

+ Let's Eat Together: Family-style Meals in Child Care

When asked, many child care providers identify meal or snack time as the most hectic and hurried time of the day. But eating time in a child care home or center is a prime time to take advantage of natural learning opportunities for children and to incorporate developmental challenges into existing routines. When you care for young children with disabilities, it is important to utilize every teachable moment, and the routines centered around meals and snacks provide many opportunities.

Some children have specific needs relating to mealtime. They may need: help learning to eat independently, help managing the texture of foods, different equipment and utensils, or simply more time to eat than other children. Many children with disabilities do not have specific feeding disorders; they simply need assistance and support to fully participate in the meal.

Offering meals and snacks "family-style" is an excellent way to make mealtime feel more relaxed and, at the same time, use the routine of eating to help children learn--providing assistance and support, when necessary. Here is a description of how it may be done.

Picture a meal in your home or a gathering of friends in a restaurant. The meal is a pleasant occasion filled with conversation, laughter, and shared information in a relaxed, enjoyable setting. A meal in child care resembles this kind of social occasion when it is served the same way--family-style--and the provider sits down, eats with the children, and serves them (or allows them to serve themselves) from dishes at the table. Provider and children talk about events of the day (not just the food), and developmental skills and social behaviors that occur naturally at mealtime are modelled and reinforced.

If you are used to cafeteria-style meals--where you fill and serve each child's plate, it may seem unfamiliar or even uncomfortable to imagine sitting down to eat with the children and offering food family-style.

The following checklist may help you visualize what you would see in a program where family-style meals and snacks provide opportunities for learning.

ADULT CONVENIENCE

- ✓ Everything needed for snack or meal is within reach.
- ✓ Food is served in convenient serving dishes.
- ✓ There are enough dishes, utensils, and food for everyone.

CHILD CONVENIENCE

- ✓ Children are able to get to (and sit at) the eating area without adult assistance.
- ✓ Serving utensils (spoons and dishes) are child-sized.
- ✓ Each child's place setting is the appropriate size and shape for his or her developmental skills.
- ✓ Each child knows how to get what he or she wants and needs.

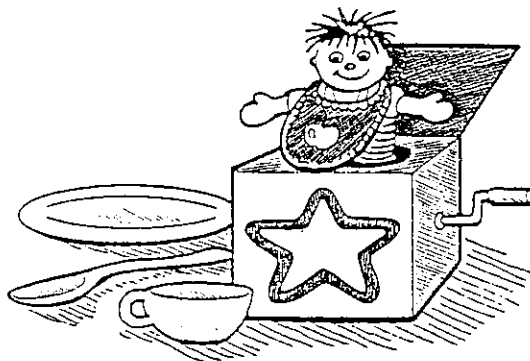
ADULT/CHILD INTERACTION

- ✓ What is said is balanced between adult and child.
- ✓ Interactions relate to each child's needs and abilities.
- ✓ Adult uses statements/descriptions (few questions).
- ✓ Adult responds, allows quiet moments (few directions).
- ✓ Adult interacts equally with all the children.
- ✓ Time is not discussed--no "hurry, it's 5 minutes before we go outside" or "eat your toast, you're the last one!"
- ✓ Control over what happens is shared between adults and children--children help prepare food, serve food, set out dishes and utensils, and clean up.

CHILD/CHILD INTERACTION

- ✓ Children are seated eye level with one another (no higher chairs or tall wheelchairs).
- ✓ All kinds of interactions among children are encouraged (play-related as well as food-related).
- ✓ Children interact spontaneously (little adult prompting).

The pace of meals and snacks using the above strategies is relaxed and comfortable--that's family-style!+



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+ FROM THE SOURCE:

Once upon a [snack] time. . .

Many developmental goals and outcomes identified for young children with disabilities can be implemented at meal or snack time in child care. The child's parent, special education teacher, or therapist may be able to offer ideas--and assistance--about how to incorporate developmental activities into your mealtime routine.

To begin with, mealtime doesn't have to be a structured teaching situation where you, the adult, directly intervene to help a child learn something new. Consider mealtime as a time to provide learning opportunities for children and to take advantage of teachable moments that naturally arise. Virtually any skill can be learned during mealtime routines. Here are a few ideas for providing opportunities which promote self-help, communication, social interaction, and problem-solving skills.

Self-Help: taking sips from a cup; reaching and grasping for foods; holding a cup independently; pouring from a small pitcher; using serving spoons; washing hands and face; using a knife to spread or cut soft foods.

Communication: responding to name; using one-word labels; asking for more; imitating simple gestures; making choices; increasing vocabulary; taking turns talking.

Interaction: making eye contact; observing other children; initiating contact with peer; imitating other children; serving others; taking turns; asking other children for help.

Problem-Solving: wiping up a spill; using tongs to pick up food items; opening a container of food; taking "just one" piece; using an egg beater; putting together a sandwich; pouring only half a cup of milk.

Serving meals and snacks in a child care setting provides the perfect opportunity for providers to introduce a wide variety of new skills and to reinforce emerging skills. Mealtimes can be real learning opportunities for all of the children. There are many ways to modify existing routines and to develop the flexibility to meet children's individual and special feeding needs at mealtime.

Some providers wonder if mealtime includes developmental activities, won't it take too long? What's too long? It will certainly take more time to eat and clean up if children are involved in the process. However, when children are happily involved and learning from mealtime experiences, it seems to justify the extra time. The entire day a child spends in child care should be full of exploring and learning; there is a lot to explore during snacks and meals. As you and your children become more comfortable with the mealtime routine, you can work in other skills and activities that the children are ready to learn.

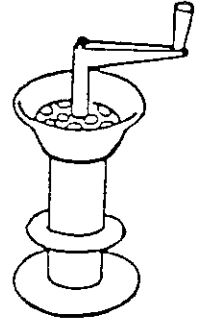
There is no ideal way to manage mealtime in child care settings; this is a time for a little creativity--yours and the children's! The routine you develop in your program will be continually modified and adjusted as you and the children take advantage of the teachable moments that occur when adults and children say "let's eat" together. +

+ MAKING IT WORK:

"Someone's been eating my porridge!"

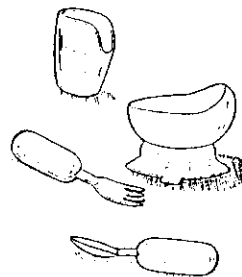
Two important things to remember when selecting foods for young children are 1) foods should be nutritionally sound and 2) foods should have a variety of textures and tastes. Excellent resources exist to help you plan meals and snacks that include good nutrition and variety.

While these two elements are important for any child, some children may have special nutritional needs to consider. A child may require pureed foods, higher/lower caloric intake, or attention to food allergies. Addressing special nutritional needs before a child is enrolled in your program allows you and the family to discuss how to meet the child's needs in your setting.



Whenever possible, food served in child care should be appropriate for all of the children. For example, if one child needs pureed foods and the menu includes lasagna, one serving of the lasagna can be pureed. When there is an allergy or sensitivity to a common food, it may not be appropriate to withhold that food from all of the children. It is possible, however, to quietly serve one child something different or give each child a choice.

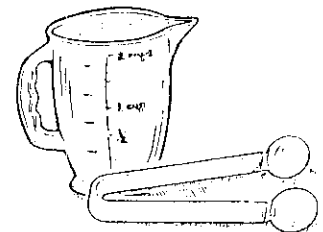
Some providers want to know what kind of utensils are best for young children in integrated programs. Of course, there is no perfect utensil! Every child is unique, with different needs and preferences for dishes and eating utensils. A general rule is to offer a variety of child-sized utensils and unbreakable dishes. And you may want to include adaptive feeding equipment for children who need some assistance to feed themselves independently.



Adaptive feeding equipment includes different kinds of spoons/forks with different-sized handles, scoop bowls, cups with/without handles, and vinyl mats to keep dishes stationary. Serving dishes should be unbreakable, too, a convenient size for serving at a

child-sized table, and hold enough food for all of the children. Child-sized serving spoons are sometimes difficult to find. Creative substitutions include a small shovel, measuring cups with fat handles, or wooden spoons with a shortened handle.

In addition, the following materials allow children to practice serving themselves: a small plastic pitcher (a one/two-cup measure works well), a miniature whisk, blunt butter knives, tongs (for carrot sticks or strawberries), a small dish pan (for clean-up), and small forks. Furthermore, mealtime goes more smoothly when dishes and utensils are gathered ahead of time, arranged in a tray or plastic bin, and ready to go when you (and the children) are. +



+ SPOTLIGHT: Debbie Isabell—Duluth Day Care Dynamo!

You drive east out of downtown Duluth, Minnesota, along Interstate 35. Take the 40th Avenue West exit and wind your way through West Duluth until you finally arrive at the Morgan Park area. You search and search for the turn-off to 84th street and continue your winding journey. You see the sign. . . at last! You have arrived! You are amply rewarded for your tireless efforts by having arrived at a group child care home operated by Debbie Isabell: Debbie's Day Care.

A bright smile from Debbie and a chorus of "hellos" from the children greet you as you come in the front door. By the hustle and bustle of activity, you can tell that the children are hard at their "work"—which is to play as much as possible! The children proudly show Debbie their newest accomplishment, ranging from pride over a newly created art object to their discovery of a new frontier in the play yard.

Debbie has been providing quality child care and community awareness of child care in Duluth for over eleven years. She has caringly integrated children with disabilities into her program for years now. She is active in the Professional Providers of Duluth organization. She has completed a year of training in integrated child care with the Educational Home Model Outreach Project out of Missoula, Montana. She is an active participant in the Duluth Association for the Education of Young Children's Week of the Young Child. Debbie is a very busy person.

Each busy day starts at 6:00 a.m. and goes full force until the program closes at 4:00 p.m. Through that ten-hour block of time, Debbie keeps the energy up and the enthusiasm flowing. Debbie operates on the philosophy of "independence, responsibility, self-sufficiency and respect for the children." Debbie feels that quality child care should be an available option to every child in every family in her community, and strives to make her own program one of those viable, high-quality options for families of children both with and without disabilities.

Debbie feels strongly about quality child care issues. So

much so, that the Professional Providers of Duluth endorsed a day care resource booklet that Debbie wrote entitled, *Everything You Ever Wanted to Know About Day Care, But Didn't Know Who To Ask*. The booklet, which came out in 1989, includes information about community resources for child care, field-trip responsibilities, child care organizations, insurance, choosing toys and playground equipment, and how to advertise your program. The booklet listed other available resources to providers, like a National AIDS Hotline number, the local health clinic, Minnesota Poison Control, and the National Child Abuse Hotline.

Debbie very much espouses a "child-first" philosophy when dealing with and talking to children. She realizes that a child's disability is a small part of who they are and what they can become. She expects independence (with a watchful eye) and self-sufficiency from all of her children, and recognizes that "independence" and "being self-sufficient" means different things for different children, depending on age, ability, and interest. One child may need medication to be able to focus on play, another may have a therapist who works with



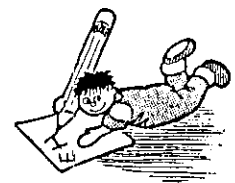
Debbie's kids - November 1992

them, and yet another may be new to the area and need some time to be able to initiate play. That's okay, Debbie understands kids, and kids are what her program is all about.

Looking for a good integrated child care provider who practices what she preaches? Then take the journey over hill and dale and visit Debbie Isabell. . . she has things to say!+

For further information, contact:

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+ WHAT DO I DO WHEN . . .

QUESTION: *I am trying to serve meals and snacks family-style in my program, and it's not working! How do I serve all the kids at once when their needs are so different?*

ANSWER: When a small group of hungry children start with empty plates and you're the only adult, it might seem like you are juggling too much at once. However, in addition to remembering to help one child drink from her cup, remind another to use his spoon, and assist the child who eats quickly and constantly asks for more, you can create a relaxed atmosphere. Even while you are trying to pour everyone's milk, clean up a spill, and respond to a million questions, every attempt should be made to slow down and enjoy the meal. If children sense impatience or frustration in you, they may respond in ways that make you even more frustrated or impatient.

Here are a few tips to make serving a group of young children easier to manage:

1. **Let children help themselves whenever possible.** Opportunities for independence and success are as important as the nutritional value of food. It's much easier to hand one child a bowl of peas and the other a small pitcher of milk than it is to serve both children yourself.
2. **Model appropriate ways to handle mistakes.** The unexpected can add humor to the occasion. Imagine what would happen if you forget to give the children any spoons--you've accidentally created a conversation piece! However, don't let yourself fall into a habit of frequently getting up from the table to get an extra spoon or additional food. Careful planning is important so that you have the food, serving utensils, and eating utensils that you need, and make the most of occasional lapses!
3. **Take time to enjoy the meal yourself.** You may need to remind yourself to slow down. If you find yourself too busy to eat, you are probably too busy to be a good dinner companion for the children.

Smaller groups of children give you more flexibility to focus on children individually, provide assistance, and respond to children's comments and questions. A rule of thumb is four to six children for each adult although the

actual number one adult can manage in a family-style meal varies with the ages and ability levels of the children. Children who require one-on-one feeding may be fed separately, but should be pulled up to the table to enjoy socializing with other children. Group size varies from program to program or even from day to day. Regardless of the actual number of children involved, the role of the adult is to personalize the situation and consider each child's individual needs and abilities.+

(If you have a question about children with disabilities in child care settings, please send your question to CHILD CARE plus+.)

+ RESOURCE REVIEW

Ellyn Satter, MS, MSSW, RD, is a registered dietitian, holder of the Diplomate in Clinical Social Work, and a family therapist specializing in the treatment of eating disorders in children and adults. Nationally recognized as an authority on feeding infants and children, Satter is the author of *How to Get Your Kid to Eat... But Not Too Much*, and *Child of Mine: Feeding with Love and Good Sense*. These books (and videotapes) may be found in Federal Food Program libraries. +

CHILD CARE plus+ is designed to enhance the integration of children with disabilities in child care settings by supporting care providers, parents, and community service providers including social workers, therapists, physicians, teachers, and administrators.

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