

## **Toddler and Preschooler Nutrition**



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## **Learning Objectives:**

**After completing this training module, you will be able to:**

- Describe 2 characteristics of physical development of a toddler and a preschooler.
- Describe 2 characteristics of intellectual development of a toddler and a preschooler.
- Describe 2 characteristics of behavioral development of a toddler and a preschooler.
- Explain how play helps the child develop physically, intellectually, and behaviorally and how it may affect the child's interest in eating.
- Explain the roles of the caregiver and the child with respect to feeding.
- Describe the food portion sizes for toddlers and preschoolers.
- Explain how toddlers and preschoolers differ with respect to eating ability.
- Explain how caregivers can help their children have healthy teeth.
- Describe the theme and basic content of each of the 8 *Help me be healthy* pamphlets.

**Assemble the Tools You Need:**

**To prepare for this training, you will need to have these tools:**

Help me be healthy child nutrition pamphlets:

- 1 to 1 ½ years
- 1 ½ to 2 years
- 2 to 2 ½ years
- 2 ½ to 3 years
- 3 to 3 ½ years
- 3 ½ to 4 years
- 4 to 4 ½ years
- 4 ½ to 5 years

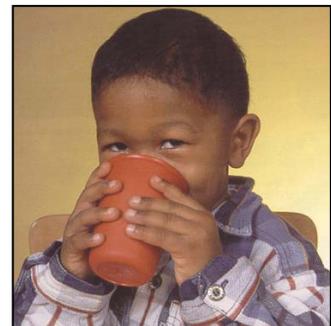
*"April won't eat! She used to eat anything I put in front of her. Now she just plays with her food and fights with me. I don't know what to do!" Jennie nodded in agreement. "Feeding a toddler can be frustrating. Lots of moms and dads have the same experience. April, like other 2 year olds, is saying in her own way that she wants to make some of her decisions. I have a couple of strategies that have worked for other parents. Can I share them with you?" Christi said, "Yes, I'll try anything. I want April to be healthy."*

## **Introduction**

How does a child grow up to be healthy? The child's caregiver plays a key role as a **teacher** and **role model** who enables the child to learn, value, and practice behaviors that promote good health. As a teacher, she helps the child learn about food and why it is important. As a role model, she shows the child that eating healthy foods is enjoyable. To help her child grow up to be healthy, the caregiver needs to:

- provide healthy foods in a pleasant environment;
- spend time with the child, eating, playing, and talking;
- be affectionate and give praise often;
- avoid laughter, criticism, or anger when the child makes mistakes;
- set reasonable limits (rules) to help the child learn;
- avoid taking over a task the child is trying to learn, but assist when needed;
- provide a safe environment that prevents injury but allows the child to learn about his world; and
- ensure that the child receives preventive health care on time.

This module will help you gain knowledge about how toddlers and preschoolers grow and develop. Toddlers and preschoolers are different from each other physically, intellectually, and behaviorally. The toddler years, ages 1 to 3, are notable for the child's drive to be independent from his caregivers. During the preschool years, ages 3 to 5, the child refines his skills and seeks the reassurance of his caregivers. The characteristics of toddlers and preschoolers have implications for feeding.



## **Growth and Development**

Growth and development represent all of the changes that occur in each of us over a lifetime (1). **Growth** is an increase in the size of the body as cells grow. The skeleton, muscles, and organs like the brain grow. Progress in a child's growth is measured by changes in appearance and increases in weight, height, and head circumference.

**Development** is the attainment of knowledge, skills, and abilities that enable each of us to live independently. Examples include the ability to walk and the use of language to communicate. The achievement of a specific skill like walking is referred to as a **developmental milestone** (major accomplishment). Health care providers use developmental milestones to measure progress in a child's development.

Each child has a genetic potential for growth and development. To reach this potential, the child needs a supportive environment where her nutrition and health needs are met, she has opportunities to learn and practice new knowledge and skills, and she can mature socially and emotionally.

Growth and development occur in stages, in the order of simple to complex. A newborn infant relies on the rooting reflex to locate a nipple to obtain food. By 10 months of age, she uses her thumb and forefinger to pick up small bits of food and put them into her mouth. By age 2, she drinks from a cup and eats with a spoon as well as her fingers. By age 5, she pours cereal into a bowl and spreads peanut butter on bread.

Growth and development occur at an individual rate. Each child reaches developmental milestones when physically and emotionally ready. Forcing or coaxing does not make development occur any faster, and may result in a setback. A child may be advanced in some areas of development, but not in others.

### **Stage of development explains behaviors**

During late infancy, the child recognizes that she is a separate person from her caregivers and begins the journey to independence. The desire to be independent is a normal part of development and helps explain "typical" behaviors. Knowing the behaviors that are associated with the stages of development and having tools to deal with them enables caregivers to help their child develop in a healthy way.

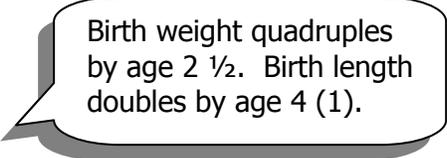
Along the journey to independence, the child will face challenges that must be overcome. Successful mastery of these challenges requires that the child learn knowledge and skills that will be applied over and over again. The infant, toddler, and preschooler face unique challenges. The infant must learn to **trust** his caregivers to meet his needs. He will continue to trust them to teach him what he needs to know. The toddler must believe that he has **control**. He will test his caregivers to gain control, but wants limits that will prevent him from going beyond his abilities. If his caregivers give him some control within reasonable limits, he will learn self-control. The

preschooler must believe that he is **competent**. He wants to refine his skills and seeks the reassurance of his caregivers. If he is given opportunities to learn and is supported by his caregivers, he will believe in himself and have the courage to tackle new tasks.

A child's temperament influences how well he handles new challenges. The child who is "easygoing" may be more flexible than a child who is "impulsive" or "introverted." The easygoing child will patiently tackle a task that pushes the limits of his ability. The impulsive child may give up quickly and throw a tantrum in frustration. The introverted child may withdraw and cry when faced with a difficult task.

## Physical Growth and Development

The child's rate of growth slows from the rapid pace of infancy. Between 1 and 5 years of age, weight increases about 4 ½ to 6 ½ pounds per year. Height increases about 4 inches between 1 and 2 years of age, then about 2 to 3 inches per year, thereafter. Each child's growth pattern is unique, a product of her genetic inheritance.



Birth weight quadruples by age 2 ½. Birth length doubles by age 4 (1).

A child's growth is not constant. Periods of active growth (growth spurts) alternate with periods of rest, affecting hunger and appetite. A child may eat all meals and snacks one day, then little or no food the next.

Her physical appearance will change. As a toddler, she looks "chubby" with a round face, protruding abdomen, and short, rounded arms and legs. Because her head and body are heavy in proportion to her legs, she walks with her feet spread apart, her arms held out at the sides for balance. She walks with a "toddling" gait and falls often.

Her legs and arms lengthen as her skeleton grows and muscles become strong. Her posture straightens. When she walks, her feet are closer together and she no longer uses her arms for balance. Her abdomen pulls in and she develops a leaner, stronger appearance. Her jaw lengthens and her face becomes angular. If her gain in height precedes her gain in weight, she may appear thin.

## Brain Growth

The first 5 years of life are critical for brain growth and development. The child's brain at birth is 50% of its adult size. By the end of age 2, it reaches 75%, and by the end of age 3, 90% of its adult size. The **first 3 years of life** are considered to be a critical time for brain development. Adequate nutrition, a stimulating environment, and the nurturance of the caregiver are essential.

## Motor Skill Development

Motor skills are physical skills such as walking and self-feeding that require bones, muscles, and nerves to work together. There are 2 types of motor skills: **gross motor skills** and **fine motor skills** (1, 3). Gross motor skills use the large muscles of the legs, shoulders, and arms. Examples of skills include walking, running, jumping, and throwing a ball. Fine motor skills use the small muscles of the hands, fingers, and wrists. Examples include writing, drawing, and using a spoon to eat. Chewing and swallowing food are also fine motor skills.

Walking is the major gross motor milestone for the 1 year old. She walks unsteadily at first. By 1½ years of age, she walks more smoothly and by 2 years, she walks, runs, and climbs. At 1 year of age, she turns pages of a book, several at a time. By 1½ years, she can turn pages 1 at a time. By 2 years, she uses her fingers to turn knobs and push buttons. The toddler likes to “hold and let go” (1). She drops or throws objects like her food or the plate. She pulls items out of a drawer or cabinet and insists on putting them back her way.

The preschooler’s motor development focuses on the refinement of her skills. By the age of 3 she kicks a ball and jumps. By age 4, she can hop on 1 foot, and by 5 years, she skips on alternate feet and jumps rope. Her fine motor skills also improve. By 3, she can hold tools like a spoon or pencil with her fingers instead of her fist. She can draw simple shapes such as a circle. By age 5, she can draw simple recognizable pictures, such as a stick figure and use dull scissors to cut. She can use a dull knife to spread a food like butter on bread. **Appendix 1** describes motor skill milestones for toddlers and preschoolers.



Drawing may improve a child’s ability to read.

Motor skills are developed through **practice**. Muscles get stronger and coordination improves. Caregivers should allow the child to play actively to strengthen his legs and arms. He should be given opportunities to scribble and draw. At mealtimes, he should be allowed to feed himself, even if he is messy and slow. The toddler who is developing hand and eye coordination will often tip a cup over, spilling its contents. The caregiver will need to be patient in dealing with accidental spills. Taking over or expressing anger only delays motor skill development. The caregiver can be reassured that spills will decrease as the child’s level of skill increases.

## Intellectual Development

Intellectual (cognitive) development is the acquisition of knowledge and skills that enables each of us to function in our world. The child learns about his world by being exposed to it. He takes in information about objects, people, and events. He processes and tests the information, draws conclusions, then takes action. He learns relationships, builds memory, and solves problems. He copies what he sees his caregivers do and words he hears them say.

The toddler's learning style is **physical**. He uses all 5 senses to learn about his world. He observes an unfamiliar object, picks it up, explores it with his hands, shakes it to see if it makes a sound, sniffs it, and tastes it. He has a short attention span and can focus on one object or activity for a limited time before he is attracted to another. He tests and retests to see if he will get the same result. The need to explore objects physically has implications for mealtimes. He will focus on eating his food for a short period of time before he starts to "fingerpaint" with it. He will put food into his mouth and take it out again as he explores it.

The toddler does not understand that an object may have different functions. If he is allowed to tip over a wastebasket that serves as a storage container for his toys, he will tip over the wastebasket that contains garbage and will not understand why his caregiver is upset with him. He will not know that the bear shaped vitamins are not candy and can poison him. Caregivers need to keep items that they do not want the child to touch (such as breakable objects, medicines, or vitamins) out of his reach and avoid using familiar looking containers to store dangerous products like cleaning agents.

The preschooler's language skills have advanced so that he can use words to represent objects and their functions and does not need to "re-explore" them physically. He chatters nonstop and asks "why" to learn. He may use some words without understanding their meaning. Words are interpreted literally. If he is told that he is "bad," he may accept this as true. Caregivers should carefully choose the words they use with their preschoolers.

The preschooler uses physical skills learned as a toddler to develop mental skills. As a 2 year old, he focused on how to use his fingers to manipulate a spoon. As a 4 year old, he uses a spoon to stir pancake batter and learns that the batter changes form. He starts to think and reason but he makes conclusions according to his own perspective. His thinking is limited to one concept at a time. His attention span is longer so he spends more time with an activity.



Preschoolers engage in "magical thinking," a belief that they, even their thoughts, are responsible for events that happen. They engage in fantasy play and may have imaginary playmates and fears of "monsters." These behaviors allow a child to develop his creativity and learn to distinguish fantasy from reality. Preschoolers need the

support of their caregivers as they learn what is real and what is unreal.

## Communication and Language

The toddler understands much of what his caregivers say to him, but has limited speech skills. He communicates with his body. At age 1, he cries to express his need to eat. By 1½ years, he points and uses a word with inflection, like “Up!” or “Juice!” to communicate. He will grab or help himself to food, even stretching or climbing to get what he wants. By age 2, the child can put 2 words together, as in “Want juice!” He starts to attach meaning to words. If asked to point to his nose, he can do it. He can follow a simple command.

Language development is a major milestone for the preschooler. His vocabulary increases and sentences become more complex (1). He comprehends what his caregivers tell him and ask of him. He can follow a 3 step command. When he wants food, he may say he is hungry or may ask for a specific food by name. He can ask to be excused from the table when he has finished eating. His speech is more social. However, his attention span wanders. He is unable to think in reverse. Caregivers should make requests or give directions simply, clearly, and positively.

Caregivers can help their children learn language. They should talk, sing, and read with them often. They should communicate using simple, correct words (not baby talk) to describe objects and actions. Everyday activities provide opportunities for language development. When the child is taken to the grocery store, she can learn the names of foods. When foods are prepared, she can learn what mix and bake mean. At mealtime, she can learn the names of foods, the containers they are in, and the tools that are used to serve and eat them. She can learn about her culture when special occasions are celebrated.



**Appendix 2** describes the progression of language skills in toddlers and preschoolers.

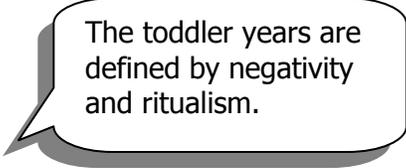
### What else can a child learn?

- Colors
- Shapes
- Sizes
- Textures
- Cause and effect and space and time relationships
- Objects (their functions and features)
- Numbers (and how they are used)
- How to solve problems
- How to fit new information into existing knowledge

Use everyday activities to teach children knowledge and skills. Children are naturally curious about everything in their world and want to learn what things are and how things work. They can learn much from meal planning, food shopping, food preparation, and mealtime. Foods can be used to teach shapes, colors, and counting. The child can count foods at the grocery store or when putting them away at home. Children can learn cause and effect, such as what happens when ingredients are mixed and baked. They can assist according to their ability. The 2 year old can put napkins on the table and help wash fruit and vegetables. The 3 year old can tear lettuce and help assemble ingredients. The 4 to 5 year old can be taught how to prepare simple meals.

## Behavioral Development

Behavioral development is how the child matures socially and emotionally. A toddler wants to be in control and communicates this desire by responding negatively to whatever he is asked to do. He will shake his head **no** or say “No!” even when he means yes. The caregiver can decrease some of the opportunities for a child to say no. One way is to state, rather than request a desired action. The caregiver can state, “*You can eat your snack after we wash your hands.*” instead of asking “*Do you want a snack?*” Another way is to allow a child to make some simple choices between 2 alternatives. For example, she can ask, “*Do you want milk or juice?*” Making simple choices lets the child feel he has some control and teaches him to take responsibility for his choices (3).



The toddler years are defined by negativity and ritualism.

At the same time the toddler insists on having his own way, he fears going beyond the limits of his abilities and losing control and finds comfort in **routine**. He will ask for the same cup and plate or will want foods arranged in the same order on his plate. He will want to eat the same 1 or 2 foods for days in a row and will refuse unfamiliar foods. He will expect his bedtime ritual, such as taking a bath, putting on his pajamas, and being read his favorite story (exactly the same way). Any change in his routine cannot be tolerated and may result in a tantrum. His mood can shift from laughing to crying within minutes.

The caregiver should establish regular times for meals and snacks and attempt to adhere to this schedule. If she anticipates that a meal will be delayed, she should have a snack for her child to eat. A hungry or tired child is more likely to have a tantrum.

Toddlers act impulsively and lack judgment and self-control. They do not remember warnings. For example, a toddler may repeatedly catch her hand in closing doors because she does not realize that an unfamiliar door can inflict the same pain. Toddlers will shout “*Mine!*” and grab, hit, kick, or bite rather than share. They do not understand that these actions may hurt another person. For these reasons, the toddler must be supervised at all times.

By age 3, the child is calmer, having gained self-confidence in her accumulated skills and abilities. She still needs the security of routines, but can tolerate some

change, such as a delay of a meal. Because she can communicate what she wants through language and is now allowed to make some choices, she is less likely to challenge her caregivers. She is more willing to share and follow rules. She wants to please others, especially her caregivers from whom she seeks affection.

As a 4 year old, she returns to some toddler behaviors. She may become aggressive and may argue or fight with playmates. She becomes assertive, boastful, and impatient, tells “tall tales” and blames others for her actions. She may whine, “Why do I have to?” She has trouble separating fantasy from reality. However, she takes pride in her accomplishments and is eager to help, especially with household chores. By age 5, she becomes calmer and more sociable. She asks permission before acting.

Children under the age of 5 view the world from their own point of view and believe that others think like they do and see what they see. They do not have a conscience, so they cannot understand the reason why a behavior is “good” or “bad.” Instead, good or bad is associated with reward or punishment. They reason: if an action is punished it is bad. If it is not punished, it is good.

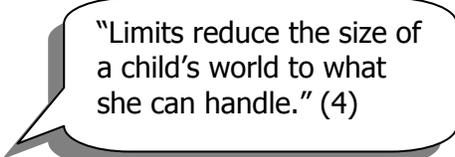


Foods can become associated with “good” or “bad” behavior. If the caregiver says to the child, “You must finish eating or you won’t get any ice cream,” the child concludes that ice cream must be special since you have to eat more food than you want to get it (5). If she is told she is “bad” because she did not finish eating, she may learn to overeat in order to avoid the verbal punishment. Caregivers should not use food to reward or punish the child.

Caregivers should frequently hug and praise the child. A toddler benefits from physical touch and is soothed by a hug and caress. Preschoolers also need physical affection, but respond well to verbal praise and attention. A child must feel that she is loved as a person, not for her actions. Feeling loved helps her feel secure.

## Set limits to teach, not punish (3, 4)

Children want their caregivers to establish limits (rules) as they move forward in their quest for independence. Even though they continually test them, limits give structure that makes them feel safe in their world. They are reassured that rules have meaning.



"Limits reduce the size of a child's world to what she can handle." (4)

Setting limits is a form of discipline. Discipline is not the same as punishment. It is a tool that caregivers should use to teach their child self control. Limits should be set to teach the child accepted norms for behavior, to protect the child from harm, and to help build the child's knowledge about his world.

The "rules" for setting limits are to establish only the number that are necessary, giving priority to health and safety. Limits should be age-appropriate so that they are understood, and must be explained and reinforced to the child. Too many rules prevent a child from exploring his world to learn. If a child is told, "No!" or "Stop!" too often, he becomes discouraged. Caregivers should be positive in their approach to limit setting by saying, "Do" more often than "Do not." For example the caregiver might say, "You can have some juice at snack time." instead of "No, you can't have juice right now."

Caregivers should not use physical or verbal abuse such as hitting, shouting, or name calling when enforcing rules for behavior. The home should be "child-proofed" to keep the child safe and prevent valuables from getting broken, but not to make it a barren place where learning cannot take place.

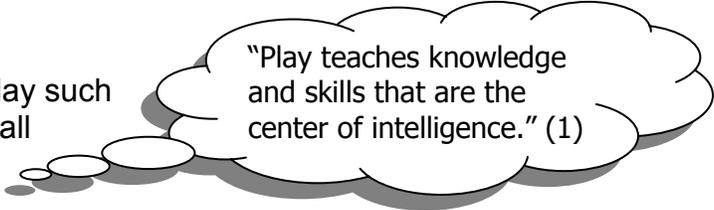
Toddlers cannot be reasoned with since they do not understand logic. The way to "discipline" a toddler is to distract him from the object or activity that is not acceptable. The caregiver should gently, but firmly separate him physically from the object or activity, stating as simply as possible that the behavior is unacceptable ("We do not bite.") and focus his attention on one that is acceptable. Preschoolers can be verbally reminded of the rules.

The caregiver should remain patient and should not give in as limits are tested. Consistent reinforcement of rules results in better behavior (4). When the child says "No!" the caregiver should calmly repeat the behavior that is expected. When the child misbehaves, the unacceptable behavior, not the child, should be addressed. For example, the caregiver might say, "I am not angry with you. I am angry that you ran out into the street."

Rules may need to be repeated several times since the child may not realize that the behavior applies to different situations. One of the best ways a child learns appropriate behavior is by observing the example set by the caregiver.

## Children must play

Play is the child's work. Active play such as running, climbing, and throwing a ball helps the child's leg, back and arm muscles become stronger and improves coordination. Quiet activities such as finger painting, drawing, and turning knobs help the child's hand and finger muscles become stronger and improve hand-eye coordination.

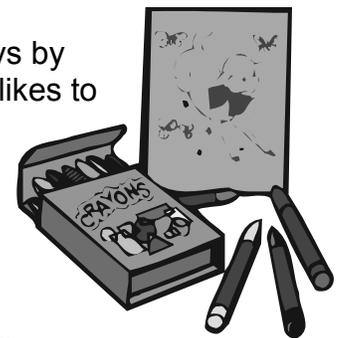


"Play teaches knowledge and skills that are the center of intelligence." (1)

Through imitative (symbolic) play, the child practices activities of daily living, his own and those of his caregivers. The toddler pretends to talk on the telephone or feed a doll. He reenacts the actions and words of his caregivers. He will read to his teddy bear, put the bear in "bed," cover it with a blanket, and say, "Go *sleep now*." Toddlers enjoy play that uses body movement (watch them when music is playing!) and involves space. They like to crawl under and climb over tables. They like play that allows them to use their senses. They enjoy the feel of different textures, including those of foods.

During the preschool years, play becomes more sophisticated. Children take on roles such as "daddy and mommy" or doctor and patient. They play fantasy roles, such as storybook characters. They enjoy being creative and like to draw and invent. Older preschoolers may start to prefer quiet games to active ones. They may want to spend time watching television. Caregivers should encourage their children to continue to be active. Family walks or games like catch or basketball teach a child that being active can be a part of everyday living. The caregiver can take advantage of the preschooler's interest in fantasy and creativity to encourage physical activity. The child may enjoy pretending to be an animal, making the sounds and movements.

The social aspect of play occurs in stages. A 1 year old plays by herself in the presence of her caregiver. By 2 years of age, she likes to play in the presence of other children, but plays along side of (not with) them. By 3 years of age, the child enjoys interacting with other children and can play cooperatively. Older children play well with other children in collaborative play where they learn to follow rules and take turns.



Caregivers should play with their children and be willing to be "unconventional" (1). Expensive toys are not required. Everyday objects and activities can be a source of play. A child can pretend to mix foods using an empty bowl and spoon or build using clean, empty food boxes. A blanket placed over the dining room table can create a playhouse. Plain paper and crayons can be used to create original drawings.

## **Food and Play**

Eating is only one activity in the child's busy day. He may be so engaged in play when meal or snack time comes around that he does not want to stop to eat. He may throw a tantrum, ask to be excused from the table, or refuse to eat. A child who leaves in the middle of active play may not be able sit still. Caregivers should warn the child that mealtime will soon occur. A child in active play should be switched to a quiet activity for about 10 to 15 minutes before being asked to come to the table. Quiet play helps calm him down for the meal. The attention span of most toddlers is about 15 minutes, and preschoolers, 20 to 30 minutes. When the child reaches his limit, he should be allowed to leave the table if he asks to or is playing at the table.

A child can learn about foods and eating through play. He should be encouraged to engage in play appropriate for his level of development. A child can:

- Put food puzzles together
- Pretend to shop for, prepare, and "eat" foods
- Read a book about foods
- Learn and sing songs about foods
- Make fun foods, like a face on a sandwich
- Have a fun food party where a group of children make a food like a little pizza
- Draw a food or cut out pictures of foods and glue them onto paper

## **Eating and the roles of the caregiver and child**

Ellyn Satter (5) states that the caregiver and the child have different roles with respect to eating. The caregiver is responsible for the "what, where, and when" of eating. The child is responsible for the "how and how much." Feeding problems are avoided when the caregiver avoids taking over the child's responsibility. Recall that the toddler wants to gain control. If she is forced to eat, she will feel that her control is threatened. She will not cooperate and may refuse to eat as a way to take back some control. She could become a "problem" eater. The preschooler wants to be competent. She must feel that she is capable of choosing and eating foods.

If healthy foods are offered, children will obtain what they need to grow and keep their bodies healthy. Allowing a child to decide how much food to eat helps prevent under- and overeating. A healthy child will not starve herself. She will pick and choose what she wants and feel satisfied. The caregiver must trust her child to know how much food her body needs and avoid being too controlling or too lax with regard to feeding.

## What

- **Nutritious foods** should be offered.

The **Food Guide Pyramid** can be used to select foods for the child. The child needs the nutrients from these foods to grow and develop at a normal rate.

At 1 year of age, the child begins the transition from infant-type foods to most of the foods the rest of the family eats. She may already eat some chopped table foods and finger foods.



- The **minimum number of the range of servings** for each Pyramid food group should be offered.

Large portion sizes overwhelm a child. The size of the portion to offer is proportional to her age. The caregiver can start with **1 Tablespoon per year of age per food**. For other foods like bread, the serving sizes to start with are:

<b>Age range:</b>	<b>Portion size compared to an adult's:</b>
1 – 2	1/4
2 – 3	1/4 to 1/3
3 – 4	1/3 to 1/2
4 – 5	1/2 – 1

The child should be allowed to ask for and receive more food. Asking for more lets the child feel she has some control and allows her to regulate her hunger. Milk and juice are the exceptions. They are nutritious and have a place in the child's diet, but quickly take away the child's hunger so other foods served at the meal may not be eaten. A toddler needs no more than 16 ounces of milk a day. The preschooler needs no more than 24 ounces. Juice should be limited to 6 ounces a day. To prevent drinking too much, pour about 2 ounces of milk or juice into a child-size cup. The child can then ask for more and feel satisfied without consuming an excessive amount. A small cup is also easier for the child to handle and reduces the chance for spills. Milk and juice should be offered with meals and snacks. Water should be offered at all other times.

- **Food must be prepared according to the child's age and ability.**

Most toddlers and many preschoolers are at high risk of choking. They do not use their tongues to move food around in their mouths. They do not have the strength, ability, or attention span required to grind foods completely, so they swallow foods whole or partially chewed. The skill of chewing may not be mastered until age 5. Children use their cheeks to store food that they dislike or cannot chew and are afraid to swallow. They can hold food this way in their mouths for hours. A child can choke on any food. However, foods that are slippery, large, round, sticky, dry, or hard pose a greater risk. They may be swallowed whole and block the windpipe (trachea), causing the child to suffocate. These foods should not be offered to children under 3 years of age or should be prepared in a form to reduce the risk of choking.

#### **Tips to Prevent Choking (7)**

- Eat with the child. A choking child does not make a sound.
- Eat only when sitting down. Running with food in the mouth can lead to choking.
- Avoid eating in a moving car. The driver cannot act quickly enough.
- Cut whole or large foods, especially meats, into a **child's** bite-size pieces.
- Serve soft foods with dry ones, such as mashed potatoes with roast beef.
- Encourage swallowing small amounts of foods at a time.
- Do not offer these choking foods under age 3: whole hot dogs, whole grapes, hard candy, nuts, potato or corn chips, popcorn, peanut butter, hard, raw vegetables like carrot slices, or other foods a child has difficulty chewing and swallowing.
- Change the form of foods to reduce the risk of choking: cut hot dogs lengthwise into 4 or more thin slices, then crosswise into small pieces; quarter grapes, grind nuts, finely chop raw vegetables or cook them until crisp-tender and cut into bite-size pieces. Peanut butter can be spread thinly on warm toast or mixed with applesauce, mashed banana, or jelly to moisten it.

- **Offer 3 meals and 2 to 3 nutritious snacks daily.**

The child's stomach capacity is small. He can eat only small amounts of food at any meal or snack. However, he will quickly use up the energy from these foods to support his activity and growth needs. He will need to eat frequently.

- **Fat should not be restricted in children under age 2.**

Fat is a concentrated source of calories that helps young children meet their energy needs for activity and growth. Children can consume whole milk, yogurt, and cheese and have spreads like margarine on breads and vegetables. Sugar should be handled carefully. Sugar sweetened beverages curb the child's hunger and offer no other nutrients. For this reason, they should be given rarely. Sweet desserts like pudding or ice cream offer other nutrients like calcium, so may be offered. Sweet desserts should be limited to 1 per day (5, 6). After the age of 2, the child can eat according to the recommendations of the **Dietary Guidelines** with respect to fat and sugar.

- **New foods should be offered at mealtime**, preferably along with a favorite food, and with bread and milk available.

A small serving, as small as 1 teaspoon, can be placed on the toddler's plate. She may touch it, smell it, and put it in her mouth, then take it out again. Toddlers become fearful about trying new foods. To them it may be like "taking a step in the dark" (6). The caregiver should say nothing about the food and should not force the toddler to eat it. A preschooler can be asked to try a bite of a new food. If she does not like it, she can remove it from her mouth and place it in her napkin.

Caregivers who eat a variety of foods make it easier for a child to try new ones. It may take 10 or more exposures to the food before a child is willing to chew and swallow it. The exposures are important because the food becomes familiar. Ultimately, she may not like the food. Some dislikes are normal. However, she should be given the opportunity to draw her own conclusions and politely refuse foods she dislikes. Caregivers should never impose their own food dislikes on their child.

## Where

- **Meals and snacks should be served in the same location** whenever possible, preferably at the table.

A toddler may refuse to eat a meal if it is not served in the same location. Caregivers should try to eat as many meals with the child as possible. Mealtime offers a time to socialize, sharpen language skills, learn about foods, and much more. Safety is also an issue if the child eats alone. A child may choke on food and no one will be present to take action.

- **Meals and snacks should not be eaten while watching television.**

Eating or drinking while watching television leads to “unconscious eating.” The child learns to associate these activities with eating, regardless of hunger. Watching television while eating also reduces communication between the child and her caregivers.

- **Meal times should be pleasant**, not times for arguing.

The child learns to associate his appetite with the feelings he develops at meals. Feelings of pleasure result in a good appetite. Appetite may be poor if mealtime generates negative feelings.

## **When**

- **Meals and snacks should be routinely provided at the same times every day.**

The structure of having meals and snacks at the same times helps the child feel secure. If the child does not eat well at a meal, she knows that she can eat again at snack time. Meals and snacks should be spaced about 2 to 3 hours apart (6). This allows the child to become hungry so she is more likely to eat. Requests for food or beverages between meals and snacks should be refused. Water should be offered as the between meals beverage. The child who is frequently allowed to eat between meals and snacks does not eat a variety of foods or get exposed to new foods and misses out on the social aspects of meals.

- **Hugs and soothing words, not food, should be used to comfort a child.**

If food is used, the child learns to use foods to ease emotional or physical pain. Food should not be used as a reward or bribe for good behavior or as punishment for inappropriate behavior. The child will be satisfied with hugs, soothing words, and praise.

## **How**

- **Children should be allowed to eat their way.**

Caregivers may want their children to eat neatly and finish their meal within a limited amount of time. Such expectations are unrealistic. The child is learning how to use her fingers to hold and manipulate a spoon or fork, how to get food in her mouth, how to drink from a cup without spilling, how to chew and swallow food, and is getting used to unfamiliar tastes and textures of foods. At the same time, she is trying to be sociable. She is slow, clumsy, and messy but wants to be successful. She needs the support, patience, and reassurance from her caregivers to improve her skills. **Appendix 3** describes the self-feeding skills of

toddlers and preschoolers.

The child gains more control over eating when she uses utensils that fit her skill, such as an unbreakable plate with sloping sides to push food against, a small spoon, a small fork with dull tines, and an unbreakable small cup. The first cup should have 2 handles and a lid with a spout. She can graduate to a cup with no handles or lid by 1½ years. The child should be seated comfortably and securely at the table, preferably with her feet resting on a hard surface. Finger foods should be offered. A variety of food textures help her gain skill chewing and swallowing. She can be offered age appropriate foods that are crisp like thin apple slices, chewy like a bagel, or hard like a pretzel in addition to soft foods.

Some foods like soup or cereal in milk are difficult to eat. Young children can progress from dry cereal as a finger food to cereal softened with a small amount of milk. A thick soup is easier to eat than a thin one. Children prefer foods that are not too hot or too cold. Salads can be served as finger foods with a small amount of dressing on the side for dipping.

Caregivers should avoid laughter or anger over the child's mealtime behaviors. Laughter teaches the child to repeat the behavior while anger makes him feel guilty. Mealtime behaviors that are normal for the stage of development, such as eating with fingers, should be ignored. Accidental dropping of food by a 1 year old should be ignored. Deliberately dropping food on the cat or throwing a plate may signal that the child is full. The caregiver can remove the food calmly, saying, "*I guess you are finished eating.*" The child learns (with time) that dropping food is not allowed. To minimize spills, the caregiver should only fill the child's cup halfway. The child can ask for more. A large plastic bag can be placed on the floor under the child to capture spilled food.

The preschooler can be taught table manners. The 3 year old can learn to say "*Please*" and "*Thank you.*" The 4 to 5 year old can learn how to wipe his mouth with a napkin and to learn not to talk with his mouth full of food. Preschoolers can learn to serve themselves from foods at the table and to pass foods like bread to others. They like to talk and socialize with others at the table, remaining even when finished eating.

## **How Much**

- **The child should be allowed to regulate his own hunger and fullness.**

He, not the caregiver, knows how hungry or full he is. He should be offered foods in the recommended amounts and be allowed to decide how much of any of the foods he will eat. He may choose to eat only 1 or 2 foods on his plate. He should not be coaxed, begged, or forced to eat. The toddler may ask for the same food at each meal for several days in a row. The preschooler may also ask for certain foods, especially sweets. If the child refuses food, the caregiver should not prepare another food. By preparing other foods, she allows the child

to take over her responsibility. The child will only try to repeat the behavior to see if she gives in to his demands again. By having other foods on the table, such as bread and milk, the child is able to eat something. He can wait for snack time to eat again. The caregiver can plan a snack food that is similar to the one the child refused.

Because a child grows in spurts, her appetite is variable. How much food she eats varies considerably, from day to day, even from meal to meal. A child may consume adequate calories during breakfast, lunch, and snacks and may have little hunger at dinnertime. Of, course, she may “find” room for dessert! This behavior can be frustrating to the caregiver who has spent much effort on the dinner meal. Dessert should not be withheld, even if the child does not eat other foods at the meal. If dessert is withheld, the child learns that some foods are “better” than others. Offer “healthy” desserts like pudding that contain nutrients besides fat and sugar or serve dessert once in a while, not every day.

The preschooler can serve herself at meals. She may take a larger serving than she can eat. Since she is learning about serving sizes, the caregiver should not discourage her from taking the portion. If she does not eat the food, the caregiver can gently admonish, *“It looks like you took more than you were hungry for. Take a smaller serving next time. You can always ask for more.”* Saying *“Don’t take so much next time.”* makes her feel as if she did something wrong.

### **Young children prefer certain foods**

Children are attracted to a food by familiarity and pleasant feelings about it. They prefer “neutral” foods like bread, rice, milk, and sweet foods over foods that taste bitter or are dry or tough. They accept foods with bright colors and pleasant aromas and textures. They may reject foods that are unattractive or have a strong odor or objectionable taste or texture. A negative experience with a green vegetable may make the child less willing to try another green one. Children often prefer their food plain, not in mixtures. Peas and macaroni and cheese may be liked, but not in the same casserole or touching each other on the plate.

*Warning: Despite a preference for sweet foods, toddlers can and do eat and drink substances that do not have a good taste. Because of this, they are at risk for accidental poisoning. They may eat cleaning agents, medicines, dietary supplements, and any other product that looks similar to a food they eat.*

## Supplements – are they necessary?

Children over the course of several days will consume the nutrients that they need if they are offered nutritious foods to choose from. Despite advertisements that suggest children benefit from a daily multivitamin, most healthy children do not need them. Multivitamins, if used, should be chosen and administered with care. Some are not recommended for children under the age of 4 and many can be a choking hazard. If a caregiver feels her child needs a multivitamin, she should discuss her concern with the child's health care provider.



## Make foods fun!

Foods can be fun! While making fun foods does not guarantee that they will be eaten, they allow the toddler and preschooler to help prepare and learn about foods. Foods can be cut into fun shapes using cookie cutters. Peanut butter sandwiches can be decorated with a face using raisins and apple or banana slices. An ice cream cone can hold a “dip” of egg or tuna salad topped with a carrot stick or grape. A mini pizza can be made using a slice of bread cut into a circle, a biscuit or an English muffin half topped with pizza sauce, cheese, and chopped vegetables. A fruit pizza can be created from half a biscuit spread with low fat cream cheese and topped with chopped fruit. Ground beef or turkey and chopped vegetables can be shaped into meatballs and baked. Baked chicken nuggets can also be made.

## Television and Nutrition

Television watching should be limited to no more than 1 hour a day. A child is exposed to advertising for foods high in fat and sugar – fried snacks, sodas, and sugared cereals. They may demand these foods. Watching television is a passive activity. The child who spends a great amount of time watching television does not play actively and is at a greater risk of becoming overweight (4).

## Oral Health

Healthy gums and teeth need the “right stuff” to be strong and cavity resistant – fluoride, protein, vitamins, and minerals. They also need routine cleaning and limited exposure to foods that promote cavity development.

## Tooth Development

Most primary teeth are erupted by 2½ to 3 years of age. Figure 1 shows the ages when primary teeth erupt.

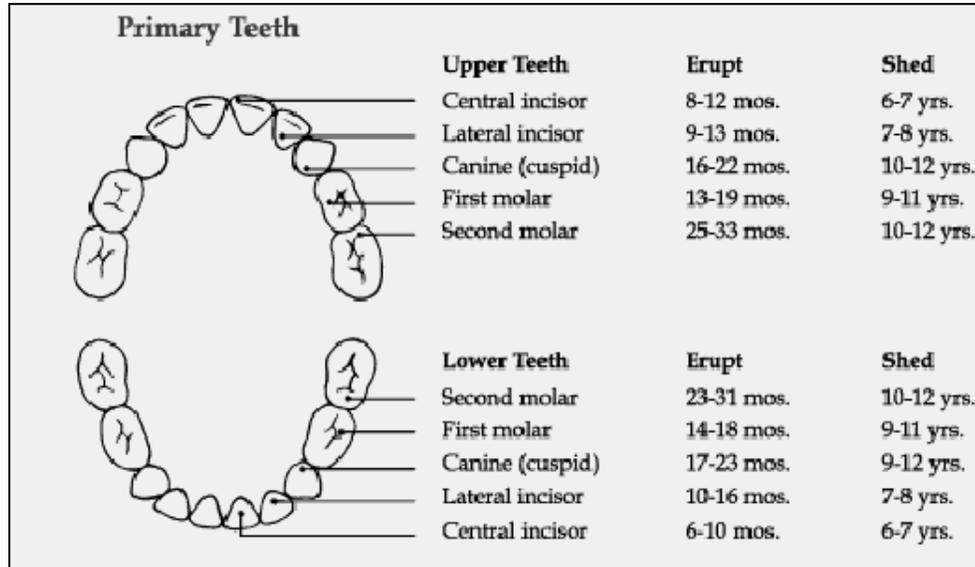
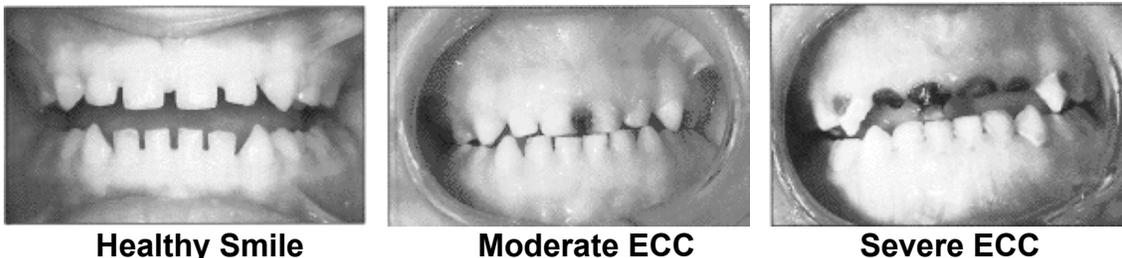


Figure 1. Eruption Pattern for Primary Teeth

## Tooth decay is caused by bacteria

Tooth decay (also called cavities or caries) is caused by bacteria and is an infectious disease. Bacteria from a caregiver’s mouth can enter the child’s mouth and set the stage for cavity development. Tooth decay in infants and young children (known as **Early Childhood Caries** (ECC) and formerly called “baby bottle tooth decay”) causes the upper front teeth to become decayed, and can affect other teeth. Photographs of ECC are shown below. ECC can contribute to eating and speech problems. It is preventable.



Tooth decay results from a chain of events involving bacteria and sugar. Bacteria turn sugar into acid. Acid dissolves the enamel surface of the teeth and attacks the teeth, causing decay. Teeth that are exposed for long periods of time to sugar-containing liquids are more likely to decay. Liquids that contribute to decay include fruit juice, sugar-sweetened drinks (like punch, soda, and tea), even milk, breast milk, and formula. Children who still use a bottle after 1 year of age are at high risk of ECC. Their caregivers should be advised to switch the child from the bottle to a cup. For older children, frequently eating sticky, high sugar foods and snacks may contribute to decay. These foods should be offered only on occasion.

### **Teeth should be checked routinely**

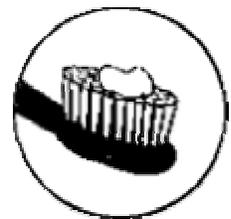
A child should see a dentist when the first tooth erupts or by the first birthday. In addition to checking for decay or other problems, the dentist will teach the caregiver how to properly clean the child's teeth, identify fluoride needs, and discuss habits such as thumb sucking that could affect the teeth.

Conducting a “lift the lip” exam at home is an easy way for caregivers to become familiar with their child’s front teeth and gums and to look for signs of decay (see Appendix 4). This exam should be started as soon as the first tooth erupts. Starting early allows caregivers to notice any changes in the teeth. White or dark areas on the teeth may be signs of decay. If these are evident, the child should see a dentist right away.

By age 3, the child’s caregivers should conduct a visual dental exam in which all teeth and molars are examined. If the caregiver sees something unusual, she should contact the dentist.

### **Teeth need to be brushed and flossed**

The caregiver should assist her child in brushing his teeth until the child is 6 years of age. Using a soft child-size toothbrush and water, the caregiver should gently **brush** the child’s teeth, back and front sides. Teeth should be brushed after eating or at least twice a day.



Toothpaste should not be used until a child is 3 years old or can spit out the toothpaste and not swallow it. The toothpaste should contain fluoride. Use a **pea-sized amount** on the brush. If the child wants to brush his own teeth, the caregiver can let him brush his teeth with a wet toothbrush. Then, the caregiver can brush the child’s teeth using toothpaste.

When all of the primary teeth have erupted, the caregiver can **floss** the child’s teeth daily. A child under age 7 should not floss her own teeth because she could damage her gums. A visit to the dentist will help ensure that the caregiver is correctly brushing and flossing the child’s teeth.

## Fluoride

Fluoride is a naturally occurring element that can help prevent cavities. It works best when taken internally (swallowed as fluoridated water, a tablet, or drops) **and** applied to the surface of the teeth (as a fluoride-containing toothpaste, in a rinse or a gel). This way, fluoride strengthens teeth still under the gums as well as those that have erupted. Most of us get fluoride from the water we drink. Most cities and towns must add fluoride to the community's water supply. Some cities do not fluoridate their water supply. Well water and bottled water usually do not contain fluoride. Water filtration systems can remove from 10% to 90% of the fluoride in water. Families who obtain their water from these sources should talk with the child's health care provider or dentist about the need for a fluoride supplement.

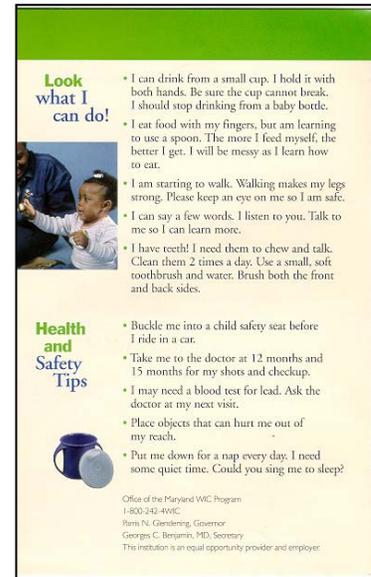
Before a supplement is prescribed, the water should be tested to determine the amount of fluoride it contains. It is also important to find out all water sources, such as a daycare center where the child spends his day. If the child consumes adequate water with fluoride, a supplement is not needed.

Too much fluoride can cause fluorosis, a condition that causes a discoloration on the teeth, but no health problems. Swallowing toothpaste with fluoride is a major cause of fluorosis. That is why toothpaste is not recommended for children under the age of 3.

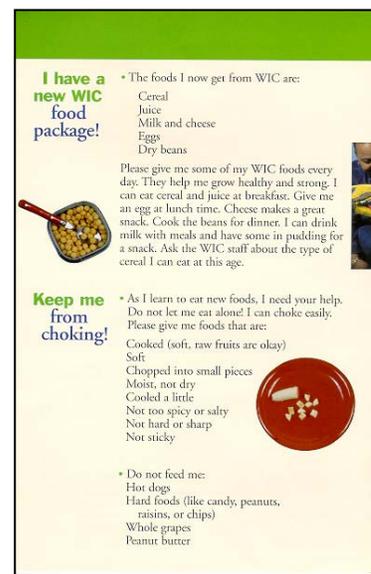
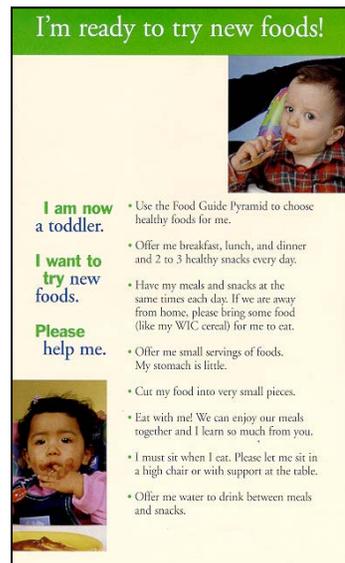
## Nutrition Education for Caregivers of Children

The **Help me be healthy** pamphlets are designed to provide **anticipatory guidance** to caregivers of children at each certification visit. There are 8 in the series, each containing age-appropriate advice and targeted to a major theme. They are designed for flexibility, based upon the prior knowledge of the caregiver. The layout of the pamphlets (shown by the first in the series) is described below.

- The front panel contains space to write the child's name, weight, and length. You can also write a note for the caregiver. It might be an idea she agrees to try or a referral.
- The back panel contains growth and development milestones for the age, titled "Look what I can do." Health and safety tips are also included.



- The inside panels contain nutrition advice based upon the theme of the pamphlet.



What does anticipatory guidance mean? To “anticipate” means to expect something to happen. Anticipatory guidance is the sharing of information with others in advance of an expected event so that they can prepare themselves to handle it. The expected event is explained and suggestions are offered. Health care providers give anticipatory guidance to their patients. We provide it in WIC when we share information with caregivers at each certification visit.

You have learned that as a child grows and develops, certain behaviors can be anticipated. The 1 year old child will be ready to begin eating foods that the rest of the family eats. Caregivers can learn what foods are appropriate and how they should be prepared according to the child’s ability to eat them. This is an example of anticipatory guidance that WIC staff can provide.

What problems might be prevented?

**To be most effective in providing anticipatory guidance, you must find out what the caregiver is interested in learning and how much she already knows.**

Start with an open-ended question. For example, you might ask:

*“What reminds you of N (name of child) in this pamphlet?”*

It may be a photograph or it may be a statement. This can be a good opening point for the discussion. The caregiver is likely to focus on something of interest or concern to her.

Next, you might ask a question related to the theme of the pamphlet. For example, in the 1 to 1½ Years pamphlet, you might want to find out how much she knows about preparing foods to reduce the risk of choking. Let her take a look at the section *Keep me from choking*. Then ask, *“What foods come to mind when you see ‘not too spicy or salty’?”* Wait for a response.

The tables on the next several pages describe the themes for each of the pamphlets, provide examples of open-ended questions, and give ideas for what might be discussed. You should not plan to discuss everything on the table with a caregiver. Decide on the most important messages to share.

**1 to 1½ Years:**

Theme: The child will begin the transition from infant foods to most of the foods the family eats. Foods should be chosen from the Food Guide Pyramid and prepared appropriately.

Ask: What types of table foods is N eating? What worries you most about offering N new foods? What kinds of WIC cereals do you think N might be able to eat? Who feeds N most of the time? Who else feeds N besides you? What might be hard about getting N off the bottle?

Say: Have you thought about.... Here are a couple of ideas that might work....What might work for you?

<b>Developmental Features</b>	<b>What to Discuss</b>
<p>Ready to be weaned from infant-type foods, mainly pureed and liquid, to foods with varied tastes and textures. Must obtain nutrients from a variety of foods.</p> <p>Breastfeeding can continue. Should be weaned from bottle to cup by 14 months.</p> <p>At high risk for choking due to immature chewing and swallowing skills.</p> <p>Wants to feed self. Uses hands and fingers and tries a spoon. Explores food with all 5 senses. Has an interest in trying new foods.</p> <p>Drops food often.</p>	<p>Introduce the Food Guide Pyramid as a tool for choosing foods for the child and family. The portion size should be small, about ¼ the size of the adult's.</p> <p>Explain that the child cannot eat much food at a time so needs 3 meals and 2 to 3 snacks at scheduled times. Scheduled meals and snacks also make him feel secure.</p> <p>Explain how to prepare foods to reduce risk of choking and enable self-feeding with fingers.</p> <p>Discuss how to choose WIC foods according to the child's nutritional needs and level of skill with respect to chewing and swallowing.</p> <p>Discuss how the child feeds himself and explain that he will be messy.</p> <p>Discuss why it is important to eat with the child.</p> <p>As needed, suggest weaning strategies or reinforce the caregiver's attempts to wean.</p> <p>If time is available, work out a sample menu that includes WIC foods.</p>

<p><b>1 ½ to 2 Years:</b></p>	<p>Theme: The toddler wants control. The caregiver can avoid mealtime battles by providing the child with nutritious, age appropriate foods at appropriate times in a pleasant environment, then allow the child to decide how and how much of those foods to eat.</p>
<p>Ask: How does N tell you she is hungry? Full? Does she ever say no to foods? How do you handle it? How do you feel about the way N eats? Does she take forever to eat? What do you do? Do you think of yourself as N's role model? Teacher? How does it make you feel?</p> <p>Say: Let's talk about a couple of ways to.... Here are some ways you might handle.... What might work for you?</p>	
<p><b>Developmental Features</b></p>	<p><b>What to Discuss</b></p>
<p>The toddler wants to gain control over her body and her world. She wants to learn new things, including foods, and explores them with all 5 senses. She needs to be allowed to explore her world safely.</p> <p>She starts to say no to her caregivers' requests. She wants to become skilled at feeding herself. She practices how to eat at mealtimes and copies what she sees her caregivers do.</p> <p>Because she grows in "spurts," her appetite will be erratic. She will eat heartily one day, then eat little or nothing the next. If provided with nutritious foods, she will get what she needs to grow and develop.</p>	<p>Explain how the caregiver and child each have a job to do with respect to eating:</p> <ul style="list-style-type: none"> <li>• The caregiver's job is to provide healthy foods as meals and snacks at structured times in a pleasant, safe environment. Children prefer the security of routines like meals. The caregiver should try to eat with her child to teach her and keep her safe.</li> <li>• The child's job is to decide how much to eat and to learn how to eat foods according to her level of development. She knows when she is hungry and when she is full. She is hesitant to try new foods, but eventually tries them if they become familiar to her and she sees her caregivers enjoying them. She will continue to be messy as she explores foods with her 5 senses.</li> </ul> <p>Discuss how feeding skill will progress over the next 6 months. Advise that the child is still at high risk for choking so needs food prepared appropriately.</p> <p>Review the Food Guide Pyramid, especially portion sizes, as needed.</p>

<b>2 to 2 ½ Years:</b>	Theme: The child may try to exert control by refusing foods or demanding certain foods to eat. Allowing the child to make simple choices between 2 alternatives and having structure at meals and snacks enables him to feel he has some control but prevents him from taking control.
<p>Ask: Does N refuse foods? What do you think makes him/her refuse them? What do you do about it? Does N ever ask you for the same foods several days in a row? What do you do?</p> <p>Say: Letting N make a choice between 2 foods lets both of you win. He feels proud and you keep eating under control. What do you think of the idea? What about others who feed him?</p>	
<b>Developmental Features</b>	<b>What to Discuss</b>
<p>The toddler continues his quest for control. He will refuse foods as a means of gaining control. Fearing the limits of his own abilities, he seeks comfort in the familiar. He may refuse to eat unfamiliar foods and ask for the same food several days in a row.</p> <p>Toddlers may dislike foods that are dry or that are strong or bitter tasting. Meats and vegetables may become “problem” foods.</p> <p>Over time he gains the courage to try new foods and will explore them with all 5 senses.</p> <p>He gains skill using a spoon so that more food enters his mouth.</p>	<p>Discuss how food refusals and requesting the same foods are normal behaviors that will pass. Discuss ways the caregiver can help her child learn to enjoy foods. Remind that the caregiver is the role model for teaching the child that healthy foods can be enjoyed.</p> <p>Discuss how letting the child make a choice between 2 foods offered by the caregiver allows the child to feel he has some control yet allows the caregiver to keep control over feeding. Explain that the child is more comfortable when limited to a choice between 2 alternatives instead of being allowed to make an open-ended choice.</p> <p>Advise the caregiver to keep structure in mealtimes and not allow the child to beg for food between meals and snacks. Offer water and a reminder that snack or mealtime is not far off.</p> <p>Explain that the WIC food package will allow peanut butter at age 2. Discuss how to offer peanut butter. Encourage offering of beans as well.</p> <p>Review the Food Guide Pyramid, including portion sizes as needed.</p> <p>As needed, explain how meats can be prepared so they are easier to eat. Discuss how to prepare vegetables so they are not strong flavored.</p>

**2 ½ to 3 Years:** Theme: The child learns through play and likes to copy the activities of her caregivers. Involving the child with the meal allows her to learn and feel a sense of accomplishment. Playing at the table may be her signal that she has finished eating.

Ask: What kinds of play does N enjoy? Does she imitate you? What does she do? What's your reaction? Does N play with her/his food? What do you do? Does N like to help you with chores? What is she able to do?

Say: Play is N's work. She is learning a lot. Play helps her learn to enjoy food. Here are some ways.... What might work for you and N?

**Developmental Features**

**What to Discuss**

The toddler continues to gain skill at eating. She wants to learn and asks "What's that?" She is eager to help her caregiver with household chores.

Through play the toddler learns knowledge and skills. She acts out her daily activities and imitates those of her caregivers. Active and quiet play allows her to gain strength and coordination. She may protest having to leave play at mealtime. Playing with food may be her signal that she is full.

Discuss how children benefit from play, that they learn and gain strength and coordination. Share ways the child can learn about food through play activities.

Discuss how children like to help with chores. Give examples or ask the caregiver what can be learned from different activities like shopping, food preparation, and clean up from meals. Give examples of the types of activities the toddler can manage, such as washing vegetables or putting napkins on the table. Praise the child for her efforts, even if not perfect.

Explain how children are more likely to eat foods that they help select and/or prepare.

Review the Food Guide Pyramid, as needed.

**3 to 3 ½ Years:** Theme: The preschooler want to be competent. He is proud of his accomplishments and seeks approval and reassurance from his caregivers. Foods have more appeal when he can help select and prepare them or can make them “fun” to eat.

Ask: How does N help you get meals on the table? What is she able to do? Is N a vegetable eater? What are her favorites? Which ones does she like?

Say: N really wants to please you. Did you know you are the most important person in the world to her? Here are some ways she can help you....What do you think?

**Developmental Features**

**What to Discuss**

The preschooler enjoys feeding and dressing himself. He communicates his wants and needs by language and likes to socialize.

He becomes more skilled at eating with a spoon and can learn to use a fork. He spills food less.

He wants to please his caregivers and is willing to listen. He wants to help. He refuses foods less often and is more willing to try new ones.

The preschooler develops his imagination. He likes to create and enjoys foods that are fun.

Discuss how preschoolers like to please their caregivers and enjoy helping them with household chores. Give examples or ask the caregiver what her child can learn when the two shop for or prepare foods to eat. Preschoolers can learn to identify shapes and colors and learn numbers. The caregiver should praise the child for her efforts. She can announce to others at the table that N helped prepare the salad or casserole or made the paper placemats.

Explain that preschoolers are more receptive to trying new foods when they see their caregivers eating them. The caregiver should offer the child food that she might not like so that the child can decide on her own if she likes the food.

Explain how preschoolers can learn to serve their own portions. If they take too much, they should not be forced to eat it, but can be gently reminded to take a smaller serving next time. Preschoolers can be taught please and thank you and learn to pass foods to others at the table.

Discuss how preschoolers want to do things for themselves but still need the help of their caregivers in certain areas. Tooth brushing is an example. Caregivers should help hold the toothbrush to clean hard to reach areas and should floss the child’s teeth. Toothpaste can be used if the child can spit it out.

Review the Food Guide Pyramid as needed.

**3 ½ to 4 Years:** Theme: The preschooler needs snacks to obtain essential nutrients for growth and good health. He can learn to choose and prepare healthy snacks using the Food Guide Pyramid. Fats and sugars can be eaten in moderation.

Ask: What kinds of snacks does N eat? Does N ask you for water? Often? Do you ever worry that N eats too much fat? Too much sugar? How do you handle it? What about other people who feed her?

Say: Kids need snacks to get everything they need to grow.... Here are a couple of ideas....What might work?

**Developmental Features**

**What to Discuss**

Preschoolers continue to learn new information about the world they live in. Their skill with language develops at a rapid rate. They are more sociable and play cooperatively with other children.

Their skill at eating progresses and they can learn to eat with a fork. Their attention span increases so they can sit longer at the table and socialize with others. They enjoy the company and praise of their caregivers.

They continue to grow steadily and need healthy snacks to get the nutrients and calories their bodies need. Between the ages of 2 and 5, the child can begin to follow dietary practices that are moderate in fat and sugar.

Discuss how children can benefit from snacks. Foods for snacks can be selected from the Food Guide Pyramid.

Discuss the timing of snacks, at least 2 hours before a meal.

Discuss the size of a snack.

Explain how children can eat some foods high in sugar and fat, but that these foods should not be eaten in excess since the growing child needs the right foods for her growing body.

Explain why water is a better choice than tea or sugar flavored drinks like punch for the child to drink between meals and snacks.

<b>4 to 4 ½ Years:</b>	Theme: The child enjoys learning. Shopping for and preparing foods continue to offer opportunities for him to learn about foods, numbers, colors, shapes, and sizes. He likes to learn about his body and can learn where foods fit in the Food Guide Pyramid and how foods help him grow. He can learn to prepare simple meals.
<p>Ask: How does N react when you ask him to do something? What do you do? Is N still eating well? What has changed? How do you handle it?</p> <p>Say: N should enjoy learning how food helps his body grow. He will listen to you if you tell him how. Here are some ideas to try....What do you think about them?</p>	
<b>Developmental Features</b>	<b>What to Discuss</b>
<p>The preschooler continues to learn and improve language skills. He becomes confident and may start to be boastful and to question, “Why do I have to?” He tells tall tales and uses his imagination. He is proud of his accomplishments.</p> <p>He can learn how food makes his body healthy and can begin to learn how to classify foods into groups, like fruits or breads.</p> <p>He develops more dexterity with his hands so can assist at a higher level with food preparation. He can pour cereal into a bowl.</p> <p>He benefits from play activities that help him be creative.</p>	<p>Discuss how children may revert to some old habits like refusing foods. This is temporary, but requires that the caregiver be patient and consistent when enforcing rules.</p> <p>Remind the caregiver that food should not be used to reward or punish a child. As needed, review the job of the caregiver and the child.</p> <p>Review the Food Guide Pyramid with respect to increased portion size (about ½ of the adult’s size). Talk about strategies for any “problem” foods as needed.</p> <p>Discuss how the preschooler can be taught to use a dull knife to spread peanut butter on bread to make a sandwich. He is not ready for sharp knives and cannot cut foods with a knife.</p> <p>Discuss how the child may be ready to try a lower fat milk. Start with reduced fat milk. Explain that all types of milk contain the same nutrients except for fat and calories. If milk is a “problem” food, offer strategies. The child should consume a daily total of 24 ounces of milk (or its equivalent) to obtain an adequate amount of calcium.</p>

<p><b>4 ½ to 5 Years:</b></p>	<p>Theme: The child is entering the school-age years where learning becomes her work. She learns best when she is adequately fed. She can make simple choices about and assist in the preparation of breakfast. Because her activity level may decline, time should be set aside for the family to be active.</p>
<p>Ask: What foods does N like to eat for breakfast? Is it hard to find time for breakfast? What might you and N do to make sure both of you get breakfast? What kinds of activities do you and N like to do together? How do you think things will change once N enters school?</p> <p>Say: Breakfast is such an important meal for both of you. It's hard to find the time to make it happen. Here are a couple of ideas that might work....What might work for you?</p>	
<p><b>Developmental Features</b></p>	<p><b>What to Discuss</b></p>
<p>The preschooler is about to enter the school age years. The skills and abilities he has acquired will help him do well.</p> <p>He is still growing and needs the nutrients and calories provided by foods. He learns better when he eats breakfast daily.</p> <p>His food choices are influenced by what his playmates eat and what he sees on television. His caregivers' example continues to be a major influence.</p> <p>He may start to prefer quiet activities and needs opportunities to remain physically active.</p>	<p>Discuss why breakfast is important. Offer ideas for breakfast meals. Ask the caregiver for her ideas. Offer information about the school breakfast (and lunch) program, as appropriate.</p> <p>Talk about the need for families to eat together. These are opportunities to learn and to socialize.</p> <p>Discuss how children become more sedentary and need opportunities for physical activity. Suggest ideas for family activities such as walks or a game of catch. Ask caregiver for her ideas.</p> <p>Discuss how preschoolers enjoy learning about their bodies. The caregiver can teach her child how to make his own healthy food choices from the Food Guide Pyramid.</p>

## Appendix 1 Motor Skill Development

Age:	Gross Motor Skills:	Fine Motor Skills:
1	<p>Begins walking, stiffly with wide stance, falls often.</p> <p>Walks upstairs with assistance. Slides down stairs backwards, one step at a time.</p>	<p>Grasps a small object with thumb and forefinger. Likes to hold and drop objects.</p> <p>Builds a tower of 1 to 2 blocks.</p>
1½	<p>Walks with feet closer together, falls less often; runs, falls when turns a corner.</p> <p>Walks up and down stairs, holding on to rail, both feet on each step.</p> <p>Throws a ball overhand without losing balance.</p>	<p>Builds a tower of 3 to 4 blocks.</p> <p>Holds and drops objects.</p> <p>Throws.</p> <p>Likes to empty containers.</p>
2	<p>Runs more smoothly, climbs, jumps off bottom step.</p> <p>Carries objects while walking. Likes to push and pull.</p> <p>Opens drawers and cabinets.</p>	<p>Turns knobs and flips switches.</p> <p>Unscrews jar lids.</p> <p>Opens containers.</p> <p>Builds a tower of 6 to 7 blocks.</p> <p>Scribbles and fingerpaints.</p>
3	<p>Kicks a ball.</p> <p>Alternates feet going up stairs, but not down.</p> <p>Throws a ball.</p> <p>Enjoys playground equipment</p>	<p>Copies and draws simple shapes.</p> <p>Likes to take things apart and put them back together.</p> <p>Holds a crayon with fingers instead of fist.</p>
4	<p>Agile. Walks on tiptoe, jumps forward and in place.</p> <p>Catches a ball with arms straight.</p> <p>Plays structured games like tag.</p>	<p>Enjoys drawing. Cuts with dull scissors.</p> <p>Eats with a fork.</p> <p>Dresses and undresses self.</p>
5	<p>Agile. Hops on one foot, skips. Jumps rope.</p> <p>Catches small and large balls.</p> <p>Walks up and down stairs alternating feet.</p>	<p>Ties shoes.</p> <p>Prints letters.</p> <p>Draws simple pictures.</p> <p>Uses a dull knife to spread.</p>

## Appendix 2 Language Development

Age	Words spoken:	Communication Skill:
1	3 – 4, plus mama, dada	1 word sentence with inflection, such as “Drink?” “Up!” Comprehends much of what he hears.
1½	10 or more	1 – 2 word sentences . Can point to a few body parts when named. May shake head to communicate “no.”
2	200	2 – 3 word sentences, still with inflection. “Want drink!” “All gone!” Asks “What that?” Understands 1 to 2 step commands, such as “Put your book on the table.” or Pick up the book and put it on the table.” Refers to self by name. Understands “mine!”
3	900	3 – 4 word sentences. Asks questions, why, what, and how. Talks constantly. Names familiar objects, such as body parts. Enjoys songs. Imitates new words. Other adults can understand speech.
4	1500	4 – 5 word sentences. Asks many questions. Tells stories and invents “silly” words. Enjoys word games, songs.
5	2100	6 – 8 word sentences. May be able to follow a 3-step command, such as “Put the toys in the toybox, wash your hands, and come to the table.”

### Appendix 3 Self Feeding Skills

Age:	Self-Feeding Skills:
1	<p>Eats with much spilling. Uses thumb and forefinger (pincer grasp) to pick up small pieces of food and put them in her mouth. May use entire hand (palmar grasp) to put food in her mouth. Holds a spoon with her fist and transfers food to her mouth, often rotating spoon so contents spill out. Explores texture of food using all 5 senses. "Finger paints" with foods. Puts food in her mouth and takes it out again. Drops food on floor. Uses both hands to drink from a cup. Tips head and cup back when swallowing and may use sucking motion. Has 8 to 10 primary teeth. Uses gums to mash and chew foods. Has not mastered lateral tongue movement or rotary chewing. Swallows food whole or partially chewed. Biting tough food requires the whole body. At high risk of choking.</p>
1½	<p>Eats with much spilling. Uses fingers to eat foods. Uses scooping action when eating from a spoon. Little or no rotation of spoon. Uses fingers to place some foods like peas in the spoon. Explores food with 5 senses. Drops food. Puts food in mouth and takes it out again. Learns to drink from a small cup with no lid. Uses fingers to manipulate tipping of cup at mouth. Still at high risk of choking because of immature chewing and swallowing.</p>
2	<p>Eats with less spilling. Fingers are stronger. Wrist flexes, allowing greater control of spoon, so more food enters the mouth. Improved skill at chewing but still at high risk of choking. Holds and drinks from a cup with 1 hand. Misjudges distances so tips over cups. Peels a banana if cut from the top. Takes wrappers off foods. Can use a straw to drink. By 2½ to 3 years, has all 20 primary teeth.</p>
3	<p>Eats with little spilling. Fingers work independently as well as together so can hold spoon with fingers, not fist. Can learn to use a fork (spear and lift motion) to eat cut-up foods. Large foods like meats should be cut up to facilitate chewing and prevent choking.</p>
4	<p>Eats with little spilling. Uses spoon and fork well. Eats some "hard to eat foods" with fingers. Drinks from a cup well. Large foods like meats must still be cut up. Uses a napkin to wipe mouth and hands.</p>
5	<p>Eats with little spilling. Uses a spoon and fork but still uses fingers to eat some "hard to eat" foods. Can learn to use a dull knife to spread, but not cut foods. Can prepare simple foods and pour cereal into a bowl. Can pour milk from a small pitcher.</p>

## **Appendix 4 - Lift the Lip Exam**

### **How to conduct a *'lift the lip'* exam:**

- Sit on the floor or on a couch or bed, with the child lying in front of the caregiver with the child's head in her lap, feet pointing away.
  - Check both sides of the teeth (the front and the inside surfaces), lift the upper lip to check the front surface, and check the back of the teeth with a dental mirror. Gently pull down the lower lip and repeat the above steps to assess these teeth.
  - Look for white areas or dark spots that are signs of decay.
  - Check the surfaces of the teeth to make sure they are clean.
  - Check the number of teeth.

It is important to conduct a lift the lip exam once a month. If a caregiver sees something unusual on her child's teeth it is important to schedule a visit with the dentist as soon as possible.

## Notes for My Clinic

The type(s) of water in the community served by this clinic:

	Contains fluoride:	
City	Yes	No
Well	Yes	No
Cistern	Yes	No
Local spring	Yes	No
	Yes	No

If the water does not contain fluoride, we recommend:

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### Other notes:

How to order the **Help me be healthy** pamphlets:

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**Find out more. Check out this website:**

[www.familyfoodzone.com](http://www.familyfoodzone.com)

[www.KidsGrowth.com](http://www.KidsGrowth.com)

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