Building Mealtime Environments and Relationships

An Inventory for Feeding Young Children in Group Settings

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Using the **Building Mealtime Environments and Relationships Inventory** (BMER)

Introduction

Building Mealtime Environments and Relationships: An Inventory for Feeding Young Children in Group Settings is designed to examine group care and education settings including child care centers, preschools, and Head Start centers. The BMER is not designed for use in family child care mealtimes, or for family meals. The BMER is an inventory of strategies for evaluating feeding children ages 24 months through five years. It is designed for evaluation of full meals, but may be used to inventory strategies at snacktimes. The BMER is most appropriate for settings where food is prepared and served, though programs that use lunchbox meals may adapt the tool to fit their needs.

Who should use the Building Mealtime Environments and Relationships Inventory?

Managers and supervisors, lead teachers, nutrition consultants, and health consultants are appropriate users of the BMER. Researchers may use the BMER to inventory mealtime strategies across group settings, though the BMER is still under study for statistical reliability and validity.

Why should I use the BMER Inventory?

The BMER Inventory is designed to help staff examine mealtime practices and mealtime environments. Lead teachers or supervisors make observations to develop a profile of the meal setting. Staff can use the criteria from the BMER to confirm current practices, and to discuss changes or improvements in their meal practices. Ratings may be used to plan staff in-service programs to focus on specific mealtime practices.

Directions for Use

How do I use the BMER Inventory?

The rater selects one room and observes all the staff and the children at the mealtime in that room. If the children eat in a cafeteria setting, the rater evaluates only those staff and children who are in the selected group.

The BMER Inventory is a direct observation tool. Make a copy of each Topic Area page from the inventory and a Summary Recording Graph for each classroom to be observed. The rater starts the observation when the transition to a meal begins. This is usually signaled by tables being cleaned for the meal, and when children and staff begin to wash their hands in preparation for the meal. The observation ends when the last table is cleared and all the children complete mealtime routines, such as hand-washing, clearing their places, or pushing in chairs.

What if I want to use part of the BMER Inventory?

The BMER includes 12 Topic Areas arranged in three Clusters. Users may rate all 12 Topic Areas for a comprehensive review of mealtime practices in a center or room. Alternatively, users may choose to rate all Topic Areas in a single Cluster. Most simply, users may choose to rate only one Topic Area from a Cluster. Here are the three Clusters and the Topic Areas in each Cluster:

Cluster One: Mealtime Setting

- Equipment
- Mealtime Environment
- Sanitation at the Table
- The Food
- Preventing Choking

Cluster Two: Children's Development

- Food Intake
- Social and Emotional Development (Self-regulation)
- Mealtime Motor Skills
- Conversations (Listening and Speaking Skills)

Cluster Three: Guiding Individuals and Groups at Mealtimes

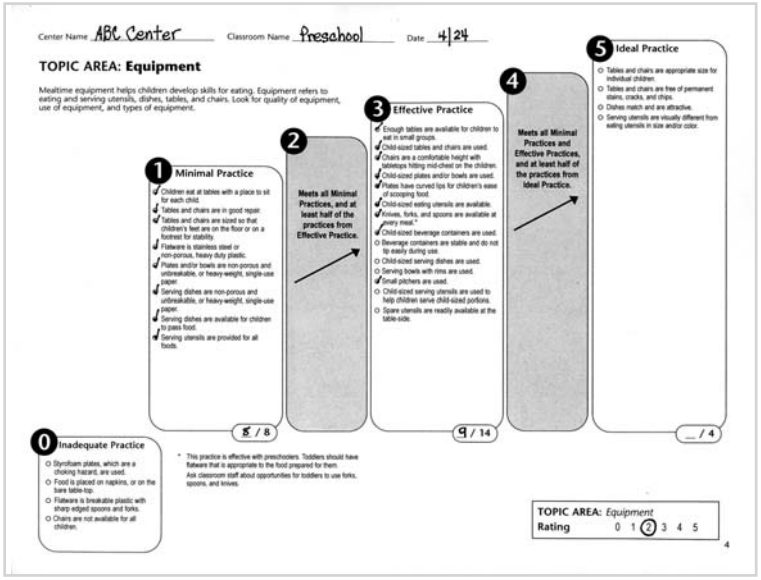
- Routines and Schedules
- Adult Practices at Mealtimes
- Community Building

Directions for Using the BMER

Scoring

Each Topic Area earns a categorical rating. The categories are **Inadequate Practice**, **Minimal Practice**, **Effective Practice**, and **Ideal Practice**. Raters directly observe for the criteria listed under each category within each Topic Area.

Under each category, make a check beside the practice if it is observed. Total the number of checked items, and write that number in the oval in the lower right-hand corner of each category column. If all items are checked in a category, the category is considered complete, and a step is achieved.



0 The first category is **Inadequate Practice**. A rating of 0 is earned if ANY practices are observed in this category. Practices listed under this category are unsafe and potentially harmful to children. Note that this category is not a step in building quality mealtimes. It appears below the step threshold.

1 The first step and next category is **Minimal Practice**. If ALL items are checked in this category, a rating of 1 is earned. Practices in this category are necessary for providing an emotionally and physically safe environment.

2 The second step is reached by achievement of ALL of the items in **Minimal Practice**, and at least half of those in **Effective Practice**. A rating of 2 is earned.

3 The third step and category is **Effective Practice**. If ALL items are checked in this category in addition to ALL those in **Minimal Practice**, a rating of 3 is earned. Items in **Effective Practice** reflect practices that support and challenge children for healthy mealtime development.

4 The fourth step is reached by achievement of ALL of the items in **Minimal Practice** and ALL of the items in **Effective Practice**, and at least half of those in **Ideal Practice**. A rating of 4 is earned.

5 The fifth and highest step is **Ideal Practice**. This step is reached by achievement of all items in **Minimal Practice** and **Effective Practice**, plus ALL items described in the **Ideal Practice** category. Items in the **Ideal Practice** category represent practices that offer a comprehensive, highly supportive feeding environment for children. A rating of 5 is earned for reaching this step.

Assigning Ratings to the Scores

In the lower right-hand corner of each Topic Area page is a box to record the Topic Area rating, based on the steps achieved. Circle the number that indicates the highest step achieved in a Topic Area.

TOPIC AREA: *Equipment*						
Rating	0	1	2	3	4	5

Graphing Ratings

A Summary Reporting Graph is provided to develop a visual representation of the ratings for a classroom (see pg. 19). Use a separate graph for each room that is rated. Place ratings on the graph by putting a dot on the graph for each Topic Area rating.

Resources

Guidelines from national agencies, professional organizations, and research literature provide a foundation for the items in each Topic Area. A bibliography is provided for raters to use to learn more about the items.

Cluster One: Mealtime Setting

Use the ***Mealtime Setting*** Cluster to examine the setting in which meals are served and eaten. This grouping of five Topic Areas focuses on the physical environment and practical surroundings of the mealtime.

Topic Areas in the ***Mealtime Setting*** Cluster:

Equipment - Mealtime equipment helps children develop skills for eating. Equipment refers to eating and serving utensils, dishes, tables, and chairs. Look for quality of equipment, use of equipment, and types of equipment.

M**ealtime Environment** - The physical space for eating includes the sights, sounds, smells, and layout of the mealtime area.

Sanitation at the Table - Sanitation at the table refers to the cleanliness of the feeding environment and the hygiene practices of those who are eating. Aspects of cleanliness are observed in how tables are cleaned, how spills are dealt with, and how adults ensure children's health and safety during passing and serving of food.

The Food - When determining what children are offered to eat, it is necessary to look at the total picture over a course of several menus. This section should be rated by examining written menus and speaking with caregivers, cooks, or the center director, as well as through direct observation.

Preventing Choking - Choking is a special hazard for young children who are just developing swallowing and chewing skills. Choking on food can be fatal to children. Adults must offer mealtime settings that minimize choking hazards.

Common choking hazards for young children are:

raw carrots	peanuts and other whole nuts
raisins and other dried fruit	chunks of peanut butter
whole grapes	chunks of meat
raw apples	hot dogs (whole or cut into rounds)
popcorn	pretzels and chips

Guideline for food preparation:
Infants – Cut foods into pieces no larger than $^{1}/_{4}$ inch cubes.
Toddlers up to age 4 – Cut foods into pieces no larger than $^{1}/_{2}$ inch cubes.

Center Name _____ Classroom Name _____ Date _____

TOPIC AREA: **Equipment**

Mealtime equipment helps children develop skills for eating. Equipment refers to eating and serving utensils, dishes, tables, and chairs. Look for quality of equipment, use of equipment, and types of equipment.

0 Inadequate Practice

- O Styrofoam plates, which are a choking hazard, are used.
- O Food is placed on napkins, or on the bare table-top.
- O Flatware is breakable plastic with sharp edged spoons and forks.
- O Chairs are not available for all children.

1 Minimal Practice

- O Children eat at tables with a place to sit for each child.
- O Tables and chairs are in good repair.
- O Tables and chairs are sized so that children's feet are on the floor or on a footrest for stability.
- O Flatware is stainless steel or non-porous, heavy duty plastic.
- O Plates and/or bowls are non-porous and unbreakable, or heavy-weight, single-use paper.
- O Serving dishes are non-porous and unbreakable, or heavy-weight, single-use paper.
- O Serving dishes are available for children to pass food.
- O Serving utensils are provided for all foods.

__ / 8

2

Meets all Minimal Practices, and at least half of the practices from Effective Practice.

3 Effective Practice

- O Enough tables are available for children to eat in small groups.
- O Child-sized tables and chairs are used.
- O Chairs are a comfortable height with tabletops hitting mid-chest on the children.
- O Child-sized plates and/or bowls are used.
- O Plates have curved lips for children's ease of scooping food.
- O Child-sized eating utensils are available.
- O Knives, forks, and spoons are available at every meal.*
- O Child-sized beverage containers are used.
- O Beverage containers are stable and do not tip easily during use.
- O Child-sized serving dishes are used.
- O Serving bowls with rims are used.
- O Small pitchers are used.
- O Child-sized serving utensils are used to help children serve child-sized portions.
- O Spare utensils are readily available at the table-side.

__ / 14

4

Meets all Minimal Practices and Effective Practices, and at least half of the practices from Ideal Practice.

5 Ideal Practice

- O Tables and chairs are appropriate size for individual children.
- O Tables and chairs are free of permanent stains, cracks, and chips.
- O Dishes match and are attractive.
- O Serving utensils are visually different from eating utensils in size and/or color.

__ / 4

* This practice is effective with preschoolers. Toddlers should have flatware that is appropriate to the food prepared for them.

Ask classroom staff about opportunities for toddlers to use forks, spoons, and knives.

TOPIC AREA: *Equipment*
Rating 0 1 2 3 4 5

Center Name _____ Classroom Name _____ Date _____

TOPIC AREA: **Mealtime Environment**

The physical space for eating includes the sights, sounds, smells, and layout of the mealtime area.

0 Inadequate Practice

- Noises and sounds unrelated to the mealtime predominate.
- Non-food odors are present in the eating area (e.g., diapering, cleaning agents, garbage, air fresheners).
- Eating area is cluttered.
- Children sit at the tables with limited space for eating.
- Children stand or kneel to eat.

1 Minimal Practice

- Adequate space is provided for each child to pass, serve, pour and eat.
- There is adequate space for adults to move easily up and down from their chairs and around the table.
- Sounds in the room are mostly those related to the mealtime.

__ / 3

2 Meets all Minimal Practices, and at least half of the practices from Effective Practice.

3 Effective Practice

- Mealtime has few distractions such as background noise, clutter on the table, adults getting up and down from the table, traffic in the room, uncleaned spills, and adults talking over children's heads.
- Non-carpet flooring in the eating areas facilitates sanitary conditions.
- Furniture is spaced so that children can sit, rise, and walk around the table without interfering with others at the table.

__ / 3

4 Meets all Minimal Practices and Effective Practices, and at least half of the practices from Ideal Practice.

5 Ideal Practice

- Mealtime tables are located away from the flow of activities such as handwashing, toileting, diapering, and setting up for nap time.
- To decrease distractions, meal-related items are readily available to staff on table-side carts or shelves.
- A source of running water is easily accessible by children and staff during the meal.

__ / 3

TOPIC AREA: *Mealtime Environment*
Rating 0 1 2 3 4 5

Center Name _____ Classroom Name _____ Date _____

TOPIC AREA: **Sanitation at the Table**

Sanitation at the table refers to the cleanliness of the feeding environment and the hygiene practices of those who are eating. Aspects of cleanliness are observed in how tables are cleaned, how spills are dealt with, and how adults ensure children's health and safety during passing and serving of food.

0 Inadequate Practice

- O Food is served directly on the table rather than on a plate.
- O Adults and children wash their hands sporadically either before or after the meal, or not at all.
- O Sponges or cloths are used and reused for clean-ups.
- O Food sits uncovered, waiting to be served.
- O Food arrives needing significant additional handling by the classroom staff.

1 Minimal Practice

- O Adults are present during the entire meal.
- O Tables are washed with soap and water before and after the meal.
- O Tables are sanitized with non-toxic sanitizing solution before and after the meal.
- O Adults and children wash hands before the meal, during the meal if necessary, and after the meal.
- O Staff and children use warm, running water, soap, and paper towels for handwashing.
- O Food arrives ready to be served with minimal handling by the adult.
- O Food is covered until it is served.
- O Each child has a plate or bowl for food to be placed on.*
- O Children have adequate space to pass, serve, and eat.
- O Adults ensure children use serving utensils for serving only.
- O Food and tableware are removed immediately if they become contaminated.
- O Soiled tableware is removed immediately after completion of the meal.
- O Spills are cleaned up immediately.
- O Cloths and paper towels are used only once.
- O Soiled paper towels or cloths are removed from the table immediately.
- O Floors are swept and mopped during and after the meal to remove spills or crumbs.

__ / 16

2

Meets all Minimal Practices, and at least half of the practices from Effective Practice.

3 Effective Practice

- O Adults are seated to attend to contamination issues during passing and serving.
- O Children are within arms reach of adults.
- O Children know and use routines for passing, serving, cleaning up spills, and clearing their place after meals.
- O Napkins are available at the table.
- O The eating environment is set up to address contamination situations immediately (i.e., extra eating and serving utensils are readily available, and materials for cleaning up spills are at the tableside).

__ / 5

4

Meets all Minimal Practices and Effective Practices, and at least half of the practices from Ideal Practice.

5 Ideal Practice

- O Serving utensils are visually different in color and/or size from eating utensils.
- O Adults anticipate contamination issues, and use preventive strategies.
- O Adults talk with children to avoid cross contamination including discussion of concepts such as "yours," "mine," and "ours."

__ / 3

* Eating from plates helps reduce contamination. Though food may be put on sanitized highchair trays for infants, plates should be provided for older infants and toddlers.

TOPIC AREA: *Sanitation at the Table*
Rating 0 1 2 3 4 5

Center Name _____ Classroom Name _____ Date _____

TOPIC AREA: **The Food**

When determining what children are offered to eat, it is necessary to look at the total picture over a course of several menus. This section should be rated by examining written menus and speaking with teachers, cooks, or the center director, as well as through direct observation.

0 Inadequate Practice

- Drinking water is not available during the meal.
- Vegetables and fruits are not offered.
- Food runs out before children's hunger is satisfied.
- Milk is not offered.
- Fruit drinks other than 100% juice are offered.

1 Minimal Practice

- Drinking water is available in the room during the meal.
- Enough food is available to satisfy individual children's hunger needs.
- Menus include a variety of foods.*
- Menus are posted for staff and parents.
- Menu planning is based on a nutritionally sound meal pattern. *See next page for USDA Child Care Meal Pattern Guidelines.**

__ / 5

2

Meets all Minimal Practices, and at least half of the practices from Effective Practice.

3 Effective Practice

- Drinking water is available in pitchers at the table.
- Children are allowed additional portions.
- Food served at a meal includes a variety of textures, shapes, temperatures, sizes, and colors.
- Foods are served that reflect the ethnicity and culture of all children in the center.*
- Menus are discussed with children.
- The center has a plan for cooperating with physician-prescribed diets (e.g., allergies, diabetes).**
- The center has a plan for working with parents who have dietary requests (e.g., religious, cultural, vegetarian) for their children.**
- Menu planning is flexible, allowing new foods to be introduced routinely.***

__ / 8

4

Meets all Minimal Practices and Effective Practices, and at least half of the practices from Ideal Practice.

5 Ideal Practice

- Food is arranged in bowls or on platters to be visually appealing and appetizing.
- When a new food is offered, it is offered more than one time during the meal so children become familiar with the new food.***
- When a new food is offered, it is offered repeatedly in the menu cycle so children become familiar with the new food.***
- Children have opportunities to provide input on food and menus.****
- Menus are approved by a nutrition professional.**
- Nutrition professional is regularly involved in staff training.**

__ / 6

* Review menus.
** Ask director.
*** Ask cook.
**** Ask classroom staff.

TOPIC AREA: *The Food*
Rating 0 1 2 3 4 5

USDA Child Care Meal Pattern Guidelines

Breakfast[1]	**# per meal**	**Ages 1 - 2**	**Ages 3 - 5**
Milk - fluid milk	1	1/2 cup	3/4 cup
Fruit or vegetable or juice[2]	1	1/4 cup	1/2 cup
Grains/bread[3] - bread, bread alternative, or cereal	1		
bread (enriched or whole-grain)		1/2 slice	1/2 slice
cornbread/biscuit/roll/muffin		1/2 serving	1/2 serving
cold dry cereal		1/4 cup	1/3 cup
hot cooked cereal		1/4 cup	1/4 cup
pasta/noodles/grains		1/4 cup	1/4 cup
Lunch or Supper[1]			
Milk - fluid milk	1	1/2 cup	3/4 cup
Fruit or vegetable or juice[2]	2	1/4 cup	1/2 cup
Grains/bread[3] - bread, bread alternative, or cereal	1		
bread (enriched or whole-grain)		1/2 slice	1/2 slice
cornbread/biscuit/roll/muffin		1/2 serving	1/2 serving
cold dry cereal		1/4 cup	1/3 cup
hot cooked cereal		1/4 cup	1/4 cup
pasta/noodles/grains		1/4 cup	1/4 cup
Meat/meat alternative	1		
meat/poultry/fish (cooked, lean meat without bone)		1 oz.	1 1/2 oz.
alternate protein product		1 oz.	1 1/2 oz.
cheese		1 oz.	1 1/2 oz.
egg		1/2	3/4
cooked dry beans or peas		1/4 cup	3/8 cup
yogurt		4 oz.	6 oz.
Snack[1] include two of the four components			
Milk - fluid milk	1	1/2 cup	1/2 cup
Fruit or vegetable or juice[2]	1	1/2 cup	1/2 cup
Grains/bread[3] - bread, bread alternative, or cereal	1		
bread (enriched or whole-grain)		1/2 slice	1/2 slice
cornbread/biscuit/roll/muffin		1/2 serving	1/2 serving
cold dry cereal		1/4 cup	1/3 cup
hot cooked cereal		1/4 cup	1/4 cup
pasta/noodles/grains		1/4 cup	1/4 cup
Meat/meat alternative	1		
meat/poultry/fish		1/2 oz.	1/2 oz.
alternate protein product		1/2 oz.	1/2 oz.
cheese		1/2 oz.	1/2 oz.
egg		1/2	1/2
cooked dry beans or peas		1/8 cup	1/8 cup
yogurt		2 oz.	2 oz.

[1] The meal patterns specify minimum portion sizes for each meal component. Children may be offered larger portions based on their greater food needs. They may not be offered less than the minimum quantities listed above.
[2] Fruit or vegetable juice must be full-strength, 100% juice.
[3] Breads and grains must be made from whole-grain or enriched meal or flour. Cereal must be whole-grain or enriched or fortified.

Reference: United States Department of Agriculture (2004). Child and Adult Care Food Programs: Meal Pattern Requirements. Washington, D.C.

Center Name _____ Classroom Name _____ Date _____

TOPIC AREA: **Preventing Choking**

Choking is a special hazard for young children who are just developing swallowing and chewing skills. Choking on food can be fatal to children. Adults must offer mealtime settings that minimize choking hazards. Common choking hazards for young children are: raw carrots, raisins and other dried fruit, hot dogs (whole or cut into rounds), whole grapes, chunks of meat, popcorn, pretzels and chips, raw apples, peanuts and other whole nuts, and chunks of peanut butter.

0 Inadequate Practice

- Foods that are high risk choking hazards are on the menu.
- Children eat at tables without an adult near the table.
- Children are allowed to walk around with food in their mouths.
- Adults provide inappropriate modeling by eating and drinking while walking around the room.

1 Minimal Practice

- Adults sit down to supervise children before food is passed.
- Food is prepared, presented, or modified to avoid choking hazards that are common to the youngest child in the group.
- Adults are always within sight, sound, and physical response range to children.
- Adults stay with children throughout the meal.
- Adults give directions to prevent choking (i.e., keep all four chair legs on the floor, avoid talking or laughing with food in mouth, take small bites, and finish chewing before leaving the table).
- Adults provide assistance to children who gag or choke.*
- Throughout the mealtime, at least one adult is in the room who is CPR and First Aid certified.**

__ / 7

2

Meets all Minimal Practices, and at least half of the practices from Effective Practice.

3 Effective Practice

- Adults eat the same foods as the children to identify subtle choking hazards.
- All staff in the room are CPR and First Aid certified.**

__ / 2

4

Meets all Minimal Practices and Effective Practices, and at least half of the practices from Ideal Practice.

5 Ideal Practice

- The center provides choking education for children, parents, and staff.***
- An ideal adult/child ratio of 1:4 at each table for toddlers and 1:6 at each table for preschoolers is maintained during the mealtime.
- The center has an established plan for flexible staffing at mealtimes as needed (e.g., floater available).

__ / 3

* If no incidents are observed, ask how gagging and choking at the table are handled.
** Current CPR/First Aid card on file.
*** Ask staff.

TOPIC AREA: *Preventing Choking*
Rating 0 1 2 3 4 5

Cluster Two: **Children's Development**

Use the ***Children's Development*** Cluster to examine the responsiveness and appropriateness of mealtime environments for children's physical, social, emotional, and cognitive needs. Cluster Two includes four Topic Areas.

Topic Areas in the ***Children's Development*** Cluster**:**

Food Intake - Adults help children stay in touch with their internal cues of hunger and fullness using many different strategies. This section includes strategies that support children to self-regulate their intake of food. Concepts for this Topic Area are the amount of food provided, whether or not children are allowed to serve themselves, and the level of children's choice in what and how much they eat.

Social and Emotional Development (Self-regulation) - During mealtimes, children learn skills that help them regulate their emotions and behaviors with others. Learning social skills such as passing and requesting food allows children to be successful during mealtimes. Gaining emotional skills such as trusting and making choices helps children become healthy eaters. Adults who have developmentally appropriate expectations of children set physical and emotional environments where children are challenged, but not frustrated.

Mealtime Motor Skills - Mealtimes offer opportunities for children to develop physical skills. Serving style at the table, utensils and dishes provided, and how food is presented impact the physical skills that children practice during meals.

Conversations (Listening and Speaking Skills) - This Topic Area is focused on the talk that takes place during the meal. This talk ranges from adults giving directions to children, to adults and children using give and take in their conversations. Observations in this Topic Area include examinations of how adults encourage or extend children's talk at the meal.

Center Name _____ Classroom Name _____ Date _____

TOPIC AREA: **Food Intake**

Adults help children stay in touch with their internal cues of hunger and fullness using many different strategies. This section includes strategies that support children to self-regulate their intake of food. Concepts for this Topic Area are the amount of food provided, whether or not children are allowed to serve themselves, and the level of children's choice in what and how much they eat.

0 Inadequate Practice

- Not enough food is available to satisfy children's hunger.
- Adults determine how much food is placed on children's plates.
- Adults insist that children eat more or less than they want.
- Children are required to eat all the food on their plates.
- Adults talk negatively about children's eating characteristics to staff or parents, within hearing range of children.
- Adults compare children's behaviors and characteristics as a strategy to get children to eat.

1 Minimal Practice

- Children serve themselves, at least part of the meal.
- Enough food is available to satisfy individual children's hunger needs.
- Adults support children as they learn how to choose portion sizes to match how much they can eat.
- Children are not required to eat either a set amount of food, or a particular food.*
- Children are not required to try or taste a food they refuse.*
- Adults acknowledge children's differences and preferences for food, but do not compare children's eating characteristics.
- Food is offered at least every three hours so that children's hunger does not overwhelm their ability to self-regulate food intake.**

__ / 7

2

Meets all Minimal Practices, and at least half of the practices from Effective Practice.

3 Effective Practice

- Staff, in addition to the cook, cooperate in determining how much total food is necessary to meet the group's hunger needs.***
- Adults assure children that there is enough food.
- Children have enough time to eat until they are no longer hungry.
- Adults do not praise children for finishing food, or cleaning their plates.

__ / 4

4

Meets all Minimal Practices and Effective Practices, and at least half of the practices from Ideal Practice.

5 Ideal Practice

- Adults have a system for informing parents about what their child ate throughout the day.****
- Adults have a system for informing parents about how much their child ate throughout the day.****

__ / 2

* Exception may be made if a documented health order is on file.
** Check schedule.
*** Ask how the cook determines the amount of food to be prepared.
**** Ask staff to see forms used to report to parents.

TOPIC AREA: *Food Intake*
Rating 0 1 2 3 4 5

Center Name _____ Classroom Name _____ Date _____

TOPIC AREA: **Social and Emotional Development** (Self-regulation)

During mealtimes, children learn skills that help them regulate their emotions and behaviors with others. Learning social skills such as passing and requesting food allows children to be successful during mealtimes. Gaining emotional skills such as trusting and making choices helps children become healthy eaters. Adults who have developmentally appropriate expectations of children set physical and emotional environments where children are challenged, but not frustrated.

0 Inadequate Practice

- Mealtime is rushed.
- Adult-sized eating utensils that limit children's success in eating are used.
- Adult-sized serving utensils that limit children's success in serving are used.
- Children have few choices (e.g., children's plates are served for them, portion sizes are pre-determined, children have to eat all the food on their plates).

1 Minimal Practice

- There is a predictable sequence for mealtime activities so that children can develop security and trust.
- Opportunities to eat are scheduled no more than three hours apart so that children's hunger does not overwhelm their ability to regulate their emotions and behavior.*
- There is enough food for children to eat until satisfied.
- Children have enough personal space for serving their own plates, eating, and passing food to others.
- Adults help children take turns as they pass or wait for food.
- Adults diffuse conflicts.**

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2

Meets all Minimal Practices, and at least half of the practices from Effective Practice.

3 Effective Practice

- Adults use a variety of strategies to support children as they learn to wait.
- Children have appropriate serving utensils for the food being offered.
- Adults use strategies that match the abilities of individual children for self-control (e.g., varying expectations for children's ability to wait, children's messiness, or children's ability to request food).
- Children have opportunities to make choices within limits.
- Adults help children cope with successes and failures (e.g., serving themselves, cleaning spills, or waiting).
- Children have ample time to eat and practice new interaction skills.
- When conflicts arise, adults help children negotiate.**

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4

Meets all Minimal Practices and Effective Practices, and at least half of the practices from Ideal Practice.

5 Ideal Practice

- Children have opportunities to solve their own challenges.
- Children have opportunities to take risks (e.g., choosing food, taking turns, trying new foods, and mixing foods together).

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* Check schedule.

** If no conflicts are observed, ask adults how conflicts at the table are handled.

TOPIC AREA: *Self Regulation: Social and Emotional Development*

Rating 0 1 2 3 4 5

Center Name _____ Classroom Name _____ Date _____

TOPIC AREA: **Mealtime Motor Skills**

Mealtimes offer opportunities for children to develop physical skills. Serving style at the table, utensils and dishes provided, and how food is presented impact the physical skills that children practice during meals.

0 Inadequate Practice

- Adults are unavailable to model eating and mealtime skills.
- Adults serve all foods onto children's plates.
- Children's sole utensil is either a spoon or a fork.
- Children are served only finger foods.

1 Minimal Practice

- Food is prepared and presented so that children can eat independently.
- Child-sized serving utensils are available.
- Child-sized eating utensils are available.
- Children pass and serve some items from serving dishes.*
- Utensils offered are appropriate for the food served (e.g., fork for a salad).
- Adults respond calmly and non-punitively to spills and imprecise motor movements during eating and serving.

__ / 6

2

Meets all Minimal Practices, and at least half of the practices from Effective Practice.

3 Effective Practice

- Menus allow for opportunities to spread, pour, spear, ladle, and cut a variety of foods.**
- Food is prepared and presented considering children's physical skills for passing and serving food.
- Knives, forks, and spoons, and/or culturally relevant utensils are available at every meal.***
- The mealtime schedule allows time for children to practice using utensils.
- Serving bowls and pitchers are not too full or too heavy for children to serve themselves.
- Adults allow children time to try skills without stepping in prematurely.
- Adults use hand-over-hand assistance only when necessary to assist a child in learning a new skill or when a child is frustrated.
- Adults plan menus to match children's biting and chewing skills, including attention to consistency, size, hardness, shape, and how children can move the food around in their mouths.**

__ / 8

4

Meets all Minimal Practices and Effective Practices, and at least half of the practices from Ideal Practice.

5 Ideal Practice

- Children have non-meal opportunities to experiment with serving and eating equipment (e.g., sand and water tables include pitcher and cups for pouring, or art centers include plastic knives for cutting clay or playdough).****
- Adults give specific directions to individual children to reinforce motor skills.
- Adults model skills for eating and serving, offering a physical model paired with a verbal description of what they are doing.

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* When toddlers arrive at the table very hungry, it is appropriate to serve initial small portions, with toddlers self-serving additional portions after their hunger has lessened.
** Review menus.
*** This practice is effective with preschoolers. Toddlers should have flatware that is appropriate to the food prepared for them. Ask classroom staff about opportunities for toddlers to use forks, spoons, and knives.
**** Ask classroom staff.

TOPIC AREA: *Mealtime Motor Skills*
Rating 0 1 2 3 4 5

Center Name _____ Classroom Name _____ Date _____

TOPIC AREA: **Conversations (Listening and Speaking Skills)**

This Topic Area is focused on the talk that takes place during the meal. This talk ranges from adults giving directions to children, to adults and children using give and take in their conversations. Observations in this Topic Area include examinations of how adults encourage or extend children's talk at the meal. When observing toddlers, note that "talk" may be single words and syllables, or non-verbal gestures.

1 Minimal Practice

- Children use verbal requests to ask for food.
- Children talk with each other and with adults.
- Adults talk with children to impart knowledge, to explain how to do something at the table, or to ask children questions.
- Adults respond to children's questions and comments with information and interest.

__ / 4

2

Meets all Minimal Practices, and at least half of the practices from Effective Practice.

3 Effective Practice

- Adults make certain all children have a chance to talk.
- Adults use genuine comments, rather than dismissive statements.
- Adults clarify children's thoughts and ideas.
- Adults model listening and give and take in conversation.
- Adults offer conversation starters.
- Adults move conversation along when it loses steam by offering information about a topic, or offering a new topic.
- Adults allow adequate wait time for children to complete thoughts and answer questions.

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4

Meets all Minimal Practices and Effective Practices, and at least half of the practices from Ideal Practice.

5 Ideal Practice

- Adults observe, assess, and act on the variations in the flow of conversations (e.g., adding vocabulary, asking open-ended questions, filling in information).
- Adults validate children's feelings and ideas, and help children process those thoughts, feelings, or ideas.
- Adults extend children's conversations by adding descriptive and action words.

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0 Inadequate Practice

- Most of the adults' responses are brief, including comments such as, "Oh, really," or "Umhmm."
- Children are asked to be silent at meals.
- Nearly all of the adults' comments are directive and/or corrective.
- Adults discourage conversation by hurrying children's comments and responses.

TOPIC AREA: *Conversations and Language Development*
Rating 0 1 2 3 4 5

Cluster Three: **Guiding Individuals and Groups at Mealtimes**

Use the ***Guiding Individuals and Groups at Mealtimes*** Cluster to examine strategies for successfully leading mealtimes that support individual eating skills, and to observe strategies that help build children's skills for eating in groups. Cluster Three includes three Topic Areas.

Topic Areas in the ***Guiding Individuals and Groups at Mealtimes*** Cluster:

Routines and Schedules - Routines and schedules help children feel secure and trusting. They also help adults manage the meal environment. Routine refers to the sequence and process of the mealtime. Schedule refers to the timing of meals in the daily plan and the time allowed for eating.

Adult Practices at Mealtime - Adults set the feeding environment for children. This section includes an examination of adults' practices at the table. This examination focuses on how adults assist children, whether or not adults eat with the children, and how adults respond to what children do.

Community Building - Meals are a time for building community. Community members help each other and show respect for each other. They take turns with each other and share thoughts and activities. Adults set a feeding environment that helps children develop a sense of community around mealtimes.

Center Name _____ Classroom Name _____ Date _____

TOPIC AREA: **Routines and Schedules**

Routines and schedules help children feel secure and trusting. They also help adults manage the meal environment. Routine refers to the sequence and process of the mealtime. Schedule refers to the timing of meals in the daily plan, and the time allowed for eating.

0 Inadequate Practice

- O Mealtime routines support managing the setting rather than guiding children's skills.
- O End time for the meal is governed by the clock, rather than by children's needs.
- O Mealtime is scheduled for staff and center convenience rather than around children's needs. (i.e., adults hurry children to eat to meet a schedule).
- O Mealtime rules are applied rigidly.

1 Minimal Practice

- O Adults use established pre-meal, during meal, and post-meal routines.
- O A majority of the children know and use an established sequence for mealtime activities.
- O Adults sit with the children to support and maintain routines.
- O Adequate time is scheduled for children to finish their meal without hurrying.
- O During end of the meal transitions, an adult visually oversees children at the table until the last child is finished.

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2

Meets all Minimal Practices, and at least half of the practices from Effective Practice.

3 Effective Practice

- O Serving routines minimize children having to wait before beginning to eat.
- O Children help maintain the meal environment by setting tables, helping to clean spills, and clearing dishes.
- O Adults expect and respond to minor variations in routines, but still keep meal-times focused.
- O End of meal routines offer transition activities so that a child can independently leave the table as he or she finishes the meal.
- O Transition from eating to subsequent activities is routine and orderly.

__ / 5

4

Meets all Minimal Practices and Effective Practices, and at least half of the practices from Ideal Practice.

5 Ideal Practice

- O Mealtime routines are designed to guide children's skills (e.g., taking turns, learning about new foods, and practicing spearing, spreading, serving, and pouring).
- O Enough staff are available to facilitate safe, smooth post-meal transitions such as toileting and transitioning to nap or other activities.

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TOPIC AREA: *Routines and Schedules*
Rating 0 1 2 3 4 5

Center Name _____ Classroom Name _____ Date _____

TOPIC AREA: **Adult Practices at Mealtime**

Adults set the feeding environment for children. This section includes an examination of adults' practices at the table. This examination focuses on how adults assist children, whether or not adults eat with the children, and how adults respond to what children do and say.

0 Inadequate Practice

- Adults sometimes leave the room during part of the mealtime.
- Adults offer little or no assistance to children.
- Adults over-help children to the point of interfering with their independence and learning.

1 Minimal Practice

- Adults are in the room, checking mealtime safety needs and attending to children's needs.
- Adults sit at the table.
- Adults ensure each child is offered all foods.

__ / 3

2

Meets all Minimal Practices, and at least half of the practices from Effective Practice.

3 Effective Practice

- Adults anticipate safety issues and take action as indicated.
- Adults sit at the table and eat the same food as children.
- Adults intentionally model verbal and motor skills that children are learning.
- Adults talk about food and nutrition concepts, including texture, vocabulary, and appearance.
- Adults talk to children about how food gives them energy, helps them grow, and keeps them healthy.
- Adults scan the group constantly and address individual children's needs.
- Adults support children's needs with the least intrusive assistance that fits a child's level of skill (i.e., adults use the less intrusive gestural or verbal assists before using more intrusive hand-over-hand assists).

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4

Meets all Minimal Practices and Effective Practices, and at least half of the practices from Ideal Practice.

5 Ideal Practice

- Adults accept children's reactions to foods.
- Adults embrace children's mistakes as opportunities for children's learning.
- To assure that adults' attention is on children's mealtime needs, adults have a separate meal break for their actual meal, though they eat a small meal with the children.

__ / 3

TOPIC AREA: *Adult Practices at Mealtime*
Rating 0 1 2 3 4 5

Center Name _____ Classroom Name _____ Date _____

TOPIC AREA: **Community Building**

Meals are a time for building community. Community members help each other and show respect. They take turns with each other and share thoughts and activities. Adults set a feeding environment that helps children develop a sense of community around mealtimes.

0 Inadequate Practice

- Group routines are non-existent or followed rigidly.
- Children are told to mind their own business if they show interest in others.
- Adults compare children's behaviors as a strategy to get children to eat.

1 Minimal Practice

- Adults call children by their names.
- Adults encourage children to call each other by their names.
- Children are seated around tables where they can see each other to communicate easily.
- Children's individual needs and interests are acknowledged by adults.
- Adults maintain group routines, but make exceptions as needed.
- Adults talk about and model strategies for cooperating in the group (i.e., sharing serving bowls, listening to each other, speaking one at a time, acknowledging shared preferences, calling each other by name, and acknowledging those who set the table).
- Adequate food is available so that children do not have to compete for food.
- Adults help children take turns in passing food.
- Adults make sure children know routines and procedures for eating and being at the table.

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2

Meets all Minimal Practices, and at least half of the practices from Effective Practice.

3 Effective Practice

- Adults use "we" and "ours" to describe shared aspects of the mealtime.
- Children serve themselves, passing around common bowls and pitchers.
- Mealtime conversations include all children.*
- Adults facilitate turn-taking in conversations.*
- Children are reminded to acknowledge each other's conversations.*
- Mealtime conversations focus on sharing personal and individual aspects of children's lives.*
- Adults take cues from child initiated topics.

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4

Meets all Minimal Practices and Effective Practices, and at least half of the practices from Ideal Practice.

5 Ideal Practice

- Opportunities are offered for children to help each other.
- Adults help focus children on shared experiences from past events.
- Adults lead discussions to help solve mealtime issues that affect all the children at the table.

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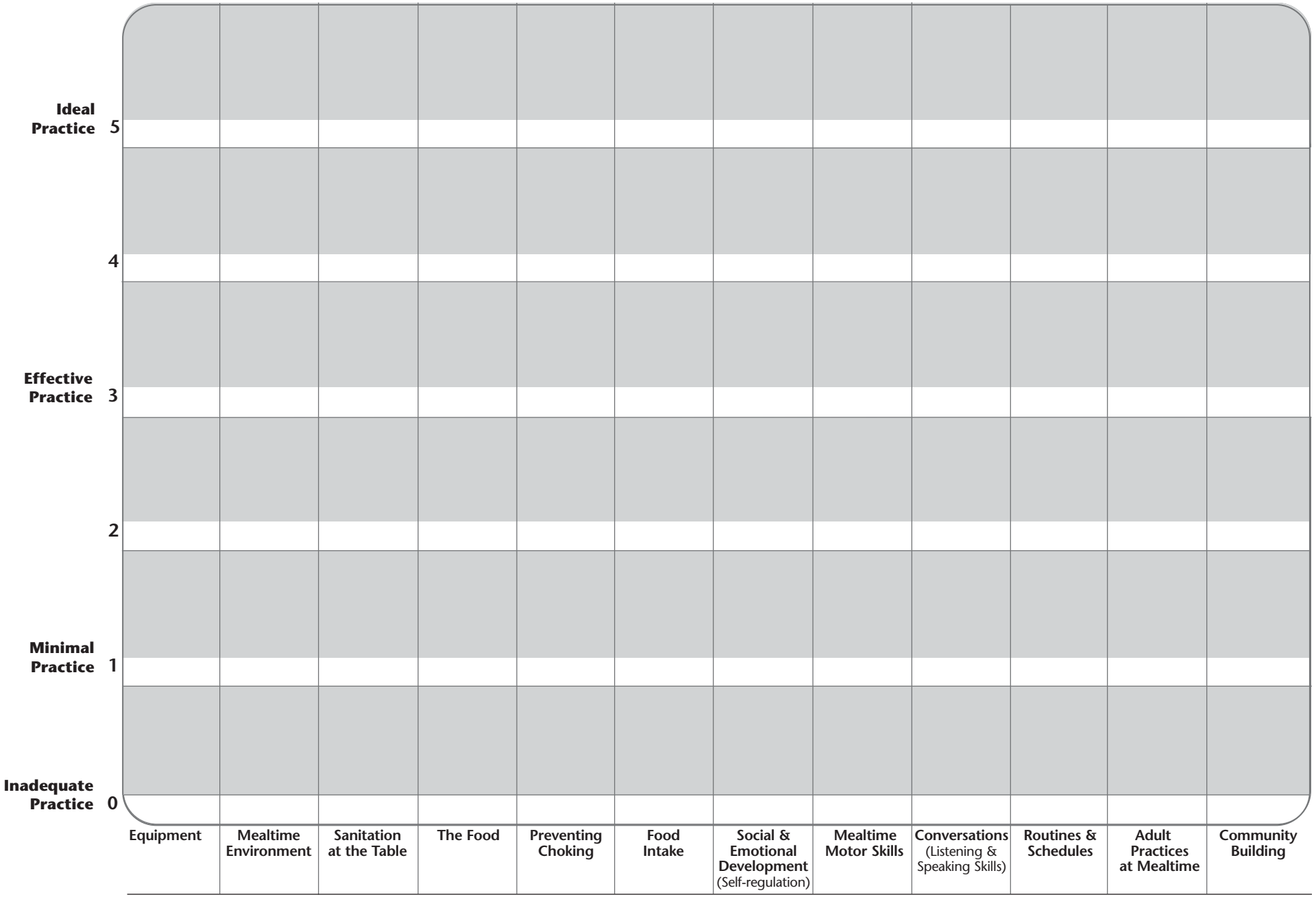
* "Conversation" means watching others, and listening, as well as speaking to others.

TOPIC AREA: *Community Building*
Rating 0 1 2 3 4 5

Center Name _____ Classroom Name _____ Date _____

BMER Summary Recording Graph

Place a mark in the white bar that corresponds with the rating for each Topic Area.



Building Mealtime Environments and Relationships Resources

Guidelines for Feeding Young Children in Group Settings

National guidelines from agencies and professional organizations were used as foundations for items for the BMER Inventory. The following is a bibliography of those guidelines.

American Academy of Pediatrics, American Public Health Association, and National Resource Center for Health & Safety in Child Care (AAP, APHA & NRCHSCC) (2002). *Caring for our children national health and safety performance standards: Guidelines for out-of-home child care* (2nd ed.). Elk Grove Village, IL: American Academy of Pediatrics.
The following chapters were used:
Chapter 3 – Health promotion & protection in child care (pp. 83-146)
Chapter 4 – Nutrition and food service (pp. 147-186)
Chapter 5 – Facilities, supplies, equipment, & transportation (pp. 187-282)

American Dietetic Association (1999). Nutrition standards for child-care programs: Position of ADA. *Journal of American Dietetic Association*, 99(8), 981-988.

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Chapter 9 – Facility design & support services for safe & healthy child care (pp.119–133)

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Comprehensive Resources for Feeding Young Children in Group Settings

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Mogharreban, C., & Nahikian-Nelms, M. (1996). Autonomy at mealtime: Building healthy food preferences and eating behaviors in young children. *Early Childhood Education Journal*, 24(1), 29-32.

Nahikian-Nelms, M. L., Syler, S., & Mogharreban, C. N. (1994). Pilot assessment of nutrition practices of university child care programs. *Journal of Nutrition Education*, 26(5), 238-240.

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Topic Area: Mealtime Environment

Fletcher, J., & Branen, L. (2000a). *Best Practices for Serving Foods to Groups of Children*. Retrieved June 1, 2005, from http://www.ag.uidaho.edu/feeding/pdfs/1_2%20Best%20Practices.pdf

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Building Mealtime Environments and Relationships Resources

Topic Area: Sanitation at the Table

Fletcher, J., & Branen, L. (2000b). *Teaching Young Children to Serve Themselves in Group Settings*. Retrieved June 1, 2005, from http://www.ag.uidaho.edu/feeding/pdfs/4_4%20serving%20self.pdf

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Topic Area: The Food

Birch, L. L., & Marlin, D. W. (1982). I don't like it; I never tried it: Effects of exposure on two-year-old children's food preferences. *Appetite*, 3, 353-360.

Birch, L. L., McPhee, L., Shoba, B. C., Pirok, E., & Steinberg, L. (1987). What kind of exposure reduces childrens' food neophobia?: Looking versus tasting. *Appetite*, 9, 171-178.

Mogharreban, C., & Nahikian-Nelms, M. (1996). Autonomy at mealtime: Building healthy food preferences and eating behaviors in young children. *Early Childhood Education Journal*, 24(1), 29-32.

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Byard, R. W. (1994). Unexpected death due to acute airway obstruction in daycare centers. *Pediatrics*, 94(1), 113-114.

Byard, R. W., Gallard, V., Johnson, A., Barbour, J., Bonython-Wright, B., & Bonython-Wright, D. (1996). Safe feeding practices for infants and young children. *Journal of Paediatrics and Child Health*, 32(4), 327-329.

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Tarrago, S. B. (2000). Prevention of choking, strangulation, and suffocation in childhood. *Wisconsin Medical Journal*, 99(9), 43-46.

Topic Areas: Food Intake

Birch, L. L. (1998). Development of food acceptance patterns in the first years of life. *Proceedings of the Nutrition Society*, 57, 617-624.

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Topic Area: Social and Emotional Development (Self-regulation)

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Topic Area: Mealtime Motor Skills

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Topic Area: Conversations (Listening and Speaking Skills)

Baker, M., Foley, M. F., Glynn, T., & McNaughton, S. (1983). The effects of adult proximity and serving style of pre-schoolers' language and eating behavior. *Educational Psychology*, 3(2), 137-148.

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Topic Area: Routines and Schedules

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Topic Area: Adult Practices at Mealtime

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Mealtime Evaluation
(*EVALUATION OF FEEDING ENVIRONMENTS FOR YOUNG CHILDREN*)

Laurel Branen, PhD, RD, LD, Janice Fletcher, EdD, Marilyn Swanson, PhD

The evaluation can be used to assess your feeding environment. Each statement has three choices: *already doing, making progress, or not planning to*. *Already doing* means that you already practice this concept. *Making progress* means that you have implemented the concept on some level. For example, you have discussed it with staff or ordered materials. *Not planning to* means that for your program, the concept simply doesn't work or you do not agree with it. This evaluation will be most helpful if it is done cooperatively among staff, instead of by an outside reviewer.

Planning

1. **Staff receive training about feeding young children.**
   already doing *making progress* *not planning to*
   Reason:

2. **All staff have a role in meal planning.**
   already doing *making progress* *not planning to*
   Reason:

3. **Staff talk with each other about children's eating.**
   already doing *making progress* *not planning to*
   Reason:

4. **Mealtime plans meet developmental needs of children.**
   already doing *making progress* *not planning to*
   Reason:

5. **Staff talk with parents about children's eating skills.**
   already doing *making progress* *not planning to*
   Reason:

6. **Staff learn about food customs and patterns of all children in the program.**
   already doing *making progress* *not planning to*
   Reason:

7. **Budget is adequate to provide food to meet children's hunger needs.**
   already doing *making progress* *not planning to*
   Reason:

8. **Adequate food is available for children to eat until satisfied.**
   already doing *making progress* *not planning to*
   Reason:

9. **Resources about children's eating are available to staff.**
   already doing *making progress* *not planning to*
   Reason:

10. **Resources about children's eating are available for parents.**
    already doing *making progress* *not planning to*
    Reason:

Food Safety

1. **Children wash hands before and after eating.**
   already doing *making progress* *not planning to*
   Reason:

2. **Children wash hands with warm, running water.**
   already doing *making progress* *not planning to*
   Reason:

3. **Adults wash hands often.**
   already doing *making progress* *not planning to*
   Reason:

4. **Foods served offer minimal choking hazard.**
   already doing *making progress* *not planning to*
   Reason:

5. **Skills are taught for safely passing foods.**
   already doing *making progress* *not planning to*
   Reason:

6. **Adults monitor and respond with corrective measures when children cross-contaminate food.**
   already doing *making progress* *not planning to*
   Reason:

Utensils and Equipment

1. **Handwashing facilities are at child level and in close proximity to tables where the children eat.**
   already doing *making progress* *not planning to*
   Reason:

2. **Children sit at child-sized furniture.**
   already doing *making progress* *not planning to*
   Reason:

3. **Children have ample space at the table.**
   already doing *making progress* *not planning to*
   Reason:

4. **A variety of utensils is available for serving and eating.**
   already doing *making progress* *not planning to*
   Reason:

5. **Serving utensils are balanced and sized for ease of use by children.**
   already doing *making progress* *not planning to*
   Reason:

6. **Children eat with child-sized utensils.**
   already doing *making progress* *not planning to*
   Reason:

Routines

1. **Eating routines are established.**
   already doing *making progress* *not planning to*
   Reason:

2. **Food is offered every 2-1/2 hours to 3 hours.**
   already doing *making progress* *not planning to*
   Reason:

3. **Children have opportunities to wait, but not too long.**
   already doing *making progress* *not planning to*
   Reason:

4. **Adults eat with children (preferably from the same menu).**
   already doing *making progress* *not planning to*
   Reason:

5. **Adults observe children's skill levels and use the least intrusive level of assist.**
   already doing *making progress* *not planning to*
   Reason:

6. **Children serve themselves.**
   already doing *making progress* *not planning to*
   Reason:

7. **Children determine how much, if any, they will eat.**
   already doing *making progress* *not planning to*
   Reason:

8. **Children are encouraged, but not forced to taste new foods.**
   already doing *making progress* *not planning to*
   Reason:

9. **Adults talk with children about the characteristics of foods, especially new foods.**
   already doing *making progress* *not planning to*
   Reason:

10. **Adults do not offer rewards, tangible, or intangible, to children for eating.**
   already doing *making progress* *not planning to*
   Reason:

11. **People talk and smile at mealtimes.**
   already doing *making progress* *not planning to*
   Reason:

Evaluaciòn del momento de las comidas (Evaluaciòn de ambientes de alimentaciòn de niños pequeños)

Laurel Branen, PhD, RD, LD, Janice Fletcher EdD, and Marilyn Swanson, PhD

Esta evaluación puede ser utilizada para asesorar su ambiente alimentario. Cada declaración tiene tres alternativas: ya lo esta haciendo, en progreso, no planea hacerlo. *Ya lo está haciendo* significa que Ud. ya practica este concepto. *En progreso* significa que Ud. está implementando el concepto hasta cierto punto. Por ejemplo, Ud. lo ha discutido con su personal o ha ordenado materiales. *No planea hacerlo* significa que para su programa el concepto simplemente no funciona o Ud. no está de acuerdo con el. Esta evaluación será de mayor utilidad si es realizada cooperativamente por el personal, en lugar de por un evaluador externo.

Planeamiento

1. **El personal recibe entrenamiento acerca de la alimentación de niños pequeños**
   ya lo está haciendo *en progreso* *no planea hacerlo*
   Razón:

2. **Todos los miembros del personal tienen un rol en la planificación de las comidas.**
   ya lo está haciendo *en progreso* *no planea hacerlo*
   Razón:

3. **El personal habla entre sí acerca de la alimentación de los niños.**
   ya lo está haciendo *en progreso* *no planea hacerlo*
   Razón:

4. **Los planeamientos de las comidas satisfacen las necesidades de desarrollo de los niños.**
ya lo está haciendo *en progreso* *no planea hacerlo*
Razón:

5. **El personal habla con los padres de familia acerca de las habilidades y destrezas alimentarias de sus niños**
ya lo está haciendo *en progreso* *no planea hacerlo*
Razón:

6. **El personal aprende acerca de las costumbres y patrones alimentarios de todos los niños en el programa.**
ya lo está haciendo *en progreso* *no planea hacerlo*
Razón:

7. **El presupuesto es adecuado para proveer suficientes alimentos para satisfacer las necesidades de hambre de los niños**
ya lo está haciendo *en progreso* *no planea hacerlo*
Razón:

8. **Hay alimentos adecuados disponibles para que los niños coman hasta estar satisfechos**
ya lo está haciendo *en progreso* *no planea hacerlo*
Razón:

9. Recursos acerca de alimentación infantil estan disponibles para el personal
ya lo está haciendo *en progreso* *no planea hacerlo*
Razón:

10. **Recursos acerca de alimentación infantil estan disponibles para los padres de familia**
ya lo está haciendo *en progreso* *no planea hacerlo*
Razón:

Seguridad Alimentaria

1. **Los niños se lavan las manos antes y después de comer**
ya lo está haciendo *en progreso* *no planea hacerlo*
Razón:

2. **Los ninios se lavan las manos con agua tibia que corre del caño**
ya lo está haciendo *en progreso* *no planea hacerlo*
Razón:

3. **Los adultos se lavan las manos con frecuencia**
ya lo está haciendo *en progreso* *no planea hacerlo*
Razón:

4. **Las comidas servidas presentan un mínimo riesgo de atoro**

ya lo está haciendo *en progreso* *no planea hacerlo*
Razón:

5. **Se enseñan destrezas para pasar la comida de forma segura.**
ya lo está haciendo *en progreso* *no planea hacerlo*
Razón:

6. **Los adultos supervisan y responden con medidas correctivas cuando los niños ocasionan un cruce de contaminación de alimentos**
ya lo está haciendo *en progreso* *no planea hacerlo*
Razón:

Utensilios y equipamiento

1. **Las facilidades para lavarse las manos estan al nivel de los niños y en próxima cercanía de las mesas donde los niños comen**
ya lo está haciendo *en progreso* *no planea hacerlo*
Razón:

2. **Los niños se sientan en muebles de tamaño apropiado para niños**
ya lo está haciendo *en progreso* *no planea hacerlo*
Razón:

3. **Los niños tienen amplio espacio en la mesa.**
ya lo está haciendo *en progreso* *no planea hacerlo*
Razón:

4. **Hay una variedad de utensilios disponibles para servir y comer.**
   ya lo está haciendo *en progreso* *no planea hacerlo*
   Razón:

5. **Los utensilios de servir están balanceados y son del tamaño apropiado para facilitar su uso por los niños**
   ya lo está haciendo *en progreso* *no planea hacerlo*
   Razón:

6. **Los niños comen con utensilios de tamaño apropiado para niños**
   ya lo está haciendo *en progreso* *no planea hacerlo*
   Razón:

Rutinas

1. **Se han establecido rutinas alimentarias**
   ya lo está haciendo *en progreso* *no planea hacerlo*
   Razón:

2. **Se ofrece comida cada 2 horas y ½ o 3 horas**
   ya lo está haciendo *en progreso* *no planea hacerlo*
   Razón:

3. **Los niños tiene oportunidades para esperar pero no por mucho tiempo.**
   ya lo está haciendo *en progreso* *no planea hacerlo*
   Razón:

4. **Los adultos comen con los niños (preferiblemente del mismo menu)**
   ya lo está haciendo *en progreso* *no planea hacerlo*
   Razón:

5. **Los adultos observan los niveles de habilidad de los ninios y usan el nivel menos invasivo de asistencia.**
   ya lo está haciendo *en progreso* *no planea hacerlo*
   Razón:

6. **Los niños se sirven solos.**
   ya lo está haciendo *en progreso* *no planea hacerlo*
   Razón:

7. **Los niños determinan si quieren comer y cuánto.**
   ya lo está haciendo *en progreso* *no planea hacerlo*
   Razón:

8. **Se alienta a los niños a probar nuevos alimentos pero no se les fuerza**
   ya lo está haciendo *en progreso* *no planea hacerlo*
   Razón:

9. **Los adultos hablan con los niños acerca de las características de los alimentos, especialmente los nuevos.**
   ya lo está haciendo *en progreso* *no planea hacerlo*
   Razón:

10. **Los adultos no ofrecen recompensas tangibles o intangibles para que los niños coman.**
ya lo está haciendo *en progreso* *no planea hacerlo*
Razón:

11. **Las personas conversan y sonríen a la hora de las comidas.**
ya lo está haciendo *en progreso* *no planea hacerlo*
Razón:

Menu Evaluation

Laurel Branen, PhD, RD, LD and Janice Fletcher, EdD

Directions: Evaluate the following menus for children in group settings, based on the variety, nutrition, and choking prevention principles described in class. In your response, comment on the pros and cons of each menu relative to these principles. Include suggestions for improving the menu, if they need to be improved.

Example: Peas, potato nuggets, meatballs, apple juice

This menu is all the same shape, but the peas add some variety in color. All of the temperatures are the same, and the textures are somewhat soft, though the meatballs may be a little chewy, and the potato nuggets might be crisp. The fat content of the meal may be a little high, due to the potato nuggets and meatballs. The meatballs provide iron, but the calcium content of this meal is poor.

In order to add variety in shape, a different form of potato could be served, such as baked French fries. Apple slices would add crunch and a cold temperature. A lower fat hamburger can be used for the meatballs, in order to reduce the fat content. Finally, milk should be served in place of apple juice in order to increase the calcium content of the meal.

1. Macaroni and cheese (from a box), corn, peaches, 2% milk

2. Chopped turkey, grated cheese, white rice, cooked frozen broccoli, grapes, 2% milk

3. Baked fish, baked potato with margarine, canned pears, cauliflower, canned pears, 1% milk

4. Whole wheat roll, vegetarian bean soup, raw carrots, canned peaches, skim milk

5. Sandwich: deli turkey, white bread, iceberg lettuce, mayonnaise, canned pears, orange juice

Evaluación del Menú

Laurel Branen, PhD, RD, LD and Janice Fletcher, EdD

Direcciones: Evalúe los siguientes menús para niños en ambientes de grupo basado en los principios de variedad, nutrición, y prevención de atoro descritos en la clase. En su respuesta, comente acerca de las ventajas y desventajas de cada menú relativas a estos principios.Incluya sugerencias para mejorar los menús que necesiten ser mejorados.

Ejemplo: Arverjitas, bolitas de papas, albóndigas, jugo de manzana

l. Este menú es todo de la misma forma, pero las arverjitas le dan algo de variedad en color. Todas las temperaturas son iguales y las texturas son algo suaves, aunque las albóndigas pueden ser un poco fibrosas y las croquetas de papas, crocantes. El contenido graso de la comida puede ser un poco alto debido a las croquetas de papas y a las albóndigas.Las albóndigas proveen hierro, pero el contenido de calcio de esta comida es pobre.

En orden de añadir variedad en forma, se podría servir una forma diferente de papa, tal como papas fritas al horno.Tajadas de manzana pueden añadir algo crujiente y una temperature fria.Una hamburguesa de bajo contenido graso puede ser usada para las albóndigas en orden de reducir el contenido graso.Finalmente, deberia servirse leche en lugar de jugo de manzana en orden de elevar el contenido de calcio de esta comida.

1. Fideos macaroni con queso (de caja), maíz, duraznos, leche con 2% de grasa.

2. Pavo picado, queso rallado, arroz blanco, brócoli congelada cocida, uvas, leche con 2% de grasa.

3. Pescado al horno, papa horneada con margarina, peras enlatadas, coliflor, leche con 1% de grasa.

4. Rollo de pán integral, sopa vegetariana de frejoles, zanahorias crudas, duraznos enlatados, leche descremada.

5. Emparedado de embutido de pavo, pán blanco, lechuga iceberg, mayonesa, peras enlatadas, jugo de naranja.

REVIEW OF FEEDING ENVIRONMENT

Laurel Branen, PhD, RD, LD, Janice Fletcher, EdD, Marilyn Swanson, PhD

This evaluation can be used to quickly review your feeding environment for young children. Each statement has three choices: Already doing, Making progress, or Not planning to.

- *Already doing* means that you are already practicing this concept.
- *Making progress* means that you have implemented the concept on some level. For example, you've discussed the concept with staff or ordered materials.
- *Not planning to* means that for your program, the concept simply doesn't work or you don't agree with it.

This review will be most helpful if it is filled out cooperatively among staff instead of by an outside reviewer.

Planning

1. **Staff receive training about feeding young children.**
   Already doing *Making progress* *Not planning to*
   Reason:

2. **All staff have a role in meal planning.**
   Already doing *Making progress* *Not planning to*
   Reason:

3. **Staff talk with each other about children's eating.**
   Already doing *Making progress* *Not planning to*
   Reason:

4. **Mealtime plans meet developmental needs of children.**
   Already doing *Making progress* *Not planning to*
   Reason:

5. **Staff talk with parents about children's eating skills.**
   Already doing *Making progress* *Not planning to*
   Reason:

6. **Staff learn food customs and patterns of all children in the program.**
   Already doing *Making progress* *Not planning to*
   Reason:

7. **Budget is adequate to provide food to meet children's hunger needs.**
   Already doing *Making progress* *Not planning to*
   Reason:

8. **Adequate food is available for children to eat until satisfied.**
   Already doing *Making progress* *Not planning to*
   Reason:

9. **Resources about children's eating are available to staff.**
   Already doing *Making progress* *Not planning to*
   Reason:

10. **Resources about children's eating are available for parents.**
    Already doing *Making progress* *Not planning to*
    Reason:

Food Safety

1. **Children wash hands before and after eating.**
   Already doing *Making progress* *Not planning to*
   Reason:

2. **Children wash hands with warm, running water.**
   Already doing *Making progress* *Not planning to*
   Reason:

3. **Adults wash hands often, including before and after mealtimes.**
   Already doing *Making progress* *Not planning to*
   Reason:

4. **Foods served are free of common choking hazards.**
   Already doing *Making progress* *Not planning to*
   Reason:

5. **Skills are taught for hygienically passing foods.**
   Already doing *Making progress* *Not planning to*
   Reason:

6. **Adults respond with corrective measures when children cross-contaminate food.**
   Already doing *Making progress* *Not planning to*
   Reason:

Utensils and equipment

1. **Hand washing facilities are child level and in proximity to tables where children eat.**
   Already doing *Making progress* *Not planning to*
   Reason:

2. **Children sit at child-sized furniture.**
   Already doing *Making progress* *Not planning to*
   Reason:

3. **Children have ample space at the table.**
   Already doing *Making progress* *Not planning to*
   Reason:

4. **A variety of utensils is available for serving and eating.**
   Already doing *Making progress* *Not planning to*
   Reason:

5. **Serving utensils are balanced and sized for ease of use by children.**
   Already doing *Making progress* *Not planning to*
   Reason:

6. **Children eat with child-sized utensils.**
   Already doing *Making progress* *Not planning to*
   Reason:

7. **Children eat on small plates.**
   Already doing *Making progress* *Not planning to*
   Reason:

<u>Routines</u>

1. **Eating routines are established.**
   Already doing *Making progress* *Not planning to*
   Reason:

2. **Food is offered every 2-1/2 hours to 3 hours.**
   Already doing *Making progress* *Not planning to*
   Reason:

3. **Children have opportunities to wait, but not too long.**
   Already doing *Making progress* *Not planning to*
   Reason:

4. **Adults eat with children (from the same menu).**
   Already doing *Making progress* *Not planning to*
   Reason:

5. **Adults observe children's skill levels and use the least intrusive level of assist.**
   Already doing *Making progress* *Not planning to*
   Reason:

6. **Children serve themselves.**
   Already doing *Making progress* *Not planning to*
   Reason:

7. **Children determine how much, if any, they will eat.**
   Already doing *Making progress* *Not planning to*
   Reason:

8. **Children are encouraged, but not forced to taste new foods.**
   Already doing *Making progress* *Not planning to*
   Reason:

9. **Adults talk with children about the characteristics of foods, especially new foods**.
   Already doing *Making progress* *Not planning to*
   Reason:

10. **Adults do not offer rewards, tangible, or intangible, for eating.**
    Already doing *Making progress* *Not planning to*
    Reason:

11. **People talk and smile at mealtimes.**
    Already doing *Making progress* *Not planning to*
    Reason: