. Routines and transitions also help children regulate behavior, especially when transitions do not require children to wait for a long amount of time.

**Dramatic Play**
Create a dramatic play area that reflects mealtime experiences! A variety of serving utensils and dishes like those used for meals allows children to practice serving play food or passing dishes without making the mess.

Create pretend food for serving practice. You can cut up yarn to look like spaghetti and use tongs to practice serving. Use developmentally appropriate sized lacing beads to represent foods that can be scooped, and thin rectangle sponges as slices of bread.

Children can learn the correct way to set and clear the table for a pretend meal with a doll, adult, or peer. You can show children how to hold play utensils by the handle while setting the table for a pretend meal.

Children can use a play broom and dustpan to clean up pretend spills.

**Small Motor Experiences**
You can use nontraditional materials in play and learning to help children develop fine motor skills needed for serving utensils, such as pinching and grasping. Ideas include using containers, scoops, spoons, cups, and tongs with counting tokens, cotton balls, lacing beads, small unit blocks, and cubes of clay or playdough.

**Examples Include:**
- **Sand and Water Play**
  Offer a variety of sizes and styles of measuring cups, slotted spoons, squeeze bottles, non-slotted spoons, scoops, pitchers, cups and containers for sand and water play. An item that resembles dining equipment gives children a more realistic experiences. An empty scoop is lighter than a full scoop which make a different to little hands. Clean potting soil and damp sand can offer different weights and textures. These materials can all be used indoors and outdoors. Have children help with cleanup when play is done. This is a good practice for when spills happen at mealtime.

**Literacy and Music/Movement Activities**
Make picture books that show children engaging in family style dining. As parents for photos of their families eating together to add to the book. Use theses to start a conversation with children about what is happening in pictures. Encourage children to match items in their environment with items they see in the pictures.

Ask children to tell a story about food or mealtime. Write their words and let them draw a picture. Songs and chants can be used during transitions or during music/movement activities. Create songs or lyrics about new foods, food groups, or mealtime activities.
Use praise when a child tries a new food. This may motivate other children who were reluctant to try a new food to do so.

When asking questions allow the child a chance to think and problem solve. Work with children to assist them to categorize like foods by asking questions that relates to similar foods.
Getting Your Program Ready for FSD

- Procure appropriate furniture and equipment
- Implement gradually

**Procure appropriate furniture and equipment**
Programs should have child-sized mealtime furniture and meal service tools for eating, as well as for play and learning.

**Implement gradually**
It is important to implement family style dining gradually. It is ok to start small! Start with snacks or one meal component like letting children set the table. Practice family style daily. Consistency and repetition are important for success.
Goal setting is an important piece of the Learning Collaborative, specifically throughout the development of the Action Plan.

The goal setting activities used throughout the Learning Sessions will focus on the “how,” “what,” “who,” “when,” and “where” of the desired change.

**Note:** Facilitate the following goal setting activity. Remember each program may be at a different level of implementing family-style dining, so it is important to identify where each program is at before beginning the activity.

*Have participants think of how they can start or improve family-style dining in their ECE program; and
*Have participants write down their goal and the steps needed to reach it.
  *Have participants include the challenges and barriers they may face during the implementation of family-style dining.

*For example: A program may already be practicing family-style dining, but would like to encourage greater participation amongst the children. The participant should then answer the “how,” “what,” “who,” “when,” and “where” within the goal setting process.
  *How can he or she encourage the children to properly use mealtime utensils?
  *What types of child size equipment is needed to be successful?
  *Who will this affect and who may be a source of support?
  *When will the program start the implementation process and will gradual steps be taken to reach the overall goal?
  *Where will family-style dining take place?
*Reflect: Is this a realistic and achievable goal?

*Ask for volunteers to share their desired change and the steps needed to achieve it.

Goals do NOT have to be extensive, and actually smaller goals are appropriate because they are more realistic. Build in their current experiences with their goals.

**Ex:** The two year old classroom (Who/Where) will begin to introduce family-style dining (What) by using the water table (How) once a week (When) with the suggested materials for the children to use.

This shows who, where, what, when and how (the main questions a goal should address).
Tips for Success

TIPS for FAMILY STYLE DINING SUCCESS

- Follow the Same Routine
- Adult Involvement is Key
- Be Prepared for Mistakes
- Make Clean-Up Easy
- Quiet Transition Activity

Click on the photo (hyperlink) to start the video.

URL: https://www.youtube.com/watch?v=Fs0aPlAslpk
Note: Have participants turn to the *Mealtime Routine Sample Handout* in the Participant Handbook or inform participants that it can be downloaded electronically.

- Encourage participants to print this document for their program staff as they promote healthy changes in their programs.
Note: Use the *Sesame Street Healthy Habits for Life* toolkit to conduct the activity on page 42, *Mystery Food Box*. Take this time to connect your states Early Learning Standards to this activity. Once you conduct the activity, facilitate a discussion around what common Early Learning Standards domains were addressed. Use your state’s Early Learning Standards as a guide to facilitate this discussion or use the domains listed in the Implementation Guide. There may be additional domains specific to your state’s Early Learning Standards, so encourage the participants to think about what else can be included.
Note: Distribute the *Sesame Street Healthy Habits for Life* toolkit. One per program.
Many of the supporting material in this presentation is adapted from the Carolina Global Breastfeeding Institute, where they are doing work with early care and education settings in North Carolina to improve breastfeeding rates.
Breastfeeding is an important issue and is demonstrated in the Surgeon General’s Call to Action to Support Breastfeeding, released in 2011. The Call to Action lists 20 actions that should be taken to support breastfeeding.

Action 16 specifically addresses support in early care & education.
Note: Have participants turn to the True/False Activity in their Participant Handbook. Give participants 5-10 minutes to complete the activity on their own and then share the answers aloud.

See the Learning Session 2 Implementation Guide for the answer key, and below is the reference of support for each statement:

• “Over 75% of women start out breastfeeding.”

• “Feeding a baby formula instead of mother’s milk increases the chances that the baby will get sick.”

• “If a child is not breastfed, he is more likely to get ear infections.”

• “If a child is not breastfed, she is more likely to get diarrhea.”

• “If a child is not breastfed, he is more likely to die of SIDS (Sudden Infant Death Syndrome).”

• “If a child is not breastfed, she is more likely to become overweight.”

• “Infant formula is missing many of the components in human milk.”

• “The longer a mother breastfeeds, the better it is for her health.”

• “Babies should never be given cereal in a bottle.”

• “Human milk is not a hazardous substance.”

• “Babies should breastfeed for at least one year.”

• “Babies should be exclusively breastfed (no other foods or liquids) for about the first six months of life.”

• “No matter the mother’s diet, a mother’s milk is the best and healthiest food for her baby.”

• “Babies should not be fed on a strict schedule.”

• “Breast milk is reimbursed through the CACFP (Child and Adult Care Food Program).”
To date, over 30 components to breast milk have been identified, including customized immune factors that kill bacteria and viruses, thereby protecting babies from infections and illness.
• Formula provides the fat, carbohydrates, protein and calories in human milk, but there are other factors that cannot be duplicated.
• Human milk includes immune factors, so that the baby can “borrow” the mother’s immune system while his/hers is still immature.
• Human milk also contains components that kill bacteria and viruses.
• The composition of human milk is very stable, regardless of the mother’s diet. Eating a good diet is a good idea, of course, but the mother’s milk if available will be the best food for her baby.
Most mothers want to breastfeed and begin breastfeeding. However, a 2013 study found that 60% of women stopped breastfeeding sooner than they wanted to. A variety of factors make breastfeeding more challenging for women than it needs to be.

How long a mother breastfeeds her baby is influenced by many factors including:

- Unsupportive hospital practices and policies.
- Issues with lactation and latching.
- Cultural norms and/or lack of family support.
- Unsupportive work policies and lack of maternity leave.
- Lack of support from ECE providers.
The longer and more exclusively (without supplements) a woman breastfeeds, the lower her risks. Greater post birth **weight loss.** Breastfeeding can help mothers lose the weight gained during pregnancy.

**ATTACHMENT:** Mothers benefit from breastfeeding as well. The physical contact provided while breastfeeding supports the bonding between mother and child. It requires a mother to take some quiet, relaxed time to sit and hold the child closely. It also helps mothers stay closely bonded to their babies after going back to work.

**CONVENIENCE:** Breastfeeding can make life easier once mothers and their babies settle into a good routine. If a woman is exclusively breastfeeding, there is no formula to buy, measure and mix; no bottles to warm in the middle of the night; and no bottles and nipples to sterilize.

**SAVINGS:** Breastfeeding can save money: reducing over $1,500 in annual costs associated with formula feeding. Breastfeeding mothers also miss fewer days from work because their infants are sick less often. Supplies are required to pump or express, store and feed breast milk to a baby. Many insurance companies now cover some costs associated with pumping breast milk. Encourage mothers to check in about their insurance benefits.
Breast Milk Can Save Your Program Money

- **Breast milk is part of the CACFP meal pattern**
  - It is reimbursable for infants if fed by the mother or child care provider
  - It’s free! No equipment to purchase
    - Cost effective for families as well
  - For children over 12 months, breast milk may be substituted for cow’s milk
    - Doctor’s note may be required
- **Human milk is food**
  - You do not need to store human milk in a separate refrigerator
  - You do not need to wear gloves to give a bottle of human milk or formula
  - Contact with human milk is not hazardous exposure

The new CACFP infant meal pattern, released April 2016, now allows programs to be reimbursed if the infant is fed breast milk by the mother OR child care provider. In the old meal pattern, programs were only reimbursed if a child care provider or mother fed the infant expressed breast milk. Now, for infants birth through 11 months of age, this new rule allows providers to be reimbursed for meals when the mother directly breastfeeds her infant at the center or day care home and/or expressed breast milk is provided to the infant by the mother or child care provider.

The CDC (Centers for Disease Control and Prevention) does not classify human milk as a biohazardous substance; it is classified as a food.

There are no documented cases of someone contracting an illness through exposure to human milk, including an infant drinking another mother’s milk.

HIV is a worry for many providers. It is important to note that (1) women routinely are tested for HIV when pregnant, and (2) HIV positive women are told not to breastfeed. Therefore, this is not (should not be) an issue for providers.
This data comes from the Centers for Disease Control and Prevention’s Breastfeeding Report Card, 2016. You can pull specific information for your state from the report: https://www.cdc.gov/breastfeeding/pdf/2016breastfeedingreportcard.pdf

The second column shows the current national breastfeeding rates. The third column shows the Healthy People 2020 targets/objectives, which are meant to be realistic and achievable, so they may seem low. Americans did not meet the Healthy People 2010 targets. Healthy People provides evidenced-based national objectives every ten years for improving the health of all Americans.

Note the dramatic drop off from the 81.1% who start breastfeeding to 30.7% who continued breastfeeding to 1 year.

<table>
<thead>
<tr>
<th></th>
<th>National</th>
<th>Healthy People 2020 Targets</th>
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</thead>
<tbody>
<tr>
<td>Ever breastfed</td>
<td>81.1%</td>
<td>81.9%</td>
</tr>
<tr>
<td>Exclusively BF at 3 months</td>
<td>44.4%</td>
<td>46.2%</td>
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<tr>
<td>Exclusively BF at 6 months</td>
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</tr>
<tr>
<td>Breastfeeding at 1 year</td>
<td>30.7%</td>
<td>34.1%</td>
</tr>
</tbody>
</table>
Breastfeeding Recommendations

- The American Academy of Pediatrics recommends:
  - Exclusive breastfeeding for about 6 months, followed by continued breastfeeding as complementary foods are introduced
  - Continuation of breastfeeding for at least 1 year
  - Continuation of breastfeeding beyond 1 year for as long as mutually desired by mother and infant

- Exclusive breastfeeding means an infant is given no other substances for food (e.g. no infant formula or water)
The goal is to provide encouragement and support for those who are considering breastfeeding, for those who choose to, and for those who may be struggling with the day to day challenges of breastfeeding and working.

Infant feeding is a personal choice.

Breast is best, but it’s not the only option.

Some mothers will choose not to breastfeed, and that’s okay!

**Goals:**

• To help parents make informed choices;
• To respect those choices; and
• To provide encouragement and support for those who are considering or are already breastfeeding.
Note: Have participants turn to the *Ten Steps for Breastfeeding-Friendly Child Care Centers* handout in the Participant Handbook or inform participants that it can be downloaded electronically.

Review the ten steps on the handout. These are best practices in breastfeeding support.
Responsive feeding helps prevent obesity, because children learn to eat when they are hungry and stop eating when they are full.

It is normal for young babies to eat only 2-3 ounces of milk at one sitting.

For breastfeeding mothers, feeding on demand helps maintain an adequate milk supply.

Rooting Reflex: moving the mouth in the direction of something/someone that’s stroking or touching their cheek.
Click on the photo (hyperlink) to start the video.

**URL:** https://www.healthychildren.org/English/ages‐stages/baby/feeding‐nutrition/Pages/Is‐Your‐Baby‐Hungry‐or‐Full‐Responsive‐Feeding‐Explained.aspx
Early solids replace milk, so babies get fewer calories overall and may not take in as many calories as they need.

Early solids are associated with increased allergies and digestive problems.

There is no demonstrated benefit for introducing solids before six months. In fact, there are potential risks.

Best practices for ECE providers include: Infants under six months of age should not receive formula mixed with cereal, fruit juice, or any other foods without written instructions from a health care provider indicating “that there is medical reason for this feeding.”

Babies should show signs of readiness before they’re fed solid foods.

There is NO evidence that feeding cereal in a bottle will help babies sleep. This is a myth. In fact, it can cause tooth decay can cause choking.

Hold infants while feeding them: When feeding an infant by bottle, position the infant in your arms or sitting up on your lap just as a mother who is breastfeeding her baby would do so. This puts you in the best position to see that an infant is signaling to you that she is full. Respond to infants’ eye contact and vocalizations during feeding. Never ‘prop’ an infant’s bottle.
Programs should be mindful how they present feeding choices to parents when the families enroll their child. Since breast feeding can be a personal subject, staff’s personal beliefs should not be projected onto the families.
Respecting an individual regardless of their cultural background is important. Understanding and respecting an individual’s values, traditions, mannerisms, and beliefs is critical to effective communication.

Some cultures may believe that looking someone in the eye while they are speaking is a sign of disrespect. Other cultures may feel it is disrespectful not to look someone in the eye while speaking. Become aware of your audience in order to effectively communicate without offending an individual or culture.

The best way to learn about a particular parent’s culture is to ASK. Ask them what works for them and how they handle something “in their family”.

**Communicate your needs as a caregiver**
As the caregiver, you may have questions for the breastfeeding mother. Write down any questions ahead of time so you remember to discuss them with the mother. Here are some ideas to discuss with the nursing mother:

- Will the baby be using a bottle at all?
- Who will be giving the baby the bottle of breast milk? Are other family members permitted?
- How much breast milk does the baby normally take at a time?
- Discuss options for a small amount of extra breast milk to be stored in case the baby is still hungry
- How does the baby like to be held?
- Find out what the mother wants you to do if she cannot make it to nurse or any other unusual situation
- Is there any health information you should be aware of?
Click on the photo (hyperlink) to start the video.

**URL**: https://www.youtube.com/watch?v=IpDDxnbin7c
Note: Conduct the *Role-Playing Activity*. Participants will practice using “I” messages based on changes they may be making in their program related to family-style dining and supporting breastfeeding. It is important to effectively communicate healthy changes being made in the program. Effective communication is important when discussing changes with families and program staff.
Solution #1: Delegate tasks to children
Teach children to help set the table and clean up after the meal. Once they learn the skills, it can help speed up transitions before and after meals.

Solution #2: Teach children meal and snack time routines
Talk to children about the family style dining elements you are going to do before starting them. Allow children to practice with pretend foods. Have children to serve just one food item. As they become comfortable, make them responsible for additional food items. Eventually, they will learn to serve themselves completely.

Create a full routine around meal and snacks times that includes things like washing hands, setting the table, sitting down at the table, serving food, eating, and cleaning up. This will help bring order to meal and snack times.

SOLUTION #3: Adjust the daily schedule
Family style meals can take longer, so the daily schedule might need to be tweaked to provide a few additional minutes for meals and snacks. However, family style meals are a great learning opportunity and a great investment of time.

RESOURCE:
Check out More Than Mudpies, a nutrition curriculum for preschoolers. Page 11 provides a section dedicated to Mealtime Routines for Health and Manners.
http://nfsmi.org/documentlibraryfiles/PDF/20090120023846.pdf
**Challenges: Messiness**

- **Messiness**
  - Family style eating can be seen as messy or unsanitary

- **Solution #1: Be Prepared for Messes**
- **Solution #2: Adopt strategies to minimize and avoid contamination of food.**
- **Solution #3: Start Small**

**Solution #1: Be Prepared for Messes**
Part of the learning process will be through trial and error. It is normal for children to spill. Respond to spills with praise, NOT scolding: “John, it’s OK that your milk spilled; we can clean it up. You did a great job trying to hold the pitcher. I bet you will get it next time.”

Designate a clean-up area that is outside of the traffic flow and contains a trashcan and bussing trays. Have paper-towels within reach just in case spills occur.

**Solution #2: Adopt strategies to minimize and avoid contamination of food.**
Always have children wash their hands before and after meal time. Serve food in small containers with only a limited amount of food in each. If a child sneezes into the serving bowl, then only a small amount of food must be discarded.

Keep extra serving utensils on hand. If a child drops a utensil or puts it into his/her mouth, the utensil can be switched out immediately and eliminate further contamination.

If a child is sick, but is still participating in meal time, it is important to consider special arrangements to prevent the spread of illness. This can include using disposable plates, cups and utensils.

**Solution #3: Start Small**
Introduce younger children to family-style dining on a smaller scale. Consider opportunities for them to pour their own water or to select their own muffin from a snack tray. These small opportunities allow toddlers to learn fine motor skills so that they are ready for family-style dining by the time they are preschoolers. If preschoolers are not used to family-style dining, start introducing it during snacks when there are fewer foods to serve. Once they learn the basic skills, slowly introduce it during lunch.
Challenges: Motor Skills

Motor Skill Level Differences

- Some children will need more help serving themselves than others

- Solution #1: Give children lots of learning activities to help them develop motor skills needed for family-style dining
  - Add child-sized equipment, including pitchers, cups, forks and spoons to the housekeeping area, water and sand tables, and outdoor play area.
  - Children benefit from opportunities to learn the motor skills needed for family-style dining prior to implementing it at mealtime. Allow children to practice pouring, serving, and manipulating tongs and utensils outside of mealtime to strengthen their skills.
  - Pouring practice helps children develop hand-eye coordination and learn to identify large and small amounts of liquids to avoid spills during water and sand table play.
  - Use teacher-led play activities to help ensure that all children are getting good practice using forks and spoons to scoop in the garden or sand; using tongs to pick up and move objects, and pouring liquid. Have children carry a half full cup of water in a race across the playground, or race while they carry a plastic egg on a spoon.
  - Engage families by asking them to bring in empty containers of healthy foods, utensils, and other household items that are culturally important to their families for the house keeping area.
  - This not only displays the various cultures within the classroom but makes the children feel more comfortable because they have a representation of what they have at home.

- Solution #2: Use age-appropriate eating equipment
  - Age-appropriate, unbreakable plates, bowls, cups tongs, silverware and serving utensils will be easier for young children to grasp, thereby reducing the chances of dropped food. Use small, wide-lip bowls and platters for serving and child-size pitchers; things that are easy for children to lift and pass.
  - If you do not have age appropriate materials for children to serve themselves, consider putting this into the budget, asking for help from parents and local businesses, or fundraising for this cost as it is a wonderful investment.

RESOURCES
Check out Helping Children Be Successful at Serving Themselves and Passing for more strategies
https://d3kn6p1p33jvn.cloudfront.net/2015/02/familydiningtips.pdf

Use this equipment guide as a reference for child-friendly items for family-style meals that can make family style dining manageable and rewarding for children and adults.
https://d3kn6p1p33jvn.cloudfront.net/2016/02/FamilyStyleDiningToolkit.pdf

- Solution #3: Designate adult leaders at every table
  - Help children learn to serve their own food using hand-over-hand techniques. Sit with the children and model serving, passing, and use of utensils to help children see the proper movements for these skills.

- Solution #4: Use a Buddy System
  - During snack times, match children with more advanced skills with those who need more help.
Click on the photo (hyperlink) to start the video.

Watch this video to see tips for how to deal with messes that may occur when serving meals family style.
https://mediahub.unl.edu/media/5515
Solution: Provide positive guidance to children.
Provide a gentle nudge to children by simply asking “How much broccoli would you like today?” Accept that a child may not eat everything that is being offered. Try not to comment on how much or little a child is eating, but stay positive and create an open environment for discovery and learning.

Check out page 2 of this article from KidsHealth to learn more about Letting Kids Have Control. [http://kidshealth.org/en/parents/feed-preschooler.html#](http://kidshealth.org/en/parents/feed-preschooler.html#)
Solution: Learn about family style dining before adopting it into everyday practice

Get yourself and your staff motivated to make change by finding out why experts encourage family-style meals. Watch videos from other child care programs that have adopted family-style dining so that you can see it in action. Provide time for an open staff discussion where you can discuss challenges and brainstorm how to overcome them with your coworkers. Continue to work as a team to provide encouragement and positive support as you begin to adopt these changes.

RESOURCE
Check out the following handout about Making the Most of Mealtimes from the National Association of Child Care Resource & Referral Agencies.
https://d3kn61p33jvn.cloudfront.net/2015/01/makingmealtime.pdf
Solution #1: Lunch box kids can practice family style dining

“Lunch box” kids can practice family-style dining for at least one meal component at mealtime. For example, program staff and families can bring in whole produce for a meal. The fruit or vegetable should be cut up right before mealtime, and not outside of the facility. Pass around the cut produce so children can serve themselves with child size utensils. Include “lunch box kids” during set up and cleanup of meals.

ECE providers should always follow local food safety requirements and standards. Therefore, when asking families or program staff to take turns bringing in fruits and vegetables, ECE providers should only accept whole produce, and food service personnel should cut it up at the program.

ECE providers can suggest to families to not include a beverage in their child’s lunch box so that the child can practice passing and pouring the beverage provided during mealtime. Encourage children to drink the provided beverage at mealtime. Children can serve themselves using child-sized pitchers.

Classroom celebrations are another opportunity to practice family-style dining with healthy treats. ECE providers can offer the snacks on small platters to pass around the table, while encouraging the children to discuss the taste, texture, color, and shape of the food.

Solution #2: State Food Programs DO support family-style dining

Programs that participate in what is known as the Child and Adult Care Food Program (CACFP) are encouraged to use family-style dining. Below is guidance from CACFP regarding family-style dining:
- Have all food on the table at the beginning of the meal.
- Have enough food available to meet meal pattern requirements for all children and enough for seconds.
- Children must be offered all foods at the table.
- An adult should sit with the children to facilitate and role-model.
- Expect spilled food as children learn to serve themselves.
- Use measuring cups for serving food to help children serve appropriate portions.

RESOURCES
For more information, click on the links below:
Insert link: Child and Adult Care Food Program (CACFP)

Insert link: Family Style Meals
This video is provided by Gretchen Swanson Center for Nutrition and discusses verbal engagement at mealtime. Additional videos can be found on their website at: www.centerfornutrition.org/teach-kids-nutrition.

Please note, at time 0:35 during the “Teaching Portion Size” segment the narrator says, “[...] because you are 4 years old, you get to have 4 of these.” This is not considered best practice. To ensure children are receiving the correct portions required by the Child and Adult Care Food Program (CACFP) meal patterns, programs can use the appropriate size measuring cup or spoon as a serving utensil.

Click on the photo (hyperlink) to start the video.
https://www.youtube.com/watch?v=G6s0LeX4t6w
Solution #1: Convert a corner or private space into a breastfeeding station
  • Set up a breastfeeding station in an area of the room that is rarely used.
  • Use a curtain or foldable partition to create a private space for mothers. Furniture, like a tall bookshelf, can also be used to divide space and create a more private space.
  • Start with a comfortable chair and small table.
  • Allow access to an electrical outlet so that mothers can use a breast pump.

Solution #2: Learn more about what breastfeeding mothers need in that space.
  • Breastfeeding mothers may also need access to a sink, a cooler or refrigerator space, and a waste basket.
  • What you choose to include in this space can vary – from providing just the essentials to deluxe accommodations.

RESOURCE: The Wisconsin Department of Health Services offers three different examples of how a lactation room might be furnished. Check out page 28 of their Ten Steps to Breastfeeding Friendly Child Care Centers.
https://www.dhs.wisconsin.gov/publications/p0/p00022.pdf
Solution:
Learn more about the benefits of breastfeeding for both mother and child so you feel confident talking with mothers about breastfeeding and the specific ways that you can support their decision to breastfeed. Look for trainings on breastfeeding.

RESOURCE: Post helpful reminders, like this poster about How to Store and Handle Breast Milk from the USDA.
### Challenge: Lack of knowledge about available support

- **Parents are Unaware of Breastfeeding Support Offered**
  - Mothers may not use available resources because they do not know they exist or are unsure how welcoming you are to breastfeeding.

- **Solution #1: Create a written breastfeeding policy for your child care center or home.**
- **Solution #2: Become a valuable resource for your mothers**

### Solution #1: Create a written breastfeeding policy for your child care center or home.
Ensure that the policy states that your program actively supports breastfeeding mothers and is clearly posted. Be sure that the policy addresses how breast milk is stored, the resources and support you can offer, and your encouragement for breastfeeding mothers.

Make breastfeeding a part of any infant feeding plan discussion with parents and respect parents’ choices about infant feeding.

### Solution #2: Become a valuable resource for your mothers
Incorporate information about breastfeeding into parent newsletters or your program’s social media. Use these outlets to share information about the many benefits of breastfeeding that led to the American Academy of Pediatrics recommendations for breastfeeding. Great information geared toward parents about Breastfeeding vs. Formula Feeding, Safely Storing Breast Milk, Solids and Supplementing, and Finger Foods for Babies are also available from KidsHealth.

Compile and maintain a list of local breastfeeding resources and support organizations (such as La Leche League). Make sure these are easily accessible for families. Also, be sure to refer parents with questions to the appropriate organization.
Note: Explain to participants that making healthy changes is a process. Areas of improvement are identified and then steps should be taken to continue to make changes to the program. Ask participants to pull out their five areas of improvement identified from their NAP SACC results. This segment will be used to start identifying action steps needed to create change in the middle rings of the social ecological model including program staff and the program environment.
This model displays the impact of relationships and environment on the individual, or the child at the center. For example, providers have a big influence on families, and families influence providers as well. The ecosystems closest to the child have the greatest impact. To make a difference, focus on the child at the center and also on the other environments around the child.

For the “Facilitating Change in Your Program” segment of the day, we will focus on their goals and identify action steps to improve best practices impacting Program Staff and the Child.

Note: Have participants turn to the Action Plan Worksheet located in the Participant Handbook as you use the following slides to explain the “Program Staff” and “Program Environment” columns of the Action Plan and assist them in developing action steps for both columns.
Note: Have participants turn to the sample Action Plans in the Participant Handbook. Participants should only focus on “Program Staff” and “Program Environment” for today. The last column will be completed during LS4.

This sample action plan shoes steps a program could take to introduce and implement family style dining.

Remember: This is just an example to get participants started. Participants do not have to use a goal for healthy eating. Goals can be around any of the areas introduced in LS1 including:

- Healthy eating and beverages;
- Physical activity;
- Screen time; and/or
- Breastfeeding support.
Note: Have participants turn to the sample Action Plans in the Participant Handbook. Participants should only focus on “Program Staff” and “Program Environment” for today. The last column will be completed during LS4.

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This sample action plan shoes steps a program could take to improve their breastfeeding environment.

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- Breastfeeding support.
Note: Have participants turn to the sample Action Plans in the Participant Handbook. Participants should only focus on “Program Staff” and “Program Environment” for today. The last column will be completed during LS4.

This sample action plan shows steps a program could take to improve their breastfeeding environment.

Remember: This is just an example to get participants started. Participants do not have to use a goal for healthy eating. Goals can be around any of the areas introduced in LS1 including:

• Healthy eating and beverages;
• Physical activity;
• Screen time; and/or
• Breastfeeding support.
Sample Family-Style Dining Policies

- At ABC Child Care, we support family-style dining by:
  - Role-modeling positive healthy eating behaviors in the presence of children
  - Sitting with children at the table and eating the same meals and snacks
  - Encouraging children to try developmentally-appropriate servings of new foods
  - Providing child-size tables, utensils, and serving dishes at mealtime
  - Providing opportunities outside of mealtime to strengthen pouring and scooping skills that can be utilized during family-style dining
Sample Breastfeeding Support Policies

- At ABC Child Care, we support breastfeeding and infant feeding by:
  - Providing a clean, welcoming place for mothers to breastfeed or express their milk
  - Offering breastfeeding promotional materials that are culturally appropriate
  - Providing a refrigerator for the storage of expressed milk
  - Ensuring all caregivers/teachers feed infants on cue unless the parent/guardian and the child’s primary care provider give written instructions otherwise
  - Providing professional development trainings to staff on supporting breastfeeding at least twice per year
Note: Encourage participants to turn to the Leadership Team Guide in the back of the Participant Handbook and follow along.
Note: Work as a large group or divide participants into two groups to complete the “Program Staff” and “Program Environment” columns of their Action Plan. As participants complete the column, discuss the importance of family engagement during the action planning process. Encourage participants to think about how the steps they are developing can be continued after the project is complete.
Trainers will call, email, and conduct site visits to support programs in completing action tasks.

Participants should continue to build on the storyboard throughout all Action Periods as action steps are identified and implemented for each column of the Action Plan Worksheet. Programs will have an opportunity to share their final storyboard at LS5. A description and example of a storyboard is shown on the following slides.
Creating a Storyboard

- Programs will express their story of change by:
  - Describing what change(s) were made and how they did it
  - Sharing who was involved in the process
  - Explaining accomplishments and challenges faced
  - Sharing photos of the implementation process
  - Describing how participants reacted to the change(s)
  - Outlining any program policies that were updated as a result
  - Explaining the next steps they will take to sustain the change(s)

Programs will implement the action steps identified for program staff and program environment. Programs will continue to work on their storyboard based on their observations of the implementation process between LS2 and LS5. Programs may choose to use a variety of ways to express their story of change. This includes:
  • Photos of the process including before, during and after the change(s);
  • Anecdotes from teachers, families, children, and support staff;
  • Assessments, observations and reflections;
  • Documents including lesson plans or menus that demonstrate changes; and/or
  • Children’s art work that describe the healthy changes in the program.

Participants will continue to build their storyboards between LS2 and LS5 and will bring their storyboards back to LS5 to present the change(s) they have made within their program.
Note: Choose and conduct an activity from the *Nutrition and Movement Activity Book* OR the *Nutrition* activity kit.
Part E: Extending Your Learning: Staff, Families and Program Policies
Specific events allow parents to actively engage in the classroom and understand what their child is doing in the classroom.
Feeding Best Practices for Children

- Serve meals family-style
- Encourage self-feeding
- Eat when seated at a table
- Use appropriate serving sizes
  - Serve more only if the child is still hungry
  - Children will eat what they need
- Engage children in mealtime prep and cleanup
- Serve familiar and new foods
- Encourage children to try new foods, don’t force
- Do not use food as punishment or reward
- Integrate nutrition experiences for children into program activities
Support mothers in breastfeeding as they return to work

- 80% of mothers desire to breastfeed, but 60% are unable to meet their breastfeeding goals
- Returning to work is the primary reason mothers end breastfeeding early
- Important steps to supporting nursing mothers:
  - Talk with the mother to begin to understand her ideas and goals for breastfeeding.
  - Reassure breastfeeding moms that they are doing the best thing for their baby.
  - Encourage them to breastfeed as long as possible.

Share and plan together:
- Meet with the mother and discuss ideas on breastfeeding
- Find resources and contacts for breastfeeding information
- Ask what you can do to support the nursing mother
- Know how to properly store and prepare breast milk
- Find out who will give the bottle of breast milk to the baby: you or the mother
- Find out if the mother wants to be called at work when the baby is hungry
- Write out the ideas that you and the mother have planned together
Breastfeeding is considered the gold standard for infant feeding by the American Academy of Pediatrics, World Health Organization, Centers for Disease Control & Prevention, and others.

*Breastfeeding is more than a lifestyle choice, it’s a public health issue.*

*Moms miss fewer days of work* because child isn’t sick as often.

*Moms miss fewer days of work* because breastfed babies are sick less often.

*U.S. could save $13 billion in health care costs.*
The Affordable Care Act, or health care reform, requires employers to support their employees who choose to breastfeed, up to one year after the birth of each child.

Employees have the right to reasonable and flexible break time and a private space to breastfeed or pump.

Working moms find it very difficult to continue breastfeeding when returning to work, and many don’t reach their breastfeeding goals for this reason.

Many moms still don’t know they have these new rights.
Resources for Providers and Parents

- La Leche League
- National Resource Center for Health and Safety in Child Care and Early Education
- International Board Certified Lactation Consultants
- Baby-Friendly Hospital Initiative
- Women, Infants, and Children (WIC)
- CDC’s Breastfeeding and Early Care and Education: Increasing Support for Breastfeeding Families

Links to these resources are available on the HKHF website. Feel free to add your local organizations that support breastfeeding.

La Leche League
Organization of trained volunteer mothers who provide support to breastfeeding mothers

National Resource Center for Health and Safety in Child Care and Early Education
Rates child care programs based on level of support of breastfeeding

International Board Certified Lactation Consultants
Health professionals in the clinical management of breastfeeding

Baby-Friendly Hospital Initiative
Global program that recognizes hospitals offering lactation support

WIC Program
Supplemental nutrition program for mothers and children up to age five who qualify by income and nutritional need.
Mothers that qualify for WIC, have access to peer and professional support for breastfeeding, as well as additional foods for the mother and baby.

DC’s Breastfeeding and Early Care and Education: Increasing Support for Breastfeeding families at
http://www.cdc.gov/obesity/downloads/BF_and_ECE_FINAL.pdf
Note: Have participants turn to Centers for Disease Control and Prevention (CDC) Breastfeeding and Early Care and Education: Increasing Support for Breastfeeding Families.

This handout provides examples of state efforts to increase support for breastfeeding women in various ECE environments. It highlights efforts in Arizona, Mississippi, Utah, New York, North Carolina, and Wisconsin. The tools discussed in this document may help participants support breastfeeding within their own ECE program.

The link for this document can be found on the CDC website (www.cdc.gov/obesity/downloads/BF_and_ECE_FINAL.pdf).
Resources

- Healthy Kids, Healthy Future
  - www.healthykidshealthyfuture.org
- MyPlate for Preschoolers
  - http://www.choosemyplate.gov/preschoolers.html
- Nutrition and Wellness Tips for Young Children
  - www.teamnutrition.usda.gov
- Nemours’ Best Practices for Healthy Eating
  - www.healthykidshealthyfuture.org
- Child and Adult Care Food Program (CACFP)
  - www.fns.gov/cacfp
**Note:** Use this time as an opportunity to reflect with the participants on today’s Learning Session. If time permits, have participants provide feedback on how the session went. Inform participants that the trainers will follow-up with them to prepare for Technical Assistance visits. Remind participants to complete their Action Period Tasks and the materials to bring back to Learning Session 4.
Insert your contact information.