Georgia Dept of Early Care and Learning
BRIGHT FROM THE START

CHOP LOOK LISTEN



FAQ Sheet



To help prevent choking, all solid foods served should be mashed, shredded, or cut into pieces:

- **¼ inch or smaller for infants**
- **½ inch or smaller for toddlers**
- **Manageable bite size pieces for older children**

1. Food Size

Q Are the food sizes stated in Georgia licensing rules required for all foods, or only high risk foods?

A To help prevent choking, all solid foods should meet the food size requirements listed above, not just high risk foods.

2. Foods Not Allowed

Q What foods are not allowed per Georgia licensing rules, and is there any instance when we could safely serve these foods?

A Foods that are associated with young children's choking incidents, such as, but not limited to, peanuts, hot dogs, raw carrots, popcorn, fish with bones, cheese cubes, grapes and any other food that is of similar shape and size of the trachea/windpipe **cannot** be served to children less than 4 years of age at any time, even with modifications.

3. Understanding the Rules

Q Where can I find the food service and mealtime supervision rules for licensed programs in Georgia?

A Child Care Learning Centers (CCLCs):
591-1-1-.15 (1-12) Food Service and Nutrition
591-1-1-.32 (7) Staff:Child Ratios and Supervision

Family Child Care Learning Homes (FCCLHs):
290-2-3-.10 (1-19) Nutrition and Food Services
290-2-3-.07 (18) Staffing and Supervision

All licensing rules can be found in the Indicator Manuals, with full explanations of the rule, including intent, what licensing consultants will look for, and tips to help programs meet compliance.

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4. Mistakes from the Kitchen

Q How should we handle it when food brought to the room is not correctly sized for the children?

A A teacher may be unable to safely supervise children while cutting food and should call for assistance if needed. However, serving food that has not been cut to the required size is not an acceptable alternative, as it creates a life-threatening choking hazard for infants and toddlers. Food must be cut to the required size before it is served.

5. Difficult to Dice

Q What should we do with foods that are difficult to cut into small pieces?

A Consider an alternative to use, such as applesauce or mashed baked apples, instead of diced raw apples.

6. Goldfish and Crackers

Q Can we serve goldfish and crackers to infants and toddlers?

A Goldfish crackers and similar foods may be appropriate only for older children if they cannot be cut small enough to meet safe serving size requirements for infants and toddlers. Goldfish Baby crackers and softer grain options are typically easier to serve in compliant sizes.

7. Sausage Links

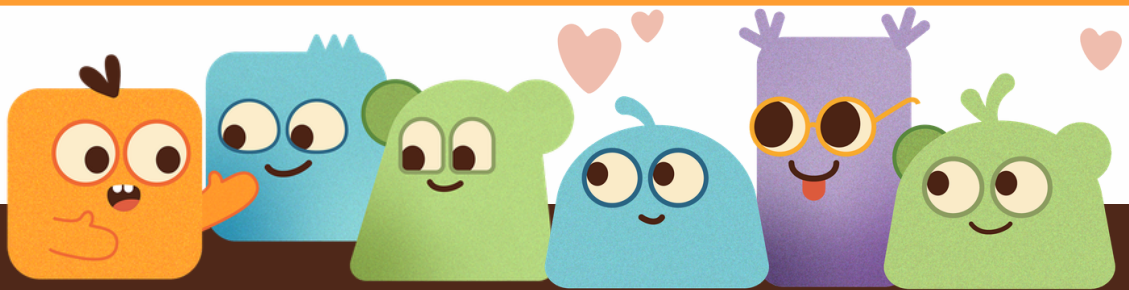
Q Can we serve sausage links or pancakes on a stick if it's cut up into the required size?

A Sausage links and pancakes on a stick should only be considered for school age children. Children less than 4 years old should not be served any food of similar size and shape to a child's trachea/windpipe, such as sausage links, even if cut up into smaller pieces.

8. Fresh Fruits

Q How can we safely serve fresh fruits? What about fruits that have seeds or a skin membrane?

A Fresh fruits can be served mashed for infants, and diced or sliced into matchstick or thin strips for toddlers. All seeds and membranes must be removed. Choose soft, ripe fruits, or cook or bake them to soften them.



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To help prevent choking, observe children while they are eating.

- **Sit at the table with the children.**
- **Stay within an arm's reach away from children 36 months and younger while they are eating.**
- **Make supervision the top priority during meals and snacks.**

9. Mealtime Supervision

Q When the rule says teachers must remain "within arm's reach" of children 36 months and younger when eating, does it literally mean *within arm's reach*?

A Yes. A teacher must remain seated and within one arm's length away from all infants, toddlers, and children 36-months of age who are eating. Being seated helps the teacher to see children's faces and visually supervise, which is necessary since choking is often silent. Remaining within arm's reach allows the teacher to quickly react if a child begins choking and needs help. When choking occurs, a quick response is essential to save a child's life.

10. Three Year Olds

Q The mealtime supervision rule requires teachers to remain seated and within arm's reach of children 36 months and younger. Does this include 3 year old classes, or just infant and toddler classes?

A Yes, the rule does include young 3-year-olds who are 36 months old. To make this easier, many programs will wait to promote children out of the toddler class into a 3-year-old class until they are at least 37 months old.

11. Children Remain Seated

Q Are children required to remain seated when eating and drinking, or just when eating?

A To help keep children safe, each child must remain seated for the entirety of the meal or snack time until they finish eating and drinking. Remaining seated during water breaks is also encouraged, but not required.

12. High Chairs

Q Do teachers need to sit while feeding children in high chairs, or can they stand?

A Yes, to meet the mealtime supervision rule, teachers should still remain seated when feeding children in high chairs.

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13. Helping Other Children

Q Can a teacher leave the table briefly to help another child or throw plates away?

A Only if another teacher is still seated at the table within arm's reach of all children eating.

14. Sitting Between Tables

Q Can a teacher sit between tables, or slide tables together to supervise more than one table during mealtime?

A While children 36 months and younger are eating, a teacher must be seated within arm's reach of every child. Sitting between tables or combining tables often does not meet this requirement because some children may be too far away. In most cases, unless the tables are small, the best practice is to have at least one teacher seated at each table, positioned in the center of the longest side.

15. Serving Food

Q Can teachers stand when serving food, passing out plates, pouring milk, or getting seconds?

A From the first child served until the last child finishes eating, a teacher must remain seated and within arm's reach of every child 36 months and younger. To support compliance, use family-style dining or have pre-plated meals and milk ready before children come to the table. Keep second helpings within the seated teacher's reach.



Sit and engage with the children.

- **Listen to be aware if a child may be having any difficulty chewing or swallowing while they eat.**
- **Listen to what children are talking about and use their interests to encourage meaningful mealtime conversations.**

16. Mealtime Conversations

Q What can we talk about with children during meals?

A Almost anything goes for mealtime conversations! Fun mealtime topics include: morning play activities children enjoyed, weekend activities, new brothers and sisters, children and teacher's favorite foods and mealtime traditions, the food served and how its grown, how food tastes, sports children play, recent trips or visitors, upcoming events children are excited about, etc.

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17. Picky Eaters

Q How can we support children with swallowing difficulties, picky eating habits, or other uncertainties that can impact eating safely during mealtime?

A Supervise closely by seating these children nearest to a teacher. Patiently encourage them to taste small amounts, and talk to them positively about the food, including naming it and describing how it tastes.

18. Gagging vs. Choking

Q How can I tell the difference between gagging and choking? Do they look different?

A Gagging is the natural reflex that occurs when food touches the back of the throat, briefly causing the breathing tube to close and pushing food forward again to be spit out or swallowed. A child who is gagging may cough loudly, have watery eyes and a red face, and may spit out food. The child continues to breathe when gagging occurs, and it is not a medical emergency. It typically resolves on its own.

Choking occurs when the airway is completely blocked and a child cannot breathe. When a child is choking, it is often very quiet because air is not getting through. A child may have a silent or weak cough, absent or difficulty breathing, and their face may turn blue, pale, or ashen. Choking is a medical emergency and immediate response is required.



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Practical Tips for Success

- Plan meals that meet USDA requirements and meet food size requirements easily. Ensure your cooking staff is adequately trained on these requirements.
- Use floaters to provide additional mealtime support in infant and toddler classrooms. Avoid scheduling teacher breaks during meals, as additional staff help reduce choking risks.
- Pre-plate food in the kitchen and stagger class mealtimes so cooks have time to prepare, deliver, and set up meals before children are seated, freeing teachers up to concentrate on supervision.
- Administrators should observe kitchen preparation and classroom practices daily to ensure requirements are followed. When floaters are unavailable, administrators may need to assist during meals and snacks.

Resources

Choking Prevention Resources

FCCLH Indicator Manual

SCAN ME

CCLC Indicator Manual

SCAN ME

More Information

- For more information about free onsite or virtual **professional development** related to responsive caregiving and feeding for infants and toddlers, please reach out to DECAL's Infant Toddler Program at **Infanttoddler@decal.ga.gov.**
- For questions about **licensing related food service and mealtime supervision** rules, please reach out to Child Care Services at **ChildCareServices@decal.ga.gov.**
- For questions about **nutritious meals and snacks,** please reach out to DECAL's Nutrition Services at **NutritionTA@decal.ga.gov.**