



BUILDING A HEALTHY START
Professional Development for Caregivers of Infants and Toddlers

Module One: Feeding Infants and Toddlers in Early Childhood Settings

Alabama Department of Public Health

A Series of Six Best Practice Training Modules
Based on *Caring for Our Children:
National Health and Safety Performance Standards;
Guidelines for Early Care and Education Programs,
Third Edition*

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Feeding Infants and Toddlers in Early Childhood Settings

INTRODUCTION

Learning Outcomes

At the end of this session, participants will be able to:

- **Describe best practice for feeding infants, including promoting breastfeeding.**
- **Describe developmentally appropriate ways to introduce solid foods and other fluids.**
- **Identify nutritious foods and appropriate servings for toddlers.**

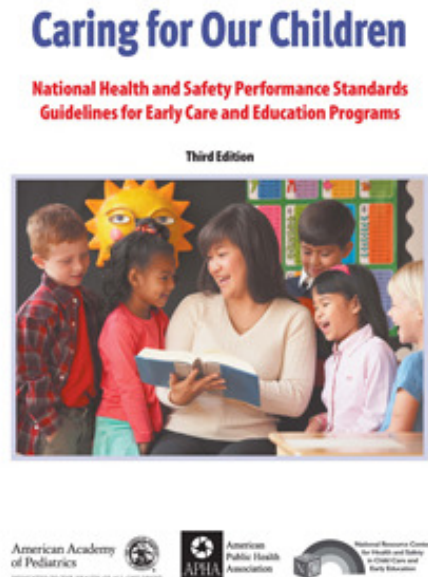
Pre-Test

Please complete the pre-test questions at this time.

Caring for Our Children

Caring For Our Children: National Health And Safety Performance Standards, Third Edition (CFOC3), are evidence-based and have expert consensus.

Available at www.nrckids.org



Standards, Guidelines, and Regulations

Standard: A statement that defines a goal of practice

- Based usually on scientific or epidemiological data
- Set as the strongest criterion for practice

Example: CFOC3

Guideline: A statement of advice or instruction

- Originates from an organization with acknowledged standing
- Developed often in response to a request or need

Example: “Choose My Plate” campaign

Regulation: A standard or guideline that becomes a requirement for legal operation

- Originates in an agency with governmental/official authority
- Accompanied by enforcement activity

Examples: *Minimum Standards*, Health Department food safety regulations

Terminology

Parent:

a parent, guardian, or other family member who provides care for the child

Caregiver:

an adult who provides out-of-home care for children (e.g., child care)

Regular Doctor:

a pediatrician, nurse practitioner, or other professional who provides medical and other healthcare services on a continual basis (medical home)

Importance of Nutrition in Early Care

- **Food provides the energy and nutrients for growth and development.**
- **Food should be clean, safe, and developmentally appropriate – and it should look and taste good!**
- **Clean drinking water should be available.**
- **Caregivers and parents can promote development of healthy eating habits in children.**



Feeding Infants and Toddlers in Early Childhood Settings

PART 1 FEEDING INFANTS



Breastfeeding is Best!

Fights infection

Promotes digestion

Less expensive

Convenient

Helps prevent obesity

Bacteria-free

Promotes nurturing and bonding



Promote Breastfeeding

Provide a comfortable environment for breast-feeding mothers, including:

- **Privacy**
- **Comfortable chair**
- **Clean blanket for infant**

As necessary, provide a private area with an electrical outlet where mothers can express milk.



Expressed Human Milk

Human milk should be brought to child care in prepared bottles.

Bottles should be clean and sanitized. Use plastic bottles labeled BPA-free or with #1, #2, #4, or #5.

Bottles must be clearly labeled with the infant's full name and date that milk was expressed (and if thawed).



Storage of Human Milk

Check the date on the label.

- **Fresh milk will keep for up to five (5) days.**
- **Previously frozen human milk must be used within 24 hours of thawing.**

Discard milk that may be contaminated, curdled, smells rotten, or has not been properly refrigerated.

Return all bottles to the parent at the end of each day.

Infant Formula

Formula may be used instead of, or in addition to, human milk.

- **Infant may need special or supplemental formula.**
- **Mother may choose not to breastfeed, or to breastfeed for a limited time.**

Parents should consult their child's regular doctor about initial formula choice and before changing formula or brands.

Infants should not have regular cow's milk until they are one year of age.



Preparing Formula

If parents provide formula, it should be brought in prepared, labeled bottles.

To prepare a bottle:

- **Wash your hands.**
- **Use clean sanitized bottle and nipple.**
- **Rinse and dry the unopened formula can.**
- **Fill the bottle with formula for one feeding.**
- **Cover and refrigerate unused portion.**
- **Use opened formula within 48 hours.**



Bottle Sanitation

- **Each bottle should contain human milk/formula for a single feeding.**
- **Store bottles in a refrigerator (39° F or 4° C) until the infant is fed. Avoid contamination by other foods in refrigerator.**
- **Complete infant's feeding in 45-60 minutes. Discard unfinished contents.**
- **Return all bottles to parent at the end of each day.**

Bottles and nipples should be cleaned and sanitized by washing in an automatic dishwasher.

The Right Bottle for the Right Infant

- **Feed only one infant at a time.**
- **Handle only one bottle at a time.**
- **Confirm the identity of the infant.**
- **Check the bottle label twice to assure the right bottle for that infant.**



Warming Bottles

Bottles can be served cold or at room temperature.

- **Warm bottles by placing in a container of warm water (up to 120° F) for 5 minutes or less.**
- **Remove bottle and dry thoroughly.**
- **Gently swirl the bottle to distribute temperature.**
- **Check bottle temperature on the back of your hand.**

Do not microwave bottles!



Techniques for Bottle Feeding

- **Hold the infant during feeding.**
- **Make sure the bottle is upright and the nipple is full.**
- **Sing, croon, and talk to the infant.**
- **Allow infant to stop the feeding.
Watch for signs of fullness.**
- **Burp after every feeding.**
- **Discard unused human milk or formula after one hour.**

Do not prop a bottle, give a bottle in the crib, or allow infants to carry bottles while standing or walking.



Feed on Demand, Not on Schedule.

Most infants will be fed about every 3-4 hours; usually with 3 to 8 ounces of human milk or formula.

Signs of hunger are sucking on fist, “rooting” actions, or sucking on a pacifier for a few seconds and then crying.

Let the infant decide when to stop eating. Watch for fullness cues. The infant may seal lips together, decrease or stop sucking, turn head away, or fall asleep.

Burp Infant after Each Feeding

Use repeated gentle patting on the infant's back.

- Sit upright and hold the infant facing you against your chest.
- Hold the infant sitting up, in your lap or across your knee.
- Lay the infant on your lap on his belly.
- Lay the infant on your lap on his back, his head on your knees. Hold his hands and slowly raise him to a sitting position (not necessary to pat his back).

If the infant seems fussy while feeding, you may need to burp during the feeding session.



Choking on Fluids

- **Take the bottle out of the infant's mouth.**
- **Hold the infant upright and leaning slightly forward.**
- **Allow the infant to cough.**

Infants almost always recover without assistance.

Introducing Other Fluids

The child's regular doctor will guide parents about when to add juice and water to the infant's diet.

Juice may be served in a cup to children over 12 months of age.

- **Serve 100% fruit juice, no added sweeteners.**
- **Serve only juice that is pasteurized.**
- **Offer juice at specific meals and snacks.**
- **Limit to 4-6 ounces per day, including what is given at home.**

Never Give Honey or Unpasteurized Juice

Honey should not be given to infants under 12 months of age because it can contain spores that cause botulism. These spores can release a dangerous, deadly toxin into the infant's digestive system.

Unpasteurized juice may contain bacteria that can cause serious illness.

If pacifiers are used, never coat a pacifier with honey or other sweetener.



Cow's Milk

- **Infants under 1 year of age should not be given cow's milk.**
- **Children ages 1-2 years may have whole pasteurized milk.**
- **Children over 2 years of age should be served reduced fat pasteurized milk.**

Observe child for signs of milk allergy or lactose intolerance.

The child's regular doctor may recommend other milks, such as soy milk and almond milk.

Introducing Cups

- **Some children may be developmentally ready to feed themselves as early as 6 months of age.**
- **To transition from a bottle, use a clean small cup without any cracks or chips.**
- **Sippy cups are not recommended.**



Introducing Solid Foods

Infants should be 4-6 months old before introducing solid foods. Iron-fortified foods can supplement the diet of human milk or formula.

Introduce single-ingredient foods one at a time.

- **Document when foods are introduced.**
- **Wait 2-7 days before introducing another new food.**
- **Document any observed signs of food allergy or food intolerance.**



Serving Infant Foods

- **Wash the infant food container with soap and water before opening.**
- **Check the rim of the jar for chips or cracks.**
- **Place a portion of the infant food on a clean dish. Examine food for glass pieces or foreign objects.**
- **Cover and refrigerate the unused portion immediately. Discard unused portions after 24 hours.**

Feed one infant at a time.

Use a small, soft-tipped baby spoon to serve tiny amounts.



Increasing Solid Foods

- **Gradually progress to serving foods with more texture. These foods may include commercially prepared and soft, cooked, and mashed table foods.**
- **About 10-12 months of age, begin letting infant feed himself (finger foods).**



Prevent Choking on Food

- **Do not mix cereal in a bottle.**
- **Mash or puree solid foods. Foods should be ¼ inch or smaller.**
- **Use an infant spoon. Give tiny bites.**
- **Supervise older infants learning to feed themselves. The caregiver should be seated within arm's reach.**

If any respiratory distress develops, call 911!

Feeding Infants and Toddlers in Early Childhood Settings

PART 2 FEEDING TODDLERS



Meal and Snack Patterns

- **Offer children nutritious meals and snacks each day. Foods should be low in salt, sugar, and fat.**
- **Communicate with parents; make sure every child is offered breakfast.**
- **Toddlers need frequent small servings. USDA requires 2 1/2 hours between breakfast and lunch, and 1 1/2 hours between lunch and snack.**

Allow Sufficient Time for Each Child to Eat

Generally, allow 20-30 minutes to eat a meal.

Slow eater: Gently remind child that meal time is almost over. After the time, remove the food and involve child in other activities.

Fast eater: Encourage all children to chew, taste, and enjoy the foods. Once a child is finished, he may leave the table.

Plan the Menu

Meals and snacks should contain at least the minimum amount of foods shown in the meal and snack patterns for toddlers and preschoolers described in the USDA's Child and Adult Care Food Program (CACFP) guidelines.



Breakfast

1 milk (½ cup)

Whole milk up to age 2 years, reduced fat after age 2 years

1 fruit/vegetable (¼ cup)

Juice, fruit, and/or vegetable

1 grain/bread

**Bread, cornbread, biscuit,
muffin, or roll (½ slice)**

Hot or cold cereal (¼ cup)

Pasta, noodles, or grains (¼ cup)



Lunch and Supper

1 milk (½ cup)

2 fruits/vegetables (¼ cup)

1 grain/bread (½ slice or ¼ cup)

1 meat/meat alternative

Meat, poultry, fish, cheese, and meat alternative (1 oz)

Egg (½ egg)

Cooked dry beans or peas (¼ cup)

Peanut and other nut/seed butters (2 Tbsp)

Yogurt (4 oz)

Snack – Select Two Items

1 milk (½ cup)

1 fruit/vegetable (½ cup)

1 grain/bread (½ slice or ¼ cup)

1 meat/meat alternative

Meat, poultry, fish, cheese, and meat alternative (½ oz)

Egg (½ egg)

Cooked dry beans or peas (1 Tbsp)

Peanut and other nut/seed butters (1 Tbsp)

Yogurt (2 oz)

Choose Lower Fat, Sugar, and Sodium

Children need some fat in their diet. Fat is essential for development, including brain development.

Do not add salt when cooking. Remove the salt shaker from the table. Limit foods that are high in salt and low in nutrients.

Limit high sugar, low nutrient foods, such as cookies, candy, and cake. Limit sweetened beverages; offer water, milk, or juice.

Healthy Eating

Enjoy your food, but eat less. Avoid oversized portions.

Eat a variety of foods, such as foods with different colors, textures, size, and taste.

Make half the plate fruits and vegetables. Make half the plate grains and protein.

Choose whole grains, lean protein, and low-fat milk.

Choose foods lower in salt (sodium).

Drink water instead of sugary drinks.

Food Safety and Sanitation

Commercially prepared foods and foods prepared on site should meet safety, sanitation, and nutritional requirements.

Foods from home:

- **Must meet nutritional and food safety requirements.**
- **Must be clearly labeled with name, date, and type of food.**
- **Should not be shared with other children.**
- **Should adhere to program policy (e.g., “no peanuts”).**

Have food available to supplement food from home, if necessary.

Self-Feeding Skills

- **Young toddlers may sit in high chairs. Adults should be seated within arm's reach.**
- **Toddlers will progress to sitting at a child-size table with other toddlers.**
- **Use child-size spoons and forks.**
- **Start with finger foods and foods that “stick” to a spoon.**
- **Be encouraging! Smile!**



Family Style in Child Care

- **Sit together (children and caregivers) at tables.**
- **Help children develop self-feeding skills.**
- **Offer appropriate portions at least two times.**
- **Model and begin development of table manners.**
- **Encourage pleasant conversation.**

**Remember to wash hands
before and after eating!**



Table Settings

- Use small plates, small cups, and child-size utensils.
- Choose sturdy tableware and dishware.
- Choose easy-to-grasp serving utensils that offer appropriate portions.
- May use rubber matting to keep bowls from slipping.

Encourage children to help with table settings.

Teach children to dispose of trash and help with clean-up.



Adults Provide – Children Decide

Adults provide nutritious appetizing food in an appropriate setting.

Children decide how much they eat.

Help children begin to learn hunger and fullness cues. Eat when hungry, stop when full!

Picky Eaters

Serve all foods at once. Offer choices. Include at least one food each child likes.

Offer each food at least two times during the meal. Encourage small servings, and allow second helpings.

Encourage children to taste foods. Your goal is to get the food on the taste buds at least 15 times during the year!

- **Prepare foods in different ways.**
- **Present the new food when the child is most hungry.**
- **Offer new food as part of an activity.**

Never Use Food as Reward or Withhold Food as Punishment

- **Offer all foods at one time.**
- **Do not delay a child's snack or meal based on completing tasks.**
- **Give all children the opportunity to participate in all food-related activities.**

Risk for Choking

Toddlers may be at higher risk for choking because they:

- **Do not chew long enough.**
- **May not have back teeth to grind foods.**
- **Try to swallow too much food at one time.**
- **May have difficulty swallowing liquids and solids together.**
- **Have too much activity during eating.**

Prevent Choking

- **Cut, shred, or prepare foods to reduce risk. Food pieces for toddlers should be ½ inch or smaller.**
- **Make sure that children are seated when eating.**
- **Supervise children while eating.**



Choking Hazards



Round



Tough



Hard



Slippery



Sticky



Dry



Non-edible Parts



Water is the Best Thirst Quencher

- **Serve cold water, with or without ice.**
- **Add ice cubes flavored with small amounts of juice.**
- **Squeeze in a little lime or lemon juice. Add a sprig of mint.**
- **Offer a small cup of water, in addition to milk, to drink with meals.**
- **Have a small pitcher of water for children to pour themselves.**



Identify and Document Dietary Modifications

Documentation from the child's regular doctor must include:

- **Child's full name and date of instructions.**
- **Child's special needs.**
- **Dietary restrictions based on the special needs.**
- **Special feeding or eating utensils.**
- **Foods to be omitted from the diet, and foods to be substituted.**
- **Limitations of life activities.**
- **What to do if the child is exposed to restricted foods.**

Food Sensitivity

A child may have an adverse reaction to a food due to food allergy or an inability to digest or tolerate certain foods.

90% of all food allergies are caused by 8 food items:

Peanuts

Tree nuts

Shellfish

Fish

Eggs

Milk

Soy

Wheat



Cultural and Religious Preferences

May involve specific foods, ingredients, or preparation method.

Some dietary restrictions apply only on specific days or during holidays or celebrations.

Dietary modifications must still meet the child's daily nutritional needs.

Feeding Adaptations for Children with Special Needs

Food, eating style, food utensils, and equipment, including furniture, may be adapted to meet the developmental and physical needs of individual children.

These situations require individual planning prior to the child's entry into the program.

Caregivers must be trained in procedures to follow if a child has an emergency, such as choking.

Promoting healthy eating in early childhood forms the basis for a lifetime of healthy eating!

Post-Test and Evaluation

Please complete the post-test questions and evaluation form at this time.

The training module team may follow up with you in three months to see how you used this information.

Thank You

Thank you for your participation in this training session.

Funding for this series of best practice training modules was provided by the Maternal and Child Health Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services (Grant #H25MC00238).