

EARLY HEAD START TIP SHEET

No. 45

Use of Feeding Chairs with Trays in EHS, August 2013

Can Early Head Start Programs Use High Chairs and Other Child-Sized Feeding Chairs?

Response:

Infants capable of sitting upright may sit in a “feeding chair,” defined here as a child-sized chair with an attachable tray that children may independently sit in and exit while being fed soft foods. Infants being bottle fed are always held. Feeding chairs with trays can provide infants and some toddlers with a mealtime space that reduces distractions and limits food sharing among children. Most important, they can provide opportunities for intimate feeding experiences when the caring adult can give his or her full attention to one child.

Programs need to be mindful of the length of time children spend in feeding chairs with attachable trays and the intended purpose for doing so. Food is prepared before children are seated, and children who are finished eating are promptly cleaned up and removed from the feeding chair. When children are moving around freely, they learn more through exploration.

Generally, there are two styles of feeding chairs: low-to-the-ground chairs (where the seats are 10 inches from the floor) and traditional high chairs. Selection of which style and height of feeding chairs to use depends greatly on the program option and the age/stage of children being served.

Center-Based Programs

Many center-based programs opt for feeding chairs or other furniture that is low to the ground (such as child-sized tables and chairs), because traditional high chairs are not recommended¹ for group care due to the

- potential risk of injury from falling out or from the chair tipping over when children use it to pull up to stand;
- reduced opportunity for social interaction during meals and snacks when child-sized furniture is used for older children’s mealtimes; and
- amount of floor space they take up that could otherwise be used for play.

Family Child Care and Home-Based Programs

Many families, family child care providers, and home-based programs use traditional high chairs in their homes or group socialization settings so that children can be placed near the adult-sized dining table and participate in mealtimes. In these settings, using traditional high chairs may be suitable for providing individual feeding care.²

Selecting Feeding Equipment and Furniture

Programs should consider the following when selecting which type of furniture and equipment to use for feeding and mealtimes:

¹General Services Administration Child Care Center of Expertise, 2005, 7.7.7.

²Cryer, Harms, and Riley, 2004, 20.

- **Compliance with all health and safety regulations**
- **Opportunity for social interactions**
- **Intentional individualized care and learning**, where the child is the focus of the experience and the caring adult's attention
- **Proper sitting**, where the feeding chair supports the baby in maintaining correct anatomical posture while seated
- **Philosophy and curriculum**

Health and Safety

Programs must follow all local, state, and national regulations regarding the use of feeding equipment and furniture, as well as the implementation of mealtime services. Programs should also consider systematic methods for learning about manufacturers' guidelines and recalls of equipment. "High chairs shall be labeled or warranted by the manufacturer in documents provided at the time of purchase or verified thereafter by the manufacturer as meeting the *American Society for Testing Materials (ASTM) Standard F404-99a Consumer Safety Specification for High Chairs.*"³ When feeding chairs are used (whether they are low to the ground or traditional), staff must do the following:

- Clean, sanitize, and dry all surfaces between uses. This includes all of the corners and grooves where crumbs may fall and/or small fingers may touch (i.e., underside of the tray or table and/or crevices of seat cushions).
- Properly monitor for safety at all times. High chairs must be stable both when occupied and when not in use, because mobile infants and toddlers may be tempted to pull up to stand or even climb up on them. Some programs opt to store high chairs in a conveniently located closet between meals and snacks.
- Securely strap in the children rather than rely upon the trays as a safety restraint.⁴
- Refrain from using feeding chairs as restraining devices or for disciplinary purposes, such as limiting the mobility of an overly active toddler.
- Provide ample and appropriate spacing of chairs to limit distractions and prevent food sharing among eaters. However, appropriate visual and verbal interactions among peers and adults can support development.

Social Interactions During Meals and Snacks

Early Head Start programs should ensure that all feeding equipment and furniture fosters personalized care where each child is the center of the caring adult's attention. To facilitate social interactions among and observation of children, consider the following:

- Positioning and, when possible, adjusting the feeding chair's height so that high chair users are near children and adults eating at the dining table. This provides better opportunity for all children to have visual and social contact with their peers.
- Providing adult-sized seating that comfortably places adults at the correct height and distance among the children who are eating.

Intentional, Individualized Care, and Learning

³American Academy of Pediatrics, American Public Health Association, and National Resource Center for Health and Safety in Child Care and Early Education, Standard 5.081 2002, 220.

⁴HSPPS Guidance for 1304.23(c)(4), 2001, 111.

There may be occasions when it is developmentally appropriate for a child to use a feeding chair with a tray during specific and intentional planned experiences other than meals (e.g., to promote/support sitting posture during sensory play). The child's individualized curriculum and/or individualized family service plans (IFSPs) should document goals and objectives of the learning experience and state how/why using a feeding chair with a tray is essential for successful progress. As with all planned experiences, staff members develop goals, design and implement plans, and assess the child's progress in partnership with the family. Again, **programs need to be mindful of the intended purpose for feeding chairs and the length of time infants and toddlers are placed in these chairs. When the activity is finished, the child should be cleaned up and allowed to engage in other learning opportunities.** Feeding chairs are not to be used to confine or purposely prevent a child from moving around freely.

Proper Sitting Posture

To promote healthy physical development and to prevent choking during meals, furniture and equipment should be specifically designed for feeding and should promote proper sitting posture. Proper sitting posture ensures correct head alignment, which is crucial for the development of visual motor skills. In addition to decreasing the chances of choking during meals, erect posture is necessary for lung expansion and good breathing. It also promotes good tone for stomach and back muscles. Children who cannot sit up independently should not be placed in any kind of seating, unless it is part of an IFSP.

Sitting properly can be an issue for infants and toddlers who have poor muscle tone or who have not yet developed the ability to sit upright on their own. For children needing additional aid with sitting, staff should work with families, health advisors, and early intervention staff to know how to appropriately and safely provide physical support and/or prop up a child during meals. Programs should not place children in any type of seat when their

- heads tilt to the side;
- trunks lean to the side;
- bodies slump down; and
- legs and feet dangle (e.g., exersaucers, walkers, or group feeding tables with inserted "bucket" seats).

When programs opt to use table-and-chair sets, they must be proportional to the size of the children using them. The *Infant-Toddler Environment Rating Scale—Revised* defines *child-sized* chairs as "chairs that allow children to sit back in the chair with feet touching the floor (not necessarily flat on the floor)." A child-sized table allows children's knees to fit under the table while their elbows are comfortably above the table surface. High chairs and group feeding tables that toddlers must be placed into by an adult are not considered child-sized."⁵

Philosophy and Curriculum

Some developmental philosophies do not advocate use of any style of feeding chairs with trays for children capable of sitting independently, because feeding chairs with trays reduce children's opportunities to gain better control of their movements and balance. Instead, programs that follow such a philosophy use child-sized table-and-chair sets to allow children to maneuver in and out of their own seats, fostering their sense of independence and self-regulation.

Questions to Consider for Planning and Programming:

⁵Cryer et al., 2004, 26.

- How does the program ensure that “feeding chairs” meet all health and safety requirements? Are feeding chairs safe, sturdy, and steady?
- How does the program ensure that the feeding chairs have functioning safety belts to secure and prevent children from falling and that staff properly use restraining belts?
- How does the program ensure that seats and trays are properly cleaned and sanitized between uses?
- How does the program ensure that children using feeding chairs are included in conversations and feel a part of the social experience that meal times can offer?
- How does the program prevent mobile children from using high chairs as climbing structures? Can the high chairs be stored when not in use? Is the storage location conveniently located so as not to delay meals or disrupt activity?
- How does the program ensure that high chairs are used only for their intended purpose(s) and that children occupy them for reasonable lengths of time (enough time to engage in and successfully complete the activity but not enough to become bored or restless)? How does the program’s philosophy and/or curriculum choice relate to their choice and use of mealtime furniture and equipment?
- How does the program ensure that all staff members acquire the appropriate knowledge and skills to ensure safe seating arrangements for all children? How does the program partner with the Part C and health community to access this knowledge and training?

Performance Standards, Title 45, Code of Federal Regulations:

- 1304.53(b)(1)(i)-(vii) Grantee and delegate agencies must provide and arrange sufficient equipment, toys, materials, and furniture to meet the needs and facilitate the participation of children and adults. Equipment, toys, materials, and furniture owned or operated by the grantee or delegate agency must be:
 - (i) Supportive to the specific educational objectives of the local program;
 - (ii) Supportive of the cultural and ethnic backgrounds of the children;
 - (iii) Age appropriate, safe, and supportive of the abilities and developmental level of each child served, with adaptations, if necessary, for children with disabilities;
 - (iv) Accessible, attractive, and inviting to children;
 - (v) Designed to provide a variety of learning experiences and to encourage each child to experiment and explore;
 - (vi) Safe, durable, and kept in good condition; and
 - (vii) Stored in a safe and orderly fashion when not in use.
- 1304.23(c)(4) All toddlers and preschool children and assigned classroom staff, including volunteers, eat together family style and share the same menu to the extent possible.
- 1304.23(c)(5) Infants are held while being fed and are not laid down to sleep with a bottle.
- 1304.23(b)(1)(vii) Meal and snack periods in center-based settings must be appropriately scheduled and adjusted, where necessary, to ensure that individual needs are met. Infants and young toddlers who need it must be fed “on demand” to the extent possible or at appropriate intervals.
- 1304.23(b)(2) Grantee and delegate agencies operating home-based program options must provide appropriate snacks and meals to each child during group socialization activities.
- 1304.3(a)(5)(i)-(iv) The curriculum is consistent with the Head Start Program Performance Standards and is based on sound child development principles about how children grow and learn. Curriculum means a written plan that includes:

- (i) The goals for children's development and learning;
 - (ii) The experiences through which they will achieve these goals;
 - (iii) What staff and parents do to help children achieve these goals; and
 - (iv) The materials needed to support the implementation of the curriculum.
- 1304.3(7) Developmentally appropriate means any behavior or experience that is appropriate for the age span of the children and is implemented with attention to the different needs, interests, and developmental level and cultural backgrounds of the individual children.

Resources

American Academy of Pediatrics, American Public Health Association, and National Resource Center for Health and Safety in Child Care and Early Education. *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs*, 3rd ed. Elk Grove Village, IL: American Academy of Pediatrics and Washington, DC: American Public Health Association, 2011. Accessed August 9, 2013, at <http://cfoc.nrckids.org/>

Benjamin Neelon, Sara E., and Margaret E. Briley. "Position of the American Dietetic Association: Benchmarks for Nutrition in Child Care." *Journal of the American Dietetic Association* 111, no. 4 (April 2011): 607–615. Accessed August 9, 2013, at <http://www.eatright.org/About/Content.aspx?id=8366>

Cryer, Debby, Thelma Harms, and Cathy Riley. *All About the ITERS-R*. Lewisville, NC: Kaplan Early Learning Company, 2004.

General Services Administration (GSA) Child Care Center of Expertise. "Eating/Table Area," Section 7.7.7: *Head Start Design Guide: A Guide for Building a Head Start Facility*, 2nd ed. Washington, DC: Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Head Start Bureau, 2005.

Harms, Thelma, Debby Cryer, and Richard M. Clifford. *Family Child Care Environment Rating Scale—Revised*. New York: Teachers College Press, 2007.

Harms, Thelma, Debby Cryer, and Richard M. Clifford. *Infant and Toddler Environment Rating Scale—Revised*. New York: Teachers College Press, 2003.

The Program for Infant/Toddler Care (PITC). *Space to Grow: Creating a Child Care Environment for Infants and Toddlers*, 2nd ed. DVD. Sacramento, CA: California Department of Education and WestEd, 2004.

U.S. Department of Agriculture/Food and Nutrition Service. *Feeding Infants: A Guide for Use in the Child Nutrition Programs*. Alexandria, VA: Author, December 2001. Accessed August 9, 2013, at http://www.fns.usda.gov/tn/Resources/feeding_infants.pdf#xml=http://65.216.150.153/taxis/search/pdfhi.txt?query=feeding+infants&pr=FNS&prox=page&rorder=500&rprox=500&rdrfreq=500&rwfreq=500&rlead=500&rdepth=0&sufs=0&order=r&cq=&id=4cb3ab7b11.

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This Tip Sheet is not a regulatory document. Its intent is to provide a basis for dialogue, clarification, and problem solving among Office of Head Start, Regional Offices, TA consultants, and grantees. If you need further clarification on Head Start Policies and regulations, please contact your Regional Program Specialist.