

## Review of Normative Scores on the Child Assessment of Functional Eating (C.A.F.E.)

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**PURPOSE:** The purpose of this research is to share the normative sample data obtained on the new Child Assessment of Functional Eating (C.A.F.E.) tool. Feeding and eating is an important self-care skill routine accomplished in young children that is life sustaining. A child's ability to eat is critical to overall health and wellness, and the daily routines surrounding feeding and eating play an integral role in emotional development, social interaction, and cultural understanding. As many as 50% of parents indicate that typically developing infants and young children may have a feeding problem (Miller, 2009) and up to 80% of children with known developmental delays have feeding difficulties (Phalen, 2013). Parental and pediatrician concerns lead to referrals for feeding evaluations to make sure we address the needs of the child as early as possible to minimize potential growth failures or nutritional deficiencies. Occupational therapy practitioners are uniquely positioned to assess and treat difficulties associated with feeding because of our holistic perspective of recognizing and assessing not only the physiological factors but also the psychosocial, cultural, and environmental factors involved with these aspects of daily performance (American Occupational Therapy Association, 2017). Occupational Therapists have a wide variety of feeding assessment tools available, but most are focused on assessment of only one aspect of feeding. Each child's feeding issues vary due to their diagnosis, symptoms, behaviors, and preferences. Children often have deficits in multiple aspects related to feeding (motor, sensory, environmental, cognitive, etc.) that must be identified to determine the appropriate plan of care.

**DESIGN:** This research was designed to obtain normative sample scores on the C.A.F.E. The Child Assessment of Functional Eating (C.A.F.E.) was designed to measure mealtime feeding deficits in children, 3 to 7 years old, with ease and sensitivity to change. The C.A.F.E. consists of six subtests that include self-feeding, self-drinking, mealtime behaviors, oral motor skills, sensory food preferences, and nutritional food intake. Each subtest is scored individually and then an overall total scores is calculated. The design allows OTs to later administer the entire tool again or to administer just selected subtests as a way to show progress and developmental progression with age.

**METHOD:** Children with typical development and no known feeding disorders between the ages of 3 and 7 were recruited for participation on this research. IRB approval was obtained. Written parent consent was obtain. Child assent was obtained for each participant.

**RESULTS:** This research presents the scores on the C.A.F.E. from 63 typically developing children, 3 to 7 years of age. Results are presented per each of the five age groups and on each of the six subtests, as well as, the overall total score.

**CONCLUSION:** The results indicate that the C.A.F.E. was able to show a clear age progression normative score on five out of six subtests. The five subtests present with data to promote the use of this tool as a way to determine feeding delays in children between the ages of 3 and 7 years. The C.A.F.E. is an easy to administer standard assessment of feeding that can be utilized to determine feeding deficits and allows OTs to prioritizing feeding needs and design a customized evidence-based feeding intervention plan to address these needs. The C.A.F.E. provides a standardized assessment to analyze feeding abilities comprehensively.

### References

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