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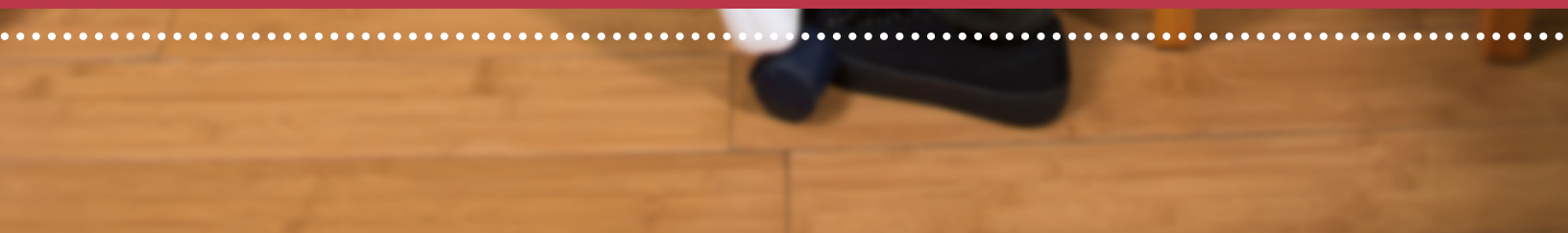
Food and Nutrition Service

TEAM NUTRITION • USDA

Feeding Infants

in the Child and Adult Care Food Program



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About Team Nutrition

What Is Team Nutrition?

Team Nutrition is an initiative of the United States Department of Agriculture's Food and Nutrition Service that supports national efforts to promote lifelong healthy food choices and physical activity by improving the nutrition practices of the Child Nutrition Programs. We provide resources to schools, child care, day care, afterschool, and summer meals sites that participate in these programs.

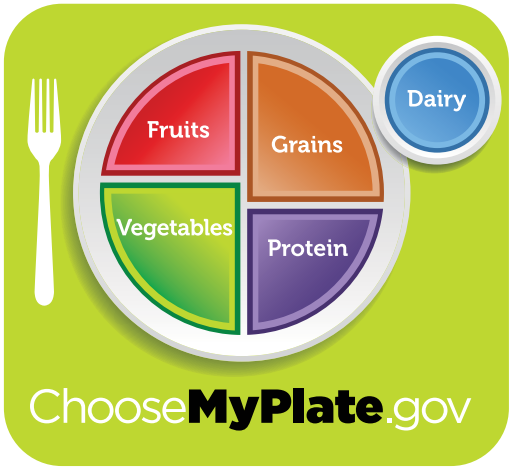
What Strategies Does Team Nutrition Use To Change Behavior?

Team Nutrition uses three strategies to change behavior:

1. Provide training and technical assistance to child nutrition professionals to enable them to prepare and serve nutritious meals that appeal to children.
2. Increase nutrition education through multiple communication channels to help children have the knowledge, skills, and motivation to make healthy food and physical activity choices as part of a healthy lifestyle.
3. Build support for healthy school and child care environments that encourage nutritious food choices and physically active lifestyles.

Team Nutrition Messages

The Dietary Guidelines for Americans are the basis of Federal nutrition policy, education, outreach, and food assistance provided through the Child Nutrition Programs. The Team Nutrition initiative helps schools, child care settings, summer meal sites, parents/caregivers, and children put the Dietary Guidelines for Americans into action through training, technical assistance, and nutrition education.



The MyPlate icon uses a familiar image—a place setting for a meal—to prompt consumers to build a healthy plate at mealtime. MyPlate also illustrates the five food groups, reminding everyone that these foods are the building blocks of a healthy diet. Team Nutrition helps communicate MyPlate messages to children and their caregivers through a variety of innovative delivery methods including hands-on activities, electronic games, songs, videos, lessons, stories, events, tweets, graphics, and gardens.

Introduction

Every day, the United States Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP) serves millions of infants, children, and adults across the United States. The CACFP provides a great opportunity to introduce infants and children to healthy eating habits. Good nutrition is important at every age, but is critical for the growth and development that occurs during a baby's first year.

How To Use This Guide

This guide will help child care providers understand the CACFP meal pattern requirements that were published in April of 2016, with an implementation date of October 1, 2017. It also includes best practices for feeding babies in a way that supports their growth and development. All child care centers and family child care homes that participate in the CACFP must offer meals to all infants in their care. This guide can help you do that.

Use this guide to answer questions you have about what to feed babies and how to offer meals that are reimbursable in the CACFP. Before reading this guide, take the Feeding Infants pre-test in **Appendix H** on **page 176**. Then, after reading the guide, take the test again to see how much you've learned.

Note

Every effort has been made to ensure the accuracy of the information in this guide. The guidelines provided align with CACFP policy memorandums as well as best feeding practices for babies. Several reviewers, including pediatricians, sponsoring organizations, State agencies, and Federal staff with expertise in the CACFP and infant nutrition provided feedback. Additionally, interviews were held with center-based and home-based child care providers to gather feedback from our target audience.

While this guide provides information on feeding infants within the CACFP, it does not include all of the information you may need when providing a healthy feeding environment for each individual baby in your care. For this reason, always talk with each baby's parents about their baby's usual eating habits.

If you are interested in reviewing the CACFP policy memorandums, they can be found online at: https://www.fns.usda.gov/cacfp/policy.

Use this guide to answer questions you have about what to feed babies.

Tip:

Handouts are included within the chapters of this guide. These can be used as quick reminders posted at your child care site. Or, you may wish to share them with parents as part of a conversation on what their baby is eating at child care.

The Importance of Partnering With Parents

Parents give you important information to help you care for their babies. Communicating with parents will help you know when to give certain foods to a baby and which foods to avoid. Each baby in your care has his or her own eating abilities. This is because babies grow and develop at different rates. You can make sure the babies are getting the best care possible by speaking with parents regularly and working together as a team.

Talk to parents icon

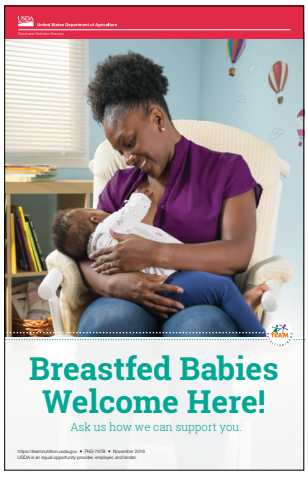
This icon is included throughout this guide to indicate different opportunities for you to interact with parents. Pause when you see this icon to discover new ways to connect with the families in your child care site.

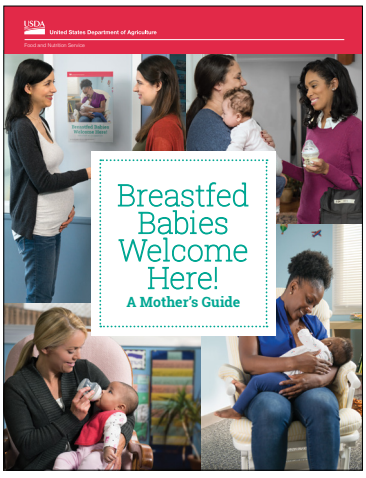
There are several parent handouts in this guide that you can use to communicate with parents on a variety of topics. In the **Table of Contents**, look for the handout icon to quickly find those resources. All of the parent handouts have a title that starts with **"For Parents"** to make it clear which handouts are specifically designed for child care providers to share with parents.

In developing this guide, USDA conducted formative research to make sure the materials were clear and helpful for child care providers, child care directors, expecting mothers, and current mothers. Both providers and mothers shared that communicating with each other was important to them, but a challenge. As a result, USDA has added an entire chapter to this guide dedicated to communicating with parents (see **Chapter 12:** Partnering With Families on **page 129**). In the chapter, you will find tips and sample scenarios to make talking to parents easier.

Breastfed Babies Welcome Here!

USDA





Visit the USDA Team Nutrition website for our "Breastfed Babies Welcome Here!" materials.

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Words To Know

The words listed in this chart are **bolded** the first time they appear in each chapter.

Term	Description
Baby bottle tooth decay	See **Tooth decay**.
Child and Adult Care Food Program (CACFP)	CACFP is a nutrition assistance program of the United States Department of Agriculture (USDA) that provides reimbursement for meals and snacks offered at certain child and adult care sites. Meals and snacks offered through the CACFP must meet nutrition standards.
Child care site	A space or building where a child care program operates. This includes both child care centers and family child care homes.
Child Nutrition (CN) label	A label on a food product that shows how the food credits towards one or more food components. The Child Nutrition Labeling Program is a Federal labeling program that is voluntary for food manufacturers.
Commercially prepared baby foods	See **Store-bought baby foods**.
Complementary foods	See **Solid foods**.
Creditable foods	Foods that may be counted towards meeting the CACFP meal pattern requirements for a reimbursable meal.
Developmental readiness	Over time, a baby is able to control his or her large and small muscles and to digest certain foods. A baby is "developmentally ready" to eat solid foods with varying textures when certain abilities can be observed.
Enriched grains	Enriched grains are refined grains that have been processed to remove the nutrient-rich bran and germ, and then have certain B vitamins such as thiamin, riboflavin, niacin, folic acid, and iron added after processing. Enriched grains can be identified by a food label that includes the word "enriched" or an ingredients list that lists an enriched grain as the first ingredient or the second after water.

Expressed breastmilk	Milk that is removed from a woman's breast. This can be accomplished by hand expression, a manual or hand pump, or an electric pump.
Feeding skills	Developmental abilities needed for a baby to drink or eat. Skills include having head and neck control to be able to take in a spoonful of pureed food and move the food into his or her throat, the ability to pick up finely chopped pieces of soft food with his or her own hand or a few fingers to feed him or herself, etc.
Food allergy	A food allergy is a body's reaction to a protein in a food, called an allergen. Milk, eggs, fish, shellfish, tree nuts, peanuts, wheat, and soybeans are the most common allergens.
Foodborne illness	Sickness caused by eating unsafe food.
Food component	The name of a group of foods in a reimbursable meal in the CACFP. Food components include grains, vegetables and fruits, meat and meat alternates, and breastmilk/infant formula. Vegetables and fruits are combined into one component in the infant meal pattern.
Food intolerance	A food intolerance is a sensitivity to a certain food that makes it hard to digest. The most common intolerances are lactose intolerance and gluten intolerance.
Fortified grains	Cereal products that have certain B vitamins and iron added to them. To identify fortified grains, the food must be labeled as "fortified" and have an ingredient statement listing the vitamins and minerals that have been added.
Gag reflex	When a spoon or solid food is placed in the mouth, the food is quickly pushed out of the mouth on the tongue. This reflex is an important reason for waiting until a baby is developmentally ready to feed him or her solid foods.
Health care provider	A doctor, nurse practitioner, or other medical staff that can write prescriptions. In the CACFP, these are also called "State-recognized medical authorities."

Infant	A baby between the ages of birth through 11 months.
Infant cereal	Cereals designed for babies that are usually prepared by adding breastmilk or infant formula. Examples include infant wheat cereals, infant oat cereals, infant rice cereals, infant mixed grain cereals, etc. Infant cereals must be iron-fortified to meet the CACFP infant meal pattern requirements.
Iron-fortified infant formula	Infant formula that has iron added to it. Infant formulas must be iron-fortified to meet the CACFP infant meal pattern requirements.
Mashed foods	Foods prepared to have a lumpy texture.
Medical statement	A note written and signed by someone the State recognizes as a medical authority, such as a doctor or nurse who is also able to write prescriptions. The medical statement must include the name of the food to be avoided, explain how the food affects the baby, and be signed by the baby's health care provider. Recommended substitutions of foods can also be included on the medical statement. The medical statement must be kept on file in a secure location at the child care site.
Motor development	The development of movement. It includes gross motor development, which involves large muscles in the arms and legs. It also includes fine motor development, which involves small muscles in the fingers and toes. Certain types of motor development are part of child feeding, such as the ability to sit up, hold a spoon, and to chew foods.
On-demand feeding	Feeding a baby when he or she shows signs of being hungry.
Palmar grasp	When a baby uses his or her whole hand to pick up larger pieces of food or objects.
Pincer grasp	When a baby begins to use his or her thumb and index finger to pick up smaller pieces of food or objects.
Product Formulation Statement	A document from a food manufacturer that provides information on how a food product credits toward meeting the Federal meal pattern requirements.

Pumped breastmilk	Breastmilk that is collected from a woman's breast by a manual or hand pump, or electric breast pump. Breastmilk is usually pumped and collected in bottles or containers for immediate use or to be refrigerated or frozen for use at a later time.
Pureed foods	Foods that are blended to a very smooth texture.
Ready-to-eat cereal	Breakfast cereals that can be eaten without further preparation (for example, corn flakes, bran flakes, and whole grain O's). In the CACFP, ready-to-eat cereals must be made with enriched or whole grain meal or flour, or be fortified. The cereal must contain no more than 6 grams of sugar per dry ounce (see **Appendix D**: Choose Breakfast Cereals That Are Lower in Added Sugars on **page 145**).
Reflux	Reflux happens when some of the breastmilk or formula does not stay in the baby's stomach and is spit out. Most reflux gets better on its own as the baby grows.
Reimbursable meal	A meal or snack in the CACFP that meets meal pattern requirements.
Responsive feeding	The practice of recognizing and understanding when a baby is hungry or full and responding to those signs. Responsive feeding is related to all forms of feeding including breastfeeding, bottle feeding, and offering solid foods.
Rooting	When a baby's mouth, lips, cheek, or chin are touched by an object, the baby turns his or her head towards the object and opens his or her mouth. This reflex helps a baby find and grasp a nipple.
Single-component foods	Baby foods that are made up of only one CACFP food component (grain, vegetable, fruit, or meat/meat alternate). For example, a baby food that is made up of only bananas and apples is a single-component food because it contains only fruits.
Solid foods	Foods other than breastmilk and infant formula that provide nutrients to the baby. Solid foods may be pureed, mashed, ground, or finely chopped foods. Solid foods are also known as complementary foods.

Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	Food, nutrition counseling, and access to health services are provided to low-income women, infants, and children under the Special Supplemental Nutrition Program for Women, Infants, and Children, popularly known as WIC.
Store-bought baby foods	Baby foods that are made by a company and can be purchased at the grocery store. These are also called **commercially prepared baby foods**.
Sudden Infant Death Syndrome (SIDS)	The unexpected death of a baby less than 1 year of age. SIDS usually occurs during sleep.
Texture	The look, feel, and consistency of a food. Solid foods fed to babies may be changed in their textures based upon the developmental readiness of the baby. Descriptions of textures may include smooth, lumpy, chopped, ground, soft, or crunchy.
Tongue thrust	When the lips are touched, the baby's tongue moves out of the mouth. This reflex lets babies feed from the breast or bottle, but not from a spoon or a cup. When solid foods are started too early, the baby's tongue thrust reflex may push the food back out.
Tooth decay	Damage to the teeth caused by sugar from foods and beverages. The sugar is used by bacteria in the mouth to make acids that can cause damage to the teeth. This can happen when a baby drinks from a bottle for long periods of time, allowing the sugar in the liquid to pool around the teeth and gums and cause damage to the baby teeth. This is also known as baby bottle tooth decay.
Wean	A process by which the baby gradually gets used to something else. For example, a baby should be weaned off the bottle and switched to a cup before 18 months of age.

Chapter 1
Giving Babies a Healthy Start With the CACFP

What's In This Chapter?

By the end of this chapter, child care providers will be able to:

1. Describe how a baby's usual eating habits fit within the CACFP infant meal pattern.
2. Recognize when a baby is hungry or full.
3. List at least three feeding skills babies are born with or develop.
4. Use tools to help talk to parents about their baby's eating habits.
5. Identify when a meal or snack is reimbursable.

Taste preferences and eating habits are formed early in a child's life, making your **child care site** an important part of a child's experiences with food. As a child care provider, you support the development of children's eating habits and can help them get a healthy start. During the first year of life, **infants'** mouths change from being able to only suck and swallow breastmilk or infant formula to being able to chew **solid foods**. Early in their first year, babies need your help during a feeding. At around 8 months of age, they begin to learn how to feed themselves. As babies continue to grow, they are able to eat different kinds of foods. Feeding babies the right foods at the right times helps them enjoy new tastes and **textures**, get the nutrition they need, and avoid choking.

What Are Solid Foods?

Solid foods, also known as **complementary foods**, are foods that are changed to the right texture (e.g., **pureed**, **mashed**, ground, finely chopped, etc.) and can be fed to a baby when he or she is developmentally ready.

A Baby's Eating Habits

Babies may get hungry at times outside of typical mealtimes. They may need to eat more or less often than older children. Babies may also eat smaller or larger amounts from day to day. For this reason, physicians and dietitians recommend that babies be fed **on demand**, which means feeding them when they show signs of being hungry. Babies should be offered food when they are hungry even if that is not during the regular meal schedule at your child care site. In rare cases, a parent may provide written instructions that the baby be fed on a strict schedule for a medical reason.

The **CACFP** infant meal pattern takes a baby's usual eating habits into account. As long as all of the required foods and amounts of foods are offered to the baby during the day, the "meals" are **reimbursable** under the CACFP. Some babies may eat less than what you offer them, and that's okay! Never force a baby to finish what is in the bottle, bowl, or plate.

How can I get reimbursed when a baby does not eat at a normal mealtime?

You can claim reimbursement for a meal in the CACFP even if the baby eats the foods at two different times in the day. For example, the baby may be offered breastmilk at 9 a.m. for the breakfast meal and then be offered **infant cereal** and pureed fruit at 10:30 a.m. based on when the baby shows signs of being hungry.

Talking With Parents About Their Baby's Eating Habits

Talk with parents often about their baby's eating habits. Some important things you can learn by talking with parents are:

- their decision to feed breastmilk or infant formula.
- when and how much their baby typically eats at home.
- when the baby has started eating solid foods.
- when new foods have been given to the baby.
- information about any **food allergies** and **intolerances**.
- foods the family does not eat because of religious or other reasons.

Tip:

The CACFP does not require that you provide a daily activity chart, but it is a great way to communicate with parents.

Parents also rely on you for information to plan for the best care for their baby, such as knowing how much breastmilk to bring for the day. One way to provide information to parents is through a daily activity chart that you can send home each day. It could include things like what the baby ate, bowel movements and number of wet diapers, number and length of naps, and other important notes. Child care licensing in your State may already require this. See **Appendix A**: Sample Infant Daily Activity Chart on **page 139** for an example.

How Can I Tell When a Baby Is Hungry or Full?

Feeding "on demand" means feeding a baby when he or she shows signs of being hungry and stopping the feeding when the baby shows signs of being full. But how can you tell if a baby is hungry or full? Many people think that babies will cry when they are hungry. However, crying is a late sign of hunger. Crying can also mean other things besides hunger, such as wanting to be held or needing a new diaper. Babies may also cry because of gas or other sources of pain. Instead of waiting for a baby to cry, you can look for other signs that a baby is hungry, such as opening and closing his or her mouth or making sucking noises and motions. The next two tables in this guide on **pages 8 and 9** list and show pictures of other ways you can tell if a baby is hungry or full.

Responsive Feeding

Babies feel comforted and understood when you can quickly tell when they are hungry or full. If a baby shows signs of being hungry, prepare the breastmilk, infant formula, or solid foods for feeding. Feed the baby and let the baby stop eating when he or she is full. This gives the baby control over how much he or she eats during a feeding. It also helps the baby learn to eat when he or she is hungry and stop when he or she is full. Later in life, this will be an important skill for the child to have. Babies usually consume enough food to grow and develop when following this eating practice. If you or the parents have concerns that this is not the case, encourage the parents to discuss the baby's weight and eating habits with their **health care provider**.

For more tips on communicating with parents, see **Chapter 12**: Partnering with Families on **page 129**.

How Can I Tell If a Baby Is Hungry or Full?

Table 1 How Can I Tell If a Baby Is Hungry?

Look for one or more of these hunger signs. Just remember, every baby is different! You might find a baby shows a combination of these or only one.

- Gets excited when he or she sees food

- Rooting

- Makes sucking noises and motions, or sucks on lips, hands, fingers, toes, toys, or clothing

- Moves head towards spoon or tries to bring food to his or her mouth

- Reaches or points to food

- Opens and closes mouth

Don't wait until the baby is crying before feeding him or her. It may be harder to get the baby to eat once he or she is upset. Look for some of the earlier signs of hunger above.

Table 2 How Can I Tell If a Baby Is Full?

Look for one or more of these signs that the baby is full:

- Sucks slowly or stops sucking

- Turns head away

- Falls asleep

- Pushes food away

- Seals lips together

- Looks around and does not pay attention during a feeding

You will normally see more than one of these signs together. When you see more than one sign, it is time to stop the feeding. This gives the baby control over how much he or she eats during a feeding.

Developmental Readiness

"A lot of parents may not know what developmental readiness is but this breaks it down. Just because they are 4 months old, it does not mean that they are ready to eat" - Director of a Child Care Center in New Mexico speaking about pages 10 and 12.

A baby's feeding skills are a good clue of what textures of food the baby may be ready to eat.

All babies develop at their own rate. The foods fed to a baby at different times during his or her first year are based upon the baby's development. This is related to how well the baby can control his or her muscles and digest certain foods. Although age and size are often related to **developmental readiness**, these should not be used as the only factors in deciding what and how to feed babies. A baby's **feeding skills** are a good clue of what food textures the baby may be ready to eat.

The CACFP infant meal pattern provides flexibility. This allows you, as the child care provider, the ability to feed babies based on their developmental readiness, ensuring that babies get what they need to grow and be healthy. We will talk more about this flexibility later in the chapter.

Feeding Breastmilk to Baby Emma

Baby Emma is 2 months old and was just enrolled in a family child care home. Baby Emma's mom works nearby and lets Marta, the child care provider, know she would like to breastfeed Emma during her lunch break. Marta is very supportive of the mom's decision to breastfeed and has a place for Baby Emma's mom to breastfeed. Baby Emma's mom is happy she can breastfeed her baby during the day. Marta is able to claim this breastfeeding session as part of a reimbursable lunch.

A Baby's Feeding Skills

As a baby grows and develops, he or she is able to eat different foods and textures. Below are feeding skills a baby will use that can tell you when he or she is ready for a new food.

Rooting - When a baby's mouth, lips, cheek, or chin are touched by an object, the baby turns his or her head towards the object and baby opens his or her mouth. This reflex lets a baby find and grasp a nipple.

Suck and swallow - When a baby's mouth is touched and he or she opens his or her lips and starts to suck. As liquid moves into the baby's mouth, his or her tongue moves it to the back of the mouth for swallowing.

Tongue thrust - When the lips are touched, the baby's tongue moves out of the mouth. This reflex lets babies feed from the breast or bottle, but not from a spoon or a cup. When solid foods are started too early, the baby's tongue thrust reflex may be confused with the baby not liking the food that was given.

Gag reflex - When a spoon or solid food is placed in the mouth, the food is quickly pushed out of the mouth on the tongue. This reflex is an important reason for waiting until a baby is developmentally ready for solid foods.

Palmar grasp - When the baby uses his or her whole hand to pick up larger pieces of food or objects.

Pincer grasp - When a baby begins to use his or her thumb and index finger to pick up smaller pieces of food or objects.

For Parents: Is Your Baby Ready for Solid Foods?

Feeding your baby the right foods at the right time helps him or her get the nutrition needed for good health. Your baby will grow to enjoy many types and textures (smooth, lumpy, and so on) of food during his or her first year.

How Can You Tell When Your Baby Is Ready To Eat Solid Foods?

Your baby is ready to start solid foods if he or she:

- Opens his or her mouth when foods come his or her way or reaches for food.

- Sits in a high chair with good head control.

- Uses his or her tongue to move food from the spoon into his or her mouth. The tongue does not automatically push the food out of his or her mouth.

Why Does Your Baby Need To Try Solid Foods?

Starting solid foods when your child is developmentally ready is important because:

- Your baby is getting bigger and needs more calories and nutrients that can come from solid foods.
- It gives your baby a chance to try different foods so he or she will like them at an early age and will continue to eat them as he or she gets older.

Tip: Many, but not all, babies show signs that they are developmentally ready for solid foods at around 6 months.

For Parents: Have You Already Started Giving Your Baby Solid Foods? Please Let Us Know!

Please complete this handout and give it to your child care provider.

Today's Date: _____

Baby's Birth Date: _____

Baby's Name (first and last): _____

Parent's Name (first and last): _____

What foods have you given to your baby? _____

Has your baby had an allergic reaction to any foods? _____

Did your baby's health care provider tell you that your baby has a food allergy or intolerance?

Yes ☐ No ☐

- If yes, which foods should we not serve to your baby in child care? _____

If your baby has a reaction to a food, who should we call? Relationship: _____

Name: _____ Phone number: _____

If your baby has a reaction to a food at child care, is there medication your baby's health care provider said to give to him or her? _____

Are there foods your family does not eat due to religious reasons? Yes ☐ No ☐

- If yes, which foods does your family not eat? _____

Is there anything else we should know about what or how your baby eats? _____

Parent's Signature: _____

A handout from *Feeding Infants in the Child and Adult Care Food Program*
https://teamnutrition.usda.gov • FNS 786A • March 2019

Infant Age Groups in the CACFP

There are two infant age groups under the CACFP infant meal pattern. They are **birth through 5 months** and **6 through 11 months**.

Did you know?

The CACFP infant meal pattern reflects how babies grow and develop and when they are typically ready for solid foods.

Older baby eating small pieces of bread at snack.

Food Components in the Infant Meal Pattern

Each meal and snack under the infant meal pattern is made up of **food components**, such as breastmilk or formula and vegetables and fruits. In some cases, there are several foods you may offer to meet the food component; these are indicated by the use of the word "or" after each component in **Table 3**, CACFP Infant Meal Pattern With Food Components on **page 15**.

A meal or snack is reimbursable as long as all required food components are offered to the baby during the course of the day while the baby is in your care. For example, if a baby was breastfed at home before arriving at child care, the baby may not be hungry for the breakfast meal when he or she first arrives. Your child care site may offer the breakfast later in the morning when the infant is hungry and can still claim it for reimbursement. Babies do not need to eat the entire meal offered for the meal to be reimbursable. As long as the baby is offered all the required food components, the meal is still reimbursable.

See **Appendix B**: Sample Infant Menu on **page 140**.

Table 3 CACFP Infant Meal Pattern With Food Components

Prepare all foods to the appropriate texture in order to match the baby's feeding skills and to prevent the baby from choking. For more information on textures, see ***Chapter 6****: Feeding Solid Foods on* ***page 59****. Amounts below are minimum serving sizes that must be served in order for the meal to be reimbursable. For more information, see "Serving Sizes in the Infant Meal Pattern" on* ***page 17****.*

Abbreviations
fl. oz. = fluid ounces
oz. = ounces
tbsp. = tablespoons

Breakfast	0 through 5 Months	6 through 11 Months
Breastmilk or infant formula	4–6 fl. oz. breastmilk[1] or formula[2]	6–8 fl. oz. breastmilk[1] or formula[2]
Grains or meat/meat alternates, or a combination		0–4 tbsp. infant cereal,[2] meat, fish, poultry, whole eggs, cooked dry beans or peas; or 0–2 oz. cheese; or 0–4 oz. cottage cheese; or 0–4 oz. (½ cup) yogurt[3]; or a combination of the above[4]
Vegetables, fruit, or both		0–2 tbsp. vegetables, fruit, or both[4,5]
Lunch or Supper	**0 through 5 Months**	**6 through 11 Months**
Breastmilk or infant formula	4–6 fl. oz. breastmilk[1] or formula[2]	6–8 fl. oz. breastmilk[1] or formula[2]
Grains or meat/meat alternates, or a combination		0–4 tbsp. infant cereal,[2] meat, fish, poultry, whole eggs, cooked dry beans or peas; or 0–2 oz. cheese; or 0–4 oz. cottage cheese; or 0–4 oz. (½ cup) yogurt[3]; or a combination of the above[4]
Vegetables, fruit, or both		0–2 tbsp. vegetables, fruit, or both[4,5]

Table 3 continued on pg 16

Table 3 continued from pg 15

Snack	0 through 5 Months	6 through 11 Months
Breastmilk or infant formula	4–6 fl. oz. breastmilk[1] or formula[2]	2–4 fl. oz. breastmilk[1] or formula[2]
Grains		0–½ bread slice[6]; or 0–2 crackers[6]; or 0–4 tbsp. infant cereal[2,6]; or 0–4 tbsp ready-to-eat cereal[4,6,7]
Vegetables, fruit, or both		0–2 tbsp. vegetables, fruit, or both[4,5]

[1] Breastmilk or formula, or portions of both, must be served; however, it is recommended that breastmilk be served in place of formula from birth through 11 months. For some breastfed infants who regularly consume less than the minimum amount of breastmilk per feeding, a serving of less than the minimum amount of breastmilk may be offered, with additional breastmilk offered at a later time if the infant will consume more.
[2] Infant formula and dry infant cereal must be iron-fortified.
[3] Yogurt must contain no more than 23 grams of total sugars per 6 ounces.
[4] A serving of this component is required when the infant is developmentally ready to accept it.
[5] Fruit and vegetable juices must not be served.
[6] All grains served must be made with enriched or whole grain meal or flour. Ready-to-eat breakfast cereals and infant cereals that are fortified are also creditable.
[7] Ready-to-eat breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21.2 grams sucrose and other sugars per 100 grams of dry cereal).

See **Appendix C**: Infant Meal Pattern on **page 143** to view the chart found in the Child and Adult Care Food Program: Meal Pattern Revisions Related to the Healthy, Hunger-Free Kids Act of 2010 Final Rule (7 CFR Parts 210, 215, 220, et al.). This can also be found online at: **https://www.fns.usda.gov/cacfp/meals-and-snacks**.

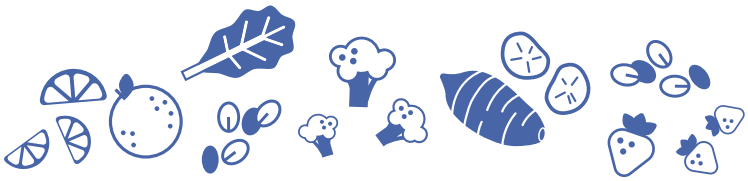
Serving Sizes in the Infant Meal Pattern

The infant meal pattern lists minimum serving sizes of breastmilk, infant formula, and solid foods as a range of numbers, rather than one specific number. For example, for vegetables and fruit, the serving size for infants 6 through 11 months is 0–2 tablespoons. This means that the infant must be offered 0 to 2 tablespoons of vegetables and/or fruit for the meal to be reimbursable. The baby does not have to eat the entire amount served for the meal to be reimbursed.

Minimum serving sizes are listed as ranges for infants because not all babies are ready to eat solid foods at the same time. A baby that has not yet started solid foods would receive a serving size of 0 tablespoons. A baby that has just started eating a certain vegetable may receive 1 tablespoon. Once a baby has been regularly eating a specific solid food, he or she would receive 2 tablespoons. In all of these instances, the meal would be reimbursable.

Child care provider feeding a baby solid food.

As a child care provider, start offering a baby solid foods after the parents have told you that the child is developmentally ready and is eating solid foods at home. You can use the "**For Parents**: Is Your Baby Ready for Solid Foods?" handout on **page 12** to help talk to parents about solid foods for their baby. Once an infant is regularly eating solid foods, you must offer all required food components.



Food Components Provided by the Parents

One food component provided by parents that meets the infant meal pattern requirements may also be part of a reimbursable meal. If a parent brings in a food component (e.g., pureed meat), you must offer iron-fortified infant formula and all other required food components. If a baby is only drinking breastmilk or infant formula and the parent provides the breastmilk or infant formula, the meal is reimbursable. Likewise, the meal is reimbursable if a mother breastfeeds her baby at your child care site.

In This Chapter

In this chapter, you have learned about how a baby's eating habits fit within the CACFP infant meal pattern, hunger and fullness signs, feeding skills, and food components within the CACFP infant meal pattern. You will use this information in the next chapter when we learn more about offering breastmilk to a baby at your child care site.

Key Concepts

The two infant age groups under the CACFP infant meal pattern are:
(1) birth through 5 months, and
(2) 6 through 11 months.

By telling parents the amount of breastmilk consumed by their baby each day, you can help families know the amount of breastmilk needed at child care.

Serve solid foods once the parents tell you the baby is developmentally ready and eating solid foods at home. This is usually around 6 months of age.

The range of serving sizes (i.e., 0–2 tablespoons) for solid foods in the infant meal pattern shows that all babies are not developmentally ready to eat solid foods at the same time. The range of serving sizes, starting at "0", supports the gradual introduction of solid foods. Once a baby has been introduced to a food, you would offer the baby the full amount.

The CACFP infant meal pattern includes food components and amounts that must be offered to the baby for a meal or snack to be reimbursable under the CACFP. The baby does not have to eat all the food offered in order for the meal or snack to be reimbursed.

Feed babies when they show signs of hunger instead of on a set schedule. You can still be reimbursed for the meal as long as all of the food components are offered during the day.

Talking often with parents of babies can help you know when the baby is developmentally ready for solid foods. Use the "**For Parents**: Is Your Baby Ready for Solid Foods?" handout on **page 12** to help you talk to parents about solid foods.

Check Your Knowledge

1. Fill in the blank: What are the two age groups under the CACFP infant meal pattern? _____ and _____.

2. A father brings in organic pureed carrots for his 6-month-old baby to have at lunch. As the child care provider, what foods do you need to offer to the baby to claim reimbursement for lunch?

3. A mother breastfeeds her baby before she brings him to child care. He is asleep when he arrives and stays asleep until 11 a.m. You did not have a chance to offer him breakfast since he was asleep. What do you do in order to claim reimbursement of the breakfast meal?

ANSWER: 1. Birth through 5 months and 6 months through 11 months.
2. Since the organic pureed carrots count as the one parent-provided food component, you must offer all other food components. This could include iron-fortified infant cereal or a meat or meat alternate, such as pureed chicken or mashed beans, and iron-fortified infant formula. Be sure to offer the minimum serving size of each item in order to be reimbursed.
3. If the baby shows signs of being hungry when he wakes up at 11 a.m., offer him or her the breakfast you would have offered earlier that morning. Babies do not eat on a set schedule, so feeding them when they are hungry is okay. As long as you offer the breastmilk or infant formula and foods once the baby shows signs of being hungry, you can claim reimbursement for the breakfast meal.

Chapter 2
Feeding the Breastfed Baby

What's In This Chapter?

By the end of this chapter, child care providers will be able to:

1. Describe the benefits of breastfeeding for babies, mothers, and their families.
2. List at least three ways to support breastfeeding mothers.
3. Identify the minimum amount of breastmilk that must be offered to an infant at each meal or snack.

Breastmilk is the best source of nutrition for babies. It is the only food healthy babies need for about the first 6 months of their lives. Breastmilk is easy to digest and helps keep babies healthy by boosting the baby's immune system. A mother's breastmilk is made for her baby and contains just the right amounts of nutrients. As the baby grows and changes, the mother's breastmilk also changes. This helps the baby get the nutrients he or she needs to stay healthy and grow. Babies from birth to around 6 months typically do not need extra water or foods added to the bottle, such as infant cereal.

Breastmilk is still important for babies even after **solid foods**, also known as **complementary foods**, are started. Babies should continue to receive breastmilk until their first birthday or longer. If a mother chooses to give her baby breastmilk, let her know that she is welcome to breastfeed at your **child care site** or can provide **expressed** or **pumped breastmilk** in bottles for her baby.

Child care provider feeding a baby a bottle of breastmilk.

Tip:

As a best practice, the **CACFP** encourages you to offer a quiet, private area that is comfortable and clean for the mother to breastfeed her baby. As a CACFP provider, you will still receive reimbursement for meals and snacks when the mother has provided pumped breastmilk or has breastfed her baby at your child care site even after the child's first birthday.

Table 4 Benefits of Breastfeeding for Babies, Mothers, and Families

What is so good about breastfeeding?

Breastfeeding is good for the baby, mother, and family.

Benefits for Babies

- **Breastfed babies may have:**
  - lower risk of asthma.
  - fewer stomach problems like diarrhea.
  - fewer infections that cause vomiting and diarrhea.
  - fewer ear and lower respiratory infections.
  - lower risk of Sudden Infant Death Syndrome (SIDS).
  - lower risk of becoming obese.
- **Babies taste different flavors in breastmilk based on what the mother eats. This may help babies accept new flavors from solid foods more easily.**
- **Skin-to-skin contact during breastfeeding may help moms and babies bond.**

Benefits for Mothers

- **Mothers who breastfeed may:**
  - have less blood loss after childbirth.
  - feel more relaxed.
  - have lower risk of ovarian and certain types of breast cancer.
  - have lower risk of Type 2 diabetes.
- **Skin-to-skin contact during breastfeeding may help moms and babies bond.**

Benefits for Families

- **Families with mothers who breastfeed often:**
  - spend less money because they do not have to buy infant formula.
  - take fewer sick days from work since babies who are breastfed tend to have fewer infections.
  - spend less on doctor's visits since their baby is sick less often.
- **Family members can help with feeding by giving the baby breastmilk that the mother has pumped and put into bottles.**

Supporting Families of Breastfed Babies

Even mothers who have breastfed before can face challenges feeding a new baby, because every baby is different. As a child care provider, you can support families of breastfed infants every step of the way.

While the Mother Is Pregnant, You Can:

Share information about breastfeeding.

Give the "Breastfed Babies Welcome Here! A Mother's Guide" to expectant mothers. This guide provides information about breastfeeding and how child care can support the mother's efforts to continue breastfeeding even when she goes back to work or school.

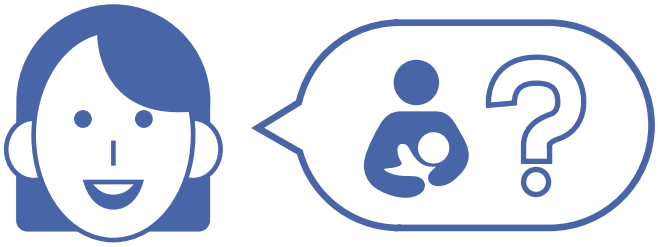
Create an inviting space.

Display the "Breastfed Babies Welcome Here!" poster and message graphic to let families know your child care site is breastfeeding friendly. See "Creating a Breastfeeding-Friendly Environment" on **page 27** for more ideas.

Find the "Breastfed Babies Welcome Here!" guide, poster, and message graphic online at: **https://www.fns.usda.gov/tn/breastfed-babies-welcome-here**.

"Moms would want to know about whether it was ok to breastfeed but might be afraid to ask. The poster would break the ice, get moms asking questions about it. Plain and simple." – Director of a Family Child Care Home in New Mexico

Before Mothers Return to Work or School, You Can:



Encourage Mothers To Continue Breastfeeding.

- Let mothers know that your child care site will support their breastfeeding efforts.
- Let mothers know that it's best to wait to give a baby a pacifier until he or she gets used to breastfeeding, usually around 1 month of age.

Encourage Mothers To Prepare To Go Back to Work or School.

- Recommend to mothers that they may want to try expressing or pumping their breastmilk several weeks before they go back to work or school and when they are not breastfeeding their baby directly. A mother's body makes breastmilk based on how much and how often she nurses or pumps. Nursing and pumping often will help mothers keep up their milk supply.
- Suggest that families get the baby used to taking breastmilk from a bottle that is offered from someone other than the mother 2 weeks before the baby starts child care. The baby should be at least 3-4 weeks old before introducing a bottle.

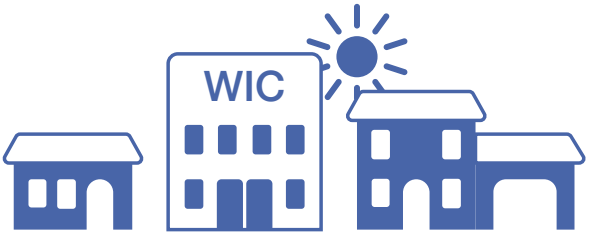
Tip:

Ask parents to introduce a bottle 2 weeks before the baby starts child care.

Creating a welcoming environment for breastfeeding mothers can help mothers breastfeed longer.

Encourage Mothers To Talk to Their Baby's Health Care Provider.

- Parents should speak to their baby's **health care provider** regularly to be sure their baby is getting the food and nutrients he or she needs as he or she develops.



Tell Mothers About Resources in the Community.

- If mothers participate in the **Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)**, they can contact their local WIC nutritionist, a WIC peer counselor, or WIC support group for advice and help with breastfeeding.
- If they do not participate in WIC, they can find a breastfeeding specialist through the local or State health department, local breastfeeding coalition, International Lactation Consultant Association (http://www.ilca.org), or a local hospital.
- Some insurance plans may cover the cost of breastfeeding counseling and breast pumps. Encourage mothers to call their insurance provider to see if they offer these benefits.
- Depending on the State the mothers live in, Medicaid may also cover the cost of breastfeeding counseling and a pump for breastfeeding mothers.

For more information on WIC, including how to apply, please see: **https://www.fns.usda.gov/wic/who-gets-wic-and-how-apply**.

Having a place where moms can breastfeed at your child care site can make it possible for moms to pump less often.

Encourage Mothers To Breastfeed at Your Child Care Site.

If available at your child care site, let mothers know that you have a quiet, private area that is comfortable and clean for mothers who choose to breastfeed their babies on site.

See "Creating a Breastfeeding-Friendly Environment" on **page 27** for ideas on how to create an inviting space for breastfeeding mothers.

When the Baby Is in Your Care, You Can:

Ask the parents about the baby's usual eating habits.

Babies should be fed when they show signs of being hungry. Talk with the parents about how the baby shows that he or she is hungry and full. You can use the "**For Parents**: Breastfeeding? Tell Us About Your Breastfed Baby!" handout on **page 26** to help you talk to parents about feeding their baby.

See **Table 1**, How Can I Tell If a Baby Is Hungry? and **Table 2**, How Can I Tell If a Baby Is Full? on **pages 8 and 9**.

Encourage parents to provide a back-up supply of frozen or refrigerated breastmilk for times when the baby wants to eat more or the parent is running late. All breastmilk should be clearly labeled with the baby's full name and the date the milk was pumped.

If a mother requests that her baby receive infant formula in addition to breastmilk, encourage the mother to continue to breastfeed and pump her milk to keep up her milk supply. If a mother breastfeeds or pumps less often, her body may make less breastmilk. Giving a baby both breastmilk and infant formula in the same meal or snack is **creditable** in the CACFP. Be sure to feed the baby the breastmilk first, and then the infant formula.

For more tips on how to support parents, see **Chapter 12**: Partnering With Families on **page 129**.

For Parents: Breastfeeding? Tell Us About Your Breastfed Baby!

As your child care provider, we want to make sure we are meeting your baby's needs. Please share how you know when your baby is hungry and what you feed your baby.

Today's Date _____ Baby's Name (first and last) _____

Baby's Birth Date _____ Parent's Name (first and last) _____

What signs does your baby give you to tell you that he or she is hungry?

- ☐ Opens and closes mouth
- ☐ Tries to bring food to his or her mouth
- ☐ Cries
- ☐ Roots or turns his or her head and opens his or her mouth
- ☐ Sucks hands and other objects
- ☐ Reaches or points to food
- ☐ Makes sucking noises and motions
- ☐ Other _____

How many fluid ounces of breastmilk does your baby usually drink when you feed him or her?

_____

We will always feed your baby breastmilk if you provide it. If your baby is still hungry after we feed him or her the breastmilk, what would you like us to give your baby?

_____

You are also welcome to bring a back-up supply of breastmilk that we can keep in the refrigerator or freezer.

Tip:

Remember: when you bring in breastmilk, please label the bottle with your baby's full name and the date you pumped the breastmilk.

We have a space for you to breastfeed at our child care site! Would you be interested in using it? Yes ☐ No ☐

Let us know if you want to breastfeed your baby at pick up and we will make sure your baby is ready.

Parent's Signature: _____

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https://teamnutrition.usda.gov • FNS 786B • March 2019
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Creating a Breastfeeding-Friendly Environment

A welcoming environment for breastfeeding mothers can help mothers breastfeed longer.

Offer a mother a clean, comfortable, and quiet place to breastfeed her baby or pump breastmilk. This could be a space in a small room, or a corner of a classroom or office with a privacy screen or curtain. See below for some ideas on how to create a breastfeeding-friendly space at your child care site. Remember that a breastfeeding-friendly space at your child care site is not required in the CACFP, but it is a best practice.

This Space Can Include:

Drinking water for mom.

A sink to wash her hands and the pumping equipment.

A pillow to support the baby.

Disinfectant wipes to clean up before and after pumping.

A table to place her pumping equipment.

An electrical outlet for the breast pump.

A stool for mom's feet to help support her back while nursing.

A comfortable chair, such as a rocking chair.

Bottles of breastmilk labeled with baby's full name and the date the breastmilk was pumped.

Feeding Breastmilk in a Bottle

Breastfed babies usually eat every 1½ to 3 hours in the first few months and every 3 to 4 hours after that. As with all babies, breastfed babies go through growth spurts. During these growth spurts, babies may need more breastmilk or need to eat more often. All babies should be fed based on signs of when they are hungry. Stop the feeding when the baby shows signs of being full.

When babies are adjusting to a new place, some babies may only drink a little breastmilk. Talk about the baby's usual eating habits with the parents. A baby who drinks less breastmilk during the day may drink a lot more at home to make up for it.

See **Table 1**, How Can I Tell If a Baby Is Hungry? and **Table 2**, How Can I Tell If a Baby Is Full? on **pages 8 and 9**.

Breastmilk and the CACFP Infant Meal Pattern

As long as the baby is offered the minimum amount of breastmilk required by the CACFP, you can claim it as part of a **reimbursable** meal even if the baby does not drink all of it. The minimum amount of breastmilk for babies 0 through 5 months at breakfast, lunch, supper, and snack is 4–6 fluid ounces. The minimum amount of breastmilk for babies 6 through 11 months is 6–8 fluid ounces at breakfast, lunch, and supper, and 2–4 fluid ounces at snack. Some babies may regularly drink less than the minimum amount of breastmilk required. In this case, you may offer less than the minimum amount of breastmilk at each feeding as long as more breastmilk is offered later when the baby is hungry.

For example, if a baby was breastfed at home right before arriving at your child care site, he or she may not be hungry for the breakfast meal when he or she first arrives. You can offer the meal to the baby later in the morning when the baby is hungry. You can still claim it as part of a reimbursable meal even if the baby does not eat all of it.

Tip:

As long as the baby is offered the minimum amount of breastmilk required by the CACFP, you can still claim it as part of a reimbursable meal or snack even if the baby does not drink all of it.

What if the baby is still hungry after a feeding, but there is no more breastmilk?

Use the "**For Parents**: Breastfeeding? Tell Us About Your Breastfed Baby!" handout on **page 26** to talk to the baby's parents about what they would like you to do if you run out of breastmilk. They may want to bring a back-up supply of breastmilk to your child care site for that meal or have you offer the iron-fortified infant formula you have at your child care site.

Be sure to talk to breastfeeding mothers to see if they plan to breastfeed at pickup. If they do, ask if they would like you to wait to feed the baby if the baby is hungry right before pickup time. This can help make sure the baby is hungry enough to nurse once mom arrives.

Remember, you may claim reimbursement of meals when a mother nurses her baby at your child care site. This includes meals when the baby is only drinking breastmilk.

Bowel Movements

Stool of babies given only breastmilk are loose and seedy looking. Sometimes it can be mistaken for diarrhea. The bowel movements for formula-fed babies tend to be darker and firmer with a stronger smell. Usually, breastfed babies have more bowel movements than formula-fed babies. However, as breastfed babies grow, they may have fewer bowel movements and even go for days without one. This is normal as long as the bowel movement is soft.

It is important to talk with parents about the number and types of diaper changes the infant had during the day. This way, they will be aware of anything that might be unusual and can talk to the baby's health care provider as needed.

Breastmilk for Babies Over 12 Months of Age

Breastmilk may be used to meet the fluid milk component in the meal pattern for children. If a parent wants his or her child (1 year old or older) to be served breastmilk in place of fluid milk, a written request by the parent is not required. Mothers may breastfeed on site or parents can provide pumped breastmilk for their child. Parents do not need to provide a written request for the meal to be reimbursed.

Tip:

Breastmilk may be served in place of fluid milk for children one year of age and older. A written request from parents is not required.

If a mother is unable to provide enough breastmilk to meet the minimum fluid milk requirement of 4 fluid ounces (½ cup) at each meal or snack for a child 1 through 2 years old, unflavored whole milk may be offered, after breastmilk, to meet the minimum requirement. For children older than 2, unflavored fat-free (skim) or low-fat (1%) milk may be served after breastmilk to meet the minimum fluid milk requirement for that age group. Discuss this with the parents before giving a child fluid milk.

In This Chapter

In this chapter, you have learned about the benefits of breastfeeding, how to support breastfeeding mothers, and how to offer breastmilk within the CACFP infant meal pattern. In the next chapter, you will learn more about offering infant formula to a baby at your child care site.

Key Concepts

Breastmilk provides benefits to babies, mothers, and families. Share these benefits with families to support breastfeeding mothers at your child care site. See **Table 4**, Benefits of Breastfeeding for Babies, Mothers, and Families on **page 21** for a full list of benefits.

If a parent provides pumped breastmilk for the baby, the meal is still reimbursable as long as you provide all other required food components.

If a mother breastfeeds her child at your child care site, you may claim that milk as part of a reimbursable meal as long as you provide all other required food components.

The infant meal is still reimbursable if the infant does not finish the required minimum serving size of pumped breastmilk as long as it is offered to him or her.

By offering a place where the mother can breastfeed her baby on site, you can support continued breastfeeding.

For children age 1 year and older, breastmilk can be used to meet the CACFP fluid milk component of a meal. A written request from the parent is not required.

Check Your Knowledge

1. All of the following statements about the benefits of breastfeeding are true, *except:*

A Breastmilk helps a baby's immune system to fight infections, like ear infections.

B Mothers that breastfeed may have a lower risk of Type 2 diabetes.

C Families cannot help with feeding a breastfed baby.

D Babies taste different flavors in breastmilk, which may help babies accept new flavors later when they start eating solid foods.

2. A child care provider can support breastfeeding mothers by doing all of the following, *except*:

A Let mothers breastfeed in the bathroom.

B Share information about the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).

C Distribute the "Breastfed Babies Welcome Here! A Mother's Guide" to visiting mothers, and display the "Breastfed Babies Welcome Here!" poster and message graphic at the child care site.

D Encourage mothers to continue breastfeeding even when they go back to work or school.

3. The minimum amount of breastmilk for babies 0 through 5 months at breakfast, lunch, supper, and snack is_____fluid ounces. The minimum amount of breastmilk for babies 6 through 11 months is_____fluid ounces at breakfast, lunch, and supper, and _____fluid ounces at snack.

4. A mother wants to come to your child care site at lunch to breastfeed her 3-month-old baby. Can you claim reimbursement for the lunch meal?

ANSWERS: 1. C. ● 2. A. Offer mothers a clean, quiet place to breastfeed her baby or pump breastmilk. ● 3. 4–6 fluid ounces; 6–8 fluid ounces; 2–4 fluid ounces. ● 4. Yes, a meal or snack is still reimbursable even when the mother breastfeeds her baby at the child care site. To document the feeding, indicate on the menu that baby was breastfed on site by mom.

Chapter 3
Feeding the Formula-Fed Baby

What's In This Chapter?

By the end of this chapter, child care providers will be able to:

1. Define what an iron-fortified infant formula is in the CACFP.
2. Identify different types of infant formula.
3. Describe when a child should switch from infant formula to cow's milk.

In the **CACFP** infant meal pattern, a site must offer at least one **iron-fortified infant formula** that is regulated by the Food and Drug Administration (FDA). The FDA has strict nutrition and safety standards for infant formula to make sure **infants** are getting the nutrients they need for healthy growth. All infant formulas sold in the United States are regulated by the FDA. If an infant formula is bought from a place online or in person outside of the United States, it is probably not regulated by the FDA and should not be used. Contact your sponsoring organization or State agency if you are unsure if the infant formula you offer is regulated by the FDA and is **creditable**.

Infant Formula in the CACFP Infant Meal Pattern

While you must offer at least one iron-fortified infant formula, the type of infant formula fed to a baby is a decision that should be made by the baby's parents and **health care provider**.

Speak with parents about the type of formula that you provide at your child care site.

The baby's parent may decide to:

1. use the iron-fortified infant formula you provide;
2. decline the offered iron-fortified infant formula and bring their own infant formula;
3. provide breastmilk only, including breastfeeding their baby at your child care site;
4. provide breastmilk and supplement with the iron-fortified infant formula you provide; or
5. provide breastmilk and supplement with their own infant formula.

You can claim the meal for reimbursement in any of these situations as long as you provide all other required **food components**.

Parent bringing iron-fortified infant formula to the child care site.

Parent giving a child care provider the baby's iron-fortified infant formula.

Tip:

Your child care site must offer at least one iron-fortified infant formula.

A parent may wish to provide breastmilk and supplement with either your iron-fortified infant formula or an infant formula they provide. Giving a baby both breastmilk and infant formula is creditable in the CACFP, but be sure to feed the baby their mother's breastmilk first and then the infant formula.

If a parent declines the iron-fortified infant formula that your site offers and chooses to provide his or her own infant formula, explain that the parent must provide a formula that is iron-fortified and regulated by the FDA.

If a parent sends a pre-prepared bottle to the site, ask what type of formula it is and make sure the bottle is labeled with the baby's full name and the date the formula was prepared.

As a child care provider, you may choose to have parents sign a form that says they do not want you to feed their baby the iron-fortified infant formula you offer and that they will provide either breastmilk or a different iron-fortified infant formula. See the handout "**For Parents**: Feeding Your Baby Infant Formula? Tell Us More!" on **page 34** for an example. However, this handout is not a requirement in the CACFP.

For information on preparing, handling, and storing infant formula, see **Chapter 4**: Handling and Storing Breastmilk and Infant Formula on **page 41.**

For Parents: Feeding Your Baby Infant Formula? Tell Us More!

Today's Date _____ Baby's Name (first and last) _____

Baby's Birth Date _____ Parent Name (first and last) _____

How does your baby let you know that he or she is hungry? _____

Child Care Providers, please fill out the following:

At our child care site, we offer _____ type of iron-fortified infant formula.

What infant formula would you like us to serve your baby? Please answer below.

☐ Please give my baby the infant formula you have at the child care site.

☐ I will provide breastmilk. Please *do not* give my baby the infant formula you have at the child care site.

☐ My baby has a disability and needs a special infant formula.

Thank you for letting us know! We will be reaching out to you for more information about your baby's disability.

☐ My baby does not have a disability, but I want to provide different infant formula than the one you have at the child care site. Please *do not* give my baby the infant formula you have at the child care site.

Thank you for letting us know! Since we participate in the Child and Adult Care Food Program (CACFP), the infant formula served in our site and the one you provide must be iron-fortified. To tell if a formula is iron-fortified, look for "Infant Formula With Iron," or a similar statement on the front of the formula package. It must also be purchased in the United States.

Parent's Signature: _____

A handout from *Feeding Infants in the Child and Adult Care Food Program*
https://teamnutrition.usda.gov • FNS 786C • March 2019

Iron-Fortified Infant Formula

Iron-fortified infant formula is required in the CACFP for babies who are not breastfed or are partially breastfed. Iron supports the baby's growth and brain development. To make sure the iron-fortified infant formula you offer is creditable in the CACFP, you can:

Look for "Infant Formula With Iron," or a similar statement on the front of the formula package.

Use the Nutrition Facts label as a guide to make sure the formula has enough iron. To be considered iron-fortified, an infant formula must have 1 mg of iron or more per 100 calories of formula when prepared using the label directions.

Some parents may avoid feeding their infants iron-fortified formula because they think that the iron causes stomachaches or other problems. Studies show that iron-fortified formula does not cause these symptoms. However, if a parent does not want the baby to have iron-fortified infant formula, another infant formula can be substituted by you or the parent. For more information, see "Soy-Based, Low Lactose, and Lactose-Free Formulas" on **page 36**.

Resources in the Community

Parents who are concerned that they cannot afford to buy infant formula to feed their baby at home can be referred to the local **Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)** program for assistance. Contact your local health department for more information.

Soy-Based, Low Lactose, and Lactose-Free Formulas

Soy-based, low lactose, and lactose-free formulas are creditable in the CACFP as long as they are iron-fortified. A medical statement is not required for you to serve these formulas as part of a reimbursable meal or snack.

Soy-Based Infant Formula

Soy-based infant formula was developed for infants who cannot tolerate infant formula made from cow's milk. Parents may choose to provide this formula because of an **allergy** or **intolerance**, if they are seeking a vegan diet for their baby, or for other reasons.

For more information on creditable infant formulas in the CACFP, please check with your sponsoring organization or State agency.

Low Lactose and Lactose-Free Infant Formula

Lactose intolerance means the body cannot digest a sugar found in milk products, called lactose. Lactose intolerance is very rare in healthy babies. Sometimes babies may have a short period of lactose intolerance after having diarrhea, but they usually recover quickly. There are both cow's milk-based formulas and soy formulas that can be used for infants with lactose intolerance. If the baby has a lactose intolerance, encourage his or her parents to speak to the health care provider about other formulas the baby can tolerate.

Provider feeding a baby iron-fortified formula.

A parent may choose to provide an alternate formula due to an allergy or intolerance.

Infant Formula for Babies With Special Dietary Needs

The following sections review the guidance and paperwork needed to serve special formulas.

Special Dietary Needs Due to Disabilities

As a child care site participating in the CACFP, you must make substitutions to meals for participants with a disability. If the iron-fortified infant formula you offer does not meet the needs of a baby with a disability due to special dietary needs, then another infant formula can be substituted by you or the parents. Infant formulas that are not iron-fortified, or have low or no iron, may be creditable if the substitution is supported by a medical statement.

Special Dietary Needs Due to Religious Reasons

If a parent requests a different infant formula due to religious reasons, then another iron-fortified infant formula can be substituted by you or the parents and will still be reimbursable. It is recommended to have a parent's note and signature on file showing that this request was made.

FDA Exempt Infant Formulas and Low-Iron Infant Formulas

Sometimes a baby's health care provider indicates that a baby should be fed a specific formula to meet his or her special dietary needs. These formulas can include:

FDA Exempt Infant Formulas

FDA Exempt Infant Formulas are special infant formulas that are meant only for babies who have an unusual medical or dietary restriction. **An exempt infant formula can only be served as part of a reimbursable meal if the substitution is supported by a medical statement signed by the baby's health care provider.**

Low-Iron Infant Formulas

A low-iron infant formula contains less iron than iron-fortified infant formula.

Formulas with labels that say, "additional iron may be necessary," "nutritionally incomplete," "reduced iron," and formulas with other similar statements are not reimbursable in the CACFP. **These formulas may only be served as part of a reimbursable meal if the substitution is supported by a medical statement signed by the baby's health care provider.**

The medical statement must include the name of the infant formula to be avoided, explain how the infant formula affects the baby, and be signed by the baby's health care provider. Recommended substitutions of infant formula can also be included on the medical statement. Keep the medical statement on file in a secure location at your child care site.

Other Milks

The following milks are a few examples not recommended for babies younger than 12 months of age. These are milks that are not creditable in the CACFP infant meal pattern unless supported by a medical statement signed by a baby's health care provider:

- almond milk
- cow's milk
- dry milk, reconstituted
- evaporated cow's milk or home-prepared evaporated cow's milk formula
- goat's milk
- hemp milk
- nondairy creamer
- rice milk
- soy milk
- sweetened condensed milk
- follow-up or weaning formulas

Use of Infant Formula for Babies Over 12 Months of Age

Some parents may request to continue feeding their babies infant formula after 12 months of age at your child care site. The CACFP allows a transition time of 1 month (from the date an infant turns 12 months to the time the child turns 13 months of age) to help babies get used to unflavored whole milk. Both unflavored whole milk and infant formula can be served during this 1-month transition time. No medical statement is needed during this time.

However, if a parent requests that you continue to serve the infant formula beyond the age of 13 months, a medical statement signed by the baby's health care provider must explain the need for the substitution and must be kept on file in a secure location at your child care site.

For more information on creditable infant formulas in the CACFP, please check with your sponsoring organization or State agency.

Did you know?

The CACFP allows a transition time of 1 month (from the date an infant turns 12 months to the time the child turns 13 months of age) to help babies get used to unflavored whole milk. A medical statement is not needed during this time.

In This Chapter

In this chapter, you have learned about different types of infant formula and serving infant formula within the CACFP infant meal pattern. You will use this information in the next chapter when we learn more about preparing, handling, and storing breastmilk and infant formula.

Key Concepts

You must offer at least one type of iron-fortified infant formula regulated by the Food and Drug Administration at your child care site.

A child care site may claim reimbursement of meals when a parent provides a creditable infant formula that you serve to his or her infant. You must offer all other required food components.

If an infant needs an infant formula that is not iron-fortified or is not regulated by the Food and Drug Administration, the parent must provide a medical statement that includes the name of the infant formula to be avoided, an explanation of how the infant formula affects the baby, and the signature of the baby's health care provider. Recommended substitutions of infant formula can also be included on the medical statement. Keep the medical statement on file in a secure location at your child care site.

Soy-based, low lactose, and lactose-free formulas that are iron-fortified and regulated by the Food and Drug Administration are creditable in the CACFP. A medical statement is not required to receive reimbursement for meals and snacks.

The CACFP allows a transition time of 1 month (from the date an infant turns 12 months to the time the child turns 13 months of age) to help babies get used to unflavored whole milk. No medical statement is needed during this time.

Check Your Knowledge

1. A father does not want you to give his baby the iron-fortified infant formula you serve at your child care site. His baby has a disability and he wants to provide his own infant formula. He gives you a medical statement that includes the name of the infant formula to be avoided, explains how the infant formula affects the baby, and is signed by the baby's health care provider. Can you serve the infant formula the father gives you to his baby and still claim it as part of a reimbursable meal?

2. A baby at your child care site turns 13 months old and is still drinking iron-fortified infant formula instead of unflavored whole milk. Can you continue to give the baby iron-fortified infant formula without a medical statement on file at your child care site and be reimbursed for the meal?

ANSWERS: 1. Yes. As long as the parents provide a medical statement signed by the baby's health care provider, you can serve a different infant formula to their baby and still claim it as part of a reimbursable meal. This includes infant formulas that may or may not be iron-fortified.
2. No. Between 12 through 13 months of age, a baby may be served infant formula while introducing the baby to unflavored whole milk. However, by 13 months of age the baby should no longer be drinking infant formula and should only be drinking breastmilk or unflavored whole milk. If a child is 13 months old or older and is still drinking infant formula, then a medical statement signed by the baby's health care provider must be kept on file in a secure location at your child care site for the meals and snacks to be reimbursable.

Chapter 4

Handling and Storing Breastmilk and Infant Formula

What's In This Chapter?

By the end of this chapter, child care providers will be able to:

1. Describe the differences between breastmilk and formula.
2. Give parents information on the best ways to bring breastmilk or infant formula to the child care site.
3. Describe how to safely store breastmilk and infant formula.
4. Identify how to prepare breastmilk and infant formula for feeding.

Breastmilk with the fat separated at the top.

It is helpful to understand the difference between breastmilk and infant formula before reviewing the steps for handling and storage.

How Does Breastmilk Look?

Breastmilk may look different from day to day, and that's okay! The color of breastmilk can change based on what the mother eats and what the baby needs. It is normal for breastmilk to look slightly blue, yellow, or even green in color.

Breastmilk may look thinner than infant formula, especially if the fat, or creamy part, has separated from the breastmilk and risen to the top. This does not mean the breastmilk is spoiled. Just gently swirl it (do not shake) to mix the layers back together.

Breastmilk stored in the refrigerator at 40 °F.

How Does Breastmilk Smell?

Breastmilk does not smell like infant formula or cow's milk. A mother's breastmilk may also smell different from day to day, and that's okay too! If you think the breastmilk has spoiled, check with the baby's parents first to see what they would like you to do. Some parents may want you to throw it out, while others may want you to save it for them to take home.

Parent bringing breastmilk to the child care site.

Bottles of breastmilk labeled with the baby's full name and the date the breastmilk was pumped.

Containers of breastmilk being stored in the freezer at 0 °F.

Handling Breastmilk and Infant Formula Before Arriving at the Child Care Site

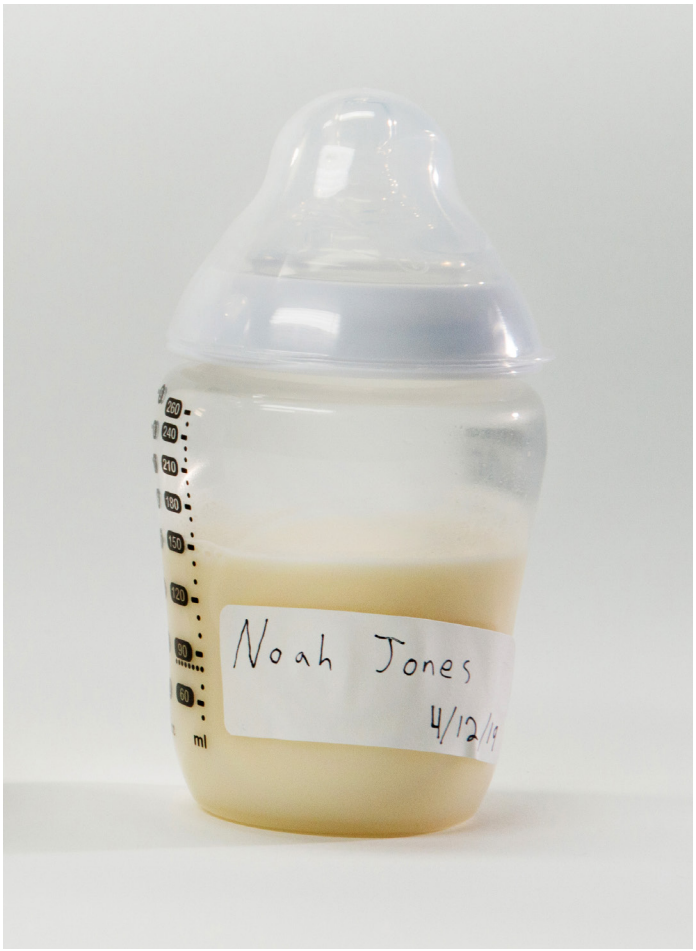
Ask parents to:

- label the bottle with the baby's full name and the date the breastmilk was pumped or the infant formula was made.
- refrigerate or freeze breastmilk right after it is pumped, and refrigerate formula right after it is made.
- if possible, fill bottles with at least the minimum amount of breastmilk required in the **CACFP** infant meal pattern for a meal or snack.
- bring breastmilk or infant formula in smaller amounts (1–2 fluid ounces) in case the baby wants more after a feeding.
- bring breastmilk or infant formula to the **child care site** in a cooler with ice packs to keep it cold.

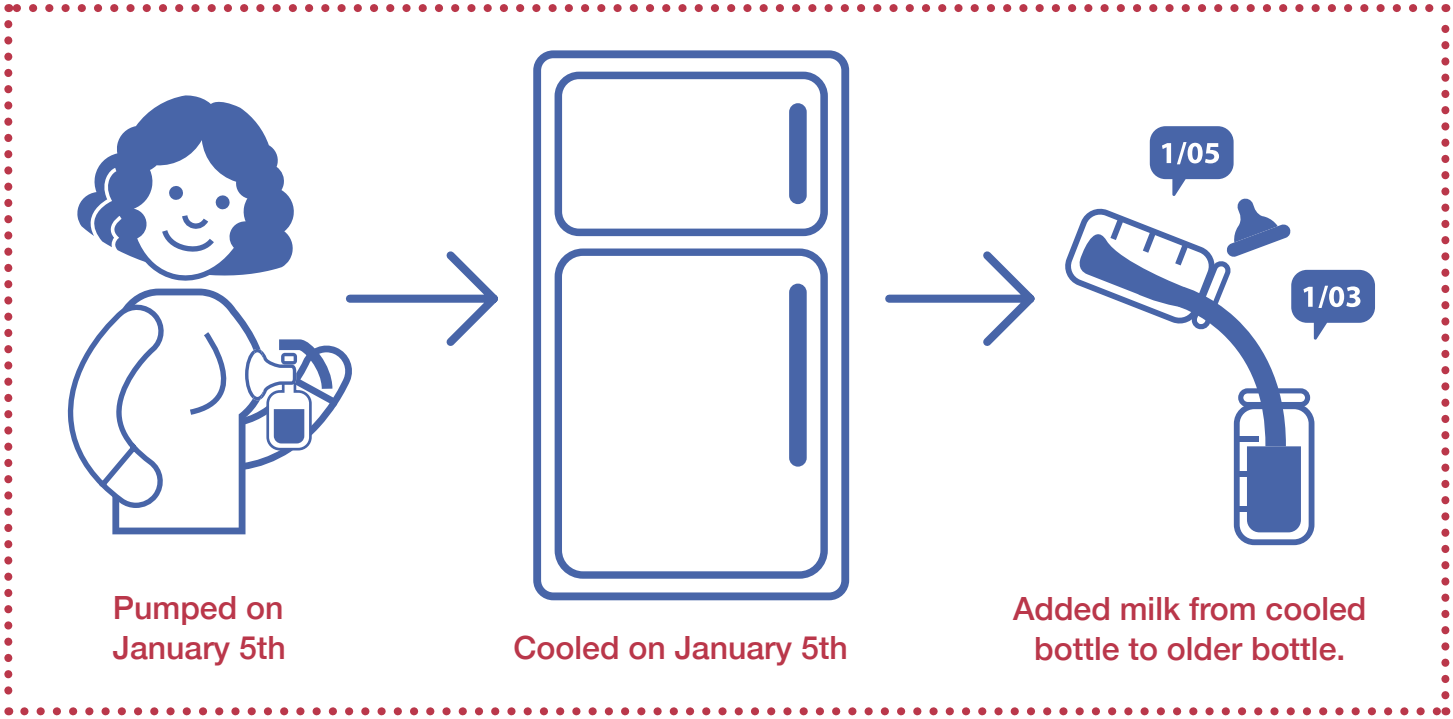
For more information on the proper storage time and temperature, see **Table 5**, Maximum Storage Time and Temperature for Breastmilk at a Child Care Site on **page 44** and **Table 6**, Storing and Handling Infant Formula on **page 47**.

Storing Fresh Breastmilk and Infant Formula at Your Child Care Site

- Do not accept or use an unlabeled bottle.
- Keep breastmilk and formula refrigerated until it's time to feed the baby.
- Store breastmilk or formula in the back of the refrigerator where the temperature is always cold. The front of the refrigerator can be warmer because of the door opening.
- Store breastmilk and formula so the bottle with the oldest date is served first. One way to do this is to put the new bottles towards the back of the line and move the older bottles towards the front. When it's time to feed the baby, it will be easy to reach the older bottles since they will be in the front.
- If breastmilk is pumped at the child care site, this can be served with refrigerated breastmilk during a feeding. If you want to serve them together in one bottle, the freshly **pumped breastmilk** should be cooled before it's mixed with the refrigerated breastmilk. See diagram below.



Breastmilk in a container labeled with the baby's full name and the date the breastmilk was pumped.



Thawing Frozen Breastmilk at the Child Care Site

- Only thaw the amount of breastmilk needed for one feeding to prevent or reduce waste. Thaw additional breastmilk if the **infant** is hungry and shows signs of wanting more.
- Thaw the container of breastmilk in the refrigerator overnight, under warm running water, or in a container of warm water. Write the date the milk was thawed on the bottle or container.
- Do not thaw breastmilk at room temperature, by mixing with warm breastmilk, placing in boiling water, or heating in a microwave. The breastmilk may become very hot when heated in a microwave, which could burn the baby even though the bottle may feel cool. Also, heating damages some of the important nutrients in breastmilk.

Table 5 Maximum Storage Time and Temperature for Breastmilk at a Child Care Site

	Countertop 77 °F or colder (25 °C)	Refrigerator 40 °F (4 °C)	Freezer 0 °F or colder (-18 °C)
Freshly Pumped Breastmilk	Do not use after 4 hours	Do not use after 3 days (72 hours)*	Within 6 months is best. Do not use after 12 months.
Thawed Breastmilk	Do not use after 1–2 hours	Do not use after 1 day (24 hours)	Never refreeze thawed breastmilk.
Leftover from a feeding (baby did not finish the bottle)	Do not use after 2 hours after the baby is finished feeding.		

**Per policy memorandum CACFP 02-2018: Feeding Infants and Meal Pattern Requirements in the Child and Adult Care Food Program; Questions and Answers, this is the storage time for breastmilk in a child care setting.*

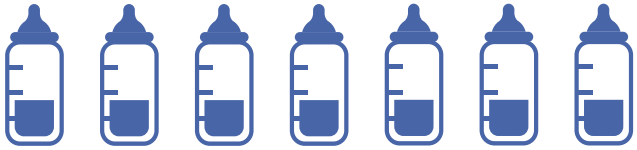
If your State or local authorities have stricter health and safety regulations for handling and storing food, including breastmilk or formula, then follow those regulations.

Preparing a Bottle For a Feeding

- Wash your hands before preparing a bottle of breastmilk or infant formula.
- Prepare at least the amount of breastmilk or infant formula required in the CACFP.
  - For breakfast, lunch, and supper, babies 0 through 5 months of age need 4 to 6 fluid ounces. Babies 6 through 11 months of age need 6 to 8 fluid ounces.
  - For snack, babies 0 through 5 months of age need 4 to 6 fluid ounces. Babies 6 through 11 months of age need 2 to 4 fluid ounces.
- Gently swirl the bottle of breastmilk before feeding the baby because breastmilk may separate into two layers when it is stored. This separation is normal. It is also normal to see bubbles in breastmilk.
- Bottles can be served cold from the refrigerator and do not have to be warmed. However, if you choose to warm the bottles, hold the bottle under warm (not hot) running water or place it in a bowl of warm water immediately before serving. Do not heat in a microwave. Microwaving can destroy important nutrients in the breastmilk and cause hot spots, which can burn the baby.

If an infant is receiving breastmilk and regularly drinks less than the minimum amount required, you may prepare bottles with smaller amounts. See **Chapter 2**: Feeding the Breastfed Baby on **page 20** for more information on breastmilk and the CACFP infant meal pattern.

- If the bottle was warmed, make sure the breastmilk or infant formula is not too hot before feeding the baby.
- Do not put cereal or other food in the bottle. According to the American Academy of Pediatrics, putting cereal in the bottle can be a choking hazard. It can also cause the baby to gain weight too quickly. If cereal is mixed with breastmilk or infant formula, the child care site cannot claim the cereal or the breastmilk or infant formula in the bottle unless this practice is supported by a **medical statement** signed by the baby's **health care provider**. The statement must be kept on file in a secure location at the child care site.
- Babies should only be fed their mother's breastmilk or the infant formula that was chosen for them by their parent. Never give a baby breastmilk or infant formula that is not labeled or that is meant for another baby.
- Do not use the unused breastmilk left in the bottle 2 hours after the baby has finished a feeding. Throw away any unused infant formula left in the bottle right after a feeding.



Tip:

Never put cereal in a bottle. If it is mixed in a bottle with breastmilk or infant formula, then the cereal and breastmilk or infant formula cannot credit towards a **reimbursable meal** or snack.

Purchasing Infant Formula

- Do not buy or use infant formula if the container has dents, bulges, pinched tops or bottoms, puffed ends, leaks, rust spots, or has been opened. The formula in these containers may be unsafe.
- Check the infant formula "use by" date. If the "use by" date has passed, the quality of the formula may not be as good and you should not buy it.
- Store unopened containers of infant formula in a cool, dry, indoor place—not in a refrigerator or freezer, or in vehicles, garages, or outdoors. In these places, the cans are exposed to moisture and temperature changes, which can affect the quality of the formula.

Preparing, Storing, and Handling Infant Formula

Make sure the water used to mix the infant formula is from a safe source approved by the local health department. If there is doubt, ask the local health department to test the water to make sure it is safe and does not contain anything that might harm a baby or child, such as lead, bacteria, nitrate, pesticides, or other chemicals.

The U.S. Environmental Protection Agency recommends that child care sites routinely test their drinking water for lead and other unsafe contaminants to make sure it is safe. If the drinking water is not safe, the local health department should recommend a safe source of water.

If a safe source of water is unavailable, water can be purchased for use at your child care site. The purchase of water must be considered necessary by your sponsoring organization or State agency.

Prepare, use, and store infant formula according to the product directions on the container or as directed by the baby's health care provider. For powdered formula, measure the amount of formula using the scoop provided with the container. The instructions for preparing infant formula are different for each product. Using more or less water and powdered formula than instructed changes the amount of calories and nutrients in the bottle. This can affect a baby's growth and development. Formula that is not prepared correctly cannot credit towards a reimbursable meal or snack in the CACFP. If a parent asks you to prepare formula in a way that is different from what is stated on the container, a written medical statement from the baby's health care provider must be kept in a secure location at your child care site.

Important: Read and follow instructions on the container of infant formula.

Table 6 Storing and Handling Infant Formula

Storing prepared infant formula	Keep bottles of prepared infant formula in the refrigerator at a temperature at or below 40 °F (4 °C) until ready to use. Never freeze infant formula. Use infant formula that has been in the refrigerator within 24 hours after it is prepared.
Handling prepared infant formula *before* a feeding	Do not take infant formula out of the refrigerator more than 2 hours before a feeding.
Handling prepared infant formula *after* a feeding	Once you start feeding a baby, make sure the infant formula is consumed within 1 hour. Throw away any leftover infant formula that is in the bottle.*

*Germs can get into the bottle during a feeding. This can cause bacteria to grow, which can make a baby sick if the leftover infant formula is given to the baby at a later time.

In This Chapter

In this chapter, you have learned how to properly handle and store breastmilk and infant formula. In the next chapter, you will learn about feeding a baby with a bottle or cup at your child care site.

Key Concepts

Breastmilk can be refrigerated at the child care site (at 40 ˚F or below) for up to 72 hours (3 days) from the date the breastmilk was pumped. If your State or local health and safety regulations are stricter, follow those guidelines.

Always prepare and store infant formula according to the instructions on the back of the container. Putting too much water or not enough infant formula in the bottle can affect a baby's growth and development.

Bottles can be served cold from the refrigerator and do not have to be warmed. If you choose to warm a bottle, hold it under warm running water or place the bottle in a bowl of warm water before serving.

Routinely have water used for preparing infant formula tested for lead and other unsafe contaminants. Contact your local health department if you have any concerns regarding the safety of your drinking water.

Provide parents with information about how to safely bring labeled breastmilk or infant formula to the child care site to help prevent spoilage and waste.

Check Your Knowledge

1. A mother brings in powdered infant formula for her baby. The child care provider has worked with babies for years, and prepares the infant formula the same way she does with all other formulas without checking the instructions on the package. Is the child care provider preparing the infant formula correctly? Why or why not?

2. A child care provider adds more water to the infant formula than what is recommended on the label of the container because she thinks the baby weighs more than he should. Is this acceptable? Why or why not?

3. A child care provider has been busy watching all of the children in his care and accidentally leaves a bottle of infant formula out on the counter for 2 ½ hours. Can he put it back in the refrigerator and use it later? Why or why not?

4. A mother asks the child care provider to add iron-fortified dry infant cereal to her baby's bottle of breastmilk before naptime. She says it helps her baby sleep better. The child care provider knows that she will not be able to claim the infant cereal or breastmilk in the bottle as part of a reimbursable meal or snack since they are served in the same bottle and the mother did not have a medical statement. What should she tell the baby's mother?

ANSWERS: 1. No. The child care provider is not preparing the infant formula the correct way. She should always follow the instructions on the package to make sure she is adding the correct amount of water to the powdered infant formula.
2. No. Adding more water than instructed is not acceptable. Adding more water to dilute the formula means the baby will not get the calories and nutrients he or she needs to grow.
3. No. The child care provider should not put the bottle of infant formula that he left out on the counter for 2 ½ hours back into the refrigerator. Once you begin feeding a baby infant formula, it should be consumed within 1 hour. Any leftover formula should be thrown away. The baby's saliva can get into the bottle of formula during a feeding. This can cause bacteria to grow and can make the baby sick.
4. The child care provider can let the mother know that putting cereal in a bottle can be a choking hazard and can cause a baby to gain weight too quickly. Therefore, it is not a recommended practice and the child care site cannot do this unless there is a medical statement signed by the baby's health care provider.

Chapter 5

Feeding a Baby Using a Bottle and Cup

What's In This Chapter?

By the end of this chapter, child care providers will be able to:

1. Describe the proper way to bottle feed.
2. State when a child should switch from a bottle to a cup.
3. List beverages that are appropriate to serve babies in a bottle and cup.

Most **infants** will be fed with a bottle while in child care and then move to drinking from a cup when ready. Breastmilk and **iron-fortified infant formula** are the only liquids that can be offered to a baby as part of a **reimbursable meal** or snack.

Tip:

Never put cereal in a bottle. If the cereal is mixed in a bottle with breastmilk or infant formula then the breastmilk or infant formula would not be **creditable**.

Before Feeding a Baby a Bottle:

- Wash your hands well with soap and water before preparing the bottle.
- Prepare the bottle. See **Chapter 4**: Handling and Storing Breastmilk and Infant Formula on **page 41** for information on how to prepare a bottle of breastmilk and infant formula.
- After preparing the bottle, but before feeding the baby, hold the bottle upside down over a sink or other container. Make sure falling drops from the nipple follow each other closely but do not fall in a stream. A stream means the opening in the nipple is too big and could allow the liquid to come out too quickly. This can cause the baby to choke or drink more than he or she wants.

Bottle of breastmilk held upside down with drops falling slowly, not a stream.

How To Feed With a Bottle

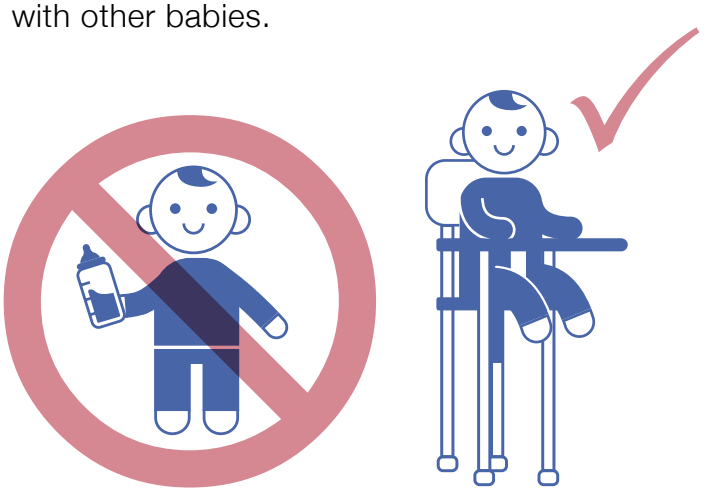
Feeding a baby can be enjoyable for both you and the baby and should not be rushed. Make sure to always hold the baby upright to prevent choking. Proper positioning also allows you to see when the baby is showing signs of being full.

Paced bottle feeding is a bottle feeding method that is sometimes used with breastfed babies. During paced bottle feeding, the baby tends to have more control over the feeding so it is similar to breastfeeding.

Never force a baby to finish what is in the bottle. Babies will stop eating when they are full. They may eat more when they are going through a growth spurt, or less if they are sick, tired, or just not hungry. Forcing a baby to finish a bottle can lead to the baby developing unhealthy eating habits and be more likely to become overweight or obese later on in life. Do not force a baby to finish a bottle if he or she shows signs of being full.

Do Not Allow a Baby To Carry a Bottle or Cup Around

Babies who carry around a bottle or cup can hurt themselves by dropping it, breaking it, and/or hitting themselves or others with it. They may also try to share their bottles or cups with other babies.



Tip:

Follow the baby's lead. Let the baby pause and take breaks as needed. If the baby is drinking quickly, pause to let the baby burp. If the baby wants to continue eating, he or she will show it by opening his or her mouth and sucking on his or her lips. When full, the baby's sucks will slow down, his or her arms and hands will relax, and he or she will turn away from the bottle or even push the bottle away. A typical feeding session will take 15–20 minutes but should be based on the baby's fullness signs.

Child care provider watching the baby for signs of fullness.

Sleeping or Resting Position Before or After Feeding

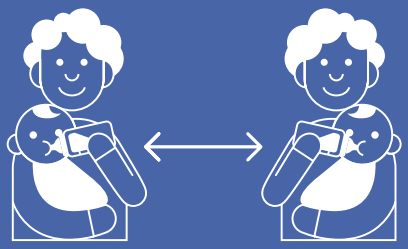
Ask parents if their baby's **health care provider** prefers the baby to be in a certain position after eating. Often, babies will nap after a feeding. Most doctors recommend placing babies on their back when resting or sleeping at all times unless there is a medical reason not to. Babies who sleep on their backs are at much lower risk of **Sudden Infant Death Syndrome (SIDS)** than babies who sleep on their stomach or on their sides.

When feeding a baby a bottle, remember to:

Hold the bottle mostly sideways, not straight up.

Make sure the tip of the nipple is filled with breastmilk or infant formula and not air. This will lower the amount of air the baby swallows.

Holding the bottle mostly sideways is used in paced bottle feeding. See "How To Feed With a Bottle" on **page 51** for more information on paced bottle feeding.

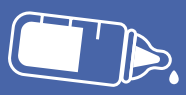


Switch which arm you use to hold the baby.

Every so often when feeding a bottle, switch the baby from one arm to the other so the baby has different things to look at. This can also help the baby continue to enjoy feeding on both sides; something that is important when breastfeeding.

Hold the baby during feeding.

Feed a baby while he or she is awake. Do not prop the bottle up on a pillow or other item for the baby to feed him or herself. Propping a bottle may cause choking or suffocation, as well as ear infections and tooth decay.



Use a slow flow bottle nipple.

This helps the baby control how much he or she eats and can reduce spit ups.

Hold the baby in the cradle of your arm, so that he or she is almost upright.

This keeps the baby secure, helps you see if the baby is showing signs of hunger or fullness, and can help prevent the baby from choking or getting too much liquid at once.

Burp during natural breaks in the feeding or at the end of the feeding.

Burp the baby by gently patting or rubbing the baby's back while he or she is resting on your shoulder or sitting on your lap.

Brush the nipple of the bottle across the baby's upper lip.

Wait for the baby's mouth to open before feeding.

How To Prevent Babies or Children From Drinking Another Child's Bottle (or Cup)

Do not let babies or children carry around bottles or cups. If a child drops a bottle, pick it up immediately, place it out of reach of other children, and clean up any spilled breastmilk or formula with soap and water.

- When children are drinking from a cup, clearly label the cup with the child's full name. It may also be helpful to give each child his or her own distinct-looking cup. This way, you and the child can identify the cup easily. This may help prevent another child from drinking from a cup that is not his or her own.
- At the end of the day, send all bottles home with the parent who brought the bottles. Never leave used bottles sitting around.

For more information on what to do if an infant or child drinks the wrong breastmilk, visit the CDC's website: **https://www.cdc.gov/breastfeeding/recommendations/other_mothers_milk.htm**. Check with your local health department to see if there are additional steps you need to follow.

Parent providing breastmilk that is labeled with the baby's full name and date the breastmilk was pumped.

If a Child Drinks From Another Child's Bottle or Cup

If a child has been mistakenly fed or has drunk from another child's bottle or cup of breastmilk, **inform the parents of both children** and follow guidance from the Centers for Disease Control and Prevention (CDC):

- **Tell the mother who provided the breastmilk that the bottle was given to the wrong child, and ask:**
  - When the breastmilk was **pumped** and how it was handled before it was taken to your **child care site**.
  - Whether she has ever had a Human Immunodeficiency Virus (HIV) test and, if so, would she be willing to share the results with the parents of the child who drank her breastmilk.
  - If she does not know whether she has ever been tested for HIV, would she be willing to contact her health care provider and find out if she has been tested.
  - If she has never been tested for HIV, would she be willing to be tested and share the results with the parents of the other child.

- **Discuss the mix up with the parent of the child who was given the wrong bottle:**
  - Tell them that their child was given breastmilk meant for another child.
  - Tell them that the risk of transmission of HIV and other diseases is very small.
  - Encourage the parent to notify the child's health care provider of the exposure.
  - Give the parents information on when the milk was pumped and how the milk was handled before it was taken to the child care site. This way, they can inform their own health care provider who can provide information on what steps or precautions are needed.

Drinking From a Cup

Many babies are able to drink small amounts from a cup held by another person around 6 months of age or later. Babies are usually developmentally ready to drink from a cup when they can sit without support and seal their lower lip on the rim of the cup.

Child care provider helping a baby drink from a cup.

Did you know?

Cups with lids that help prevent spilling, such as sippy cups, should only be used as a training tool to help a baby learn to drink from a cup.

How Can You Help a Baby Learn To Drink From a Cup?

Child care provider offering a cup to a baby.

- Hold the cup for the baby.
- Start with small amounts (2 to 3 fluid ounces) of breastmilk or infant formula in a cup. You do not need to fill the entire cup.
- Let the baby drink very slowly by tilting the cup slightly so only a very small amount of breastmilk or formula leaves the cup. This allows the baby to swallow at his or her own pace.
- Introduce a cup in place of a bottle at mealtime when older children may be drinking from cups around them.
- Allow babies to practice drinking from a cup before they stop using a bottle completely.

Transitioning From a Bottle Too Late

It is recommended that babies stop using a bottle entirely and use only cups by the time they are 18 months, or as developmentally appropriate. Children still drinking from a bottle beyond 18 months of age may:

- be more likely to develop tooth decay.
- drink so much milk that they don't eat enough **solid foods**.
- not get enough nutrients.
- be delayed in developing **feeding skills**.

Whether an infant is drinking from a bottle or a cup, there are many beverages that he or she should and should not try in their first year. **Table 7**, What Should Babies Drink? on **pages 55 and 56** gives more details on what babies should try, and why.

Reflux

Healthy babies may spit up during or after you feed them. Nearly half of all babies have what is known as "**reflux**" in the first few months of life. Reflux is what happens when some of the breastmilk or formula does not stay in the baby's stomach and the baby spits it out. Reflux usually goes away as babies get older, but sometimes they may need medicine. You can help a baby spit up less by:

- burping the baby at natural breaks during a feeding or at the end of a feeding.
- using the "paced bottle feeding" method.
- holding the baby upright for 30 minutes after giving a bottle.
- stopping the feeding when the baby shows signs of being full. See **Table 2**, How Can I Tell If a Baby Is Full? on **page 9**.

Vomiting is different from spitting up. Vomiting is usually more powerful and in much larger amounts. While reflux is common in babies, vomiting can be a sign of something more serious. If you see any of the following signs, you should let the parents know right away:

- fever
- bile, a green colored substance, in the vomit
- vomiting and fussiness that doesn't stop
- baby refuses more than one feeding
- blood in the vomit or in the diaper
- baby is breathing harder
- baby does not seem as alert as usual

Table 7 What Should Babies Drink?

Beverage	Should I serve this to a baby?	Why or why not?
Breastmilk	Yes	Breastmilk is the best source of nutrition for babies. It is the only food healthy babies need for about the first 6 months of their lives. It is still important for babies even after they start eating solid foods.
Iron-fortified infant formula	Yes	Iron-fortified infant formula is a good alternative to breastmilk. It contains the right amount of nutrients a baby needs to grow and be healthy. Iron-fortified infant formula is not creditable after a baby turns 13 months.
Juice	No	Juice, even 100% juice, does not credit towards a reimbursable meal or snack in the CACFP infant meal pattern. Doctors recommend not giving juice to children under 12 months of age.

Continued on pg 56

Continued from pg 55

Beverage	Should I serve this to a baby?	Why or why not?
Water*	Maybe	Babies do not need to drink water in about the first 6 months of life. Breastmilk and infant formula are the only beverages babies need. Once the baby has started eating solid foods, a baby's health care provider may recommend small amounts of water be given to him or her. On hot days, small amounts of water may also be needed. Parents can check with their health care provider to find out how much and how often their babies can drink water.
Cow's milk or goat's milk	No	Cow's milk and goat's milk are not recommended for babies younger than 12 months of age. These milks have too much protein and minerals for a baby. Cow's milk and goat's milk may not credit towards a reimbursable meal for infants without a signed medical statement from the baby's health care provider.
Sodas, sports drinks, sugar water, and fruit drinks	No	Sodas, sports drinks, sugar water, and fruit drinks should not be served to infants. Added sugars may lead to tooth problems and too much weight gain when he or she is older.
Tea and Coffee**	No	It may be common in some cultures to serve tea or coffee to a baby. However, according to the American Academy of Pediatrics, beverages with caffeine, including coffee and teas, are not recommended for babies.

* It is important to make sure the water offered to infants is from a safe source and does not contain unsafe amounts of lead or other contaminants.

** In addition to caffeine, teas may also have other things that can make a child sick. According to the Food and Drug Administration, teas brewed with a spice called "star anise" may cause vomiting, twitching, and seizures.

Caution: Never serve raw milk, or unpasteurized milk, to a baby. Raw milk is milk from cows, goats, or sheep that has not been heated to kill harmful bacteria. This raw, unpasteurized milk may have harmful bacteria that can make a baby very sick.

Key Concepts

Many babies are developmentally ready to drink from a cup when they can sit without support and seal their lower lip on the rim of the cup.

Hold babies or make sure they are seated in a high chair during a feeding. Making sure a baby is seated can lower a baby's risk of choking. It can also help prevent another child from drinking from the same bottle.

The only liquids an infant should be served are breastmilk, infant formula, and, around 6 months of age, water.

In This Chapter

In this chapter, you have learned about how to feed a baby using a bottle and cup. In the next chapter, you will learn about feeding a baby solid foods.

Check Your Knowledge

1. True/False: Adding cereal to a baby's bottle is good for the baby's health.

2. A 19-month-old enrolls at your child care site and is still drinking from a bottle even though he is developmentally ready to drink from a cup. What are some issues that may come from using a bottle at this age?

A Because it's easier to drink from a bottle than a cup, the child may drink so much milk that he is not hungry for other foods.

B Drinking from a bottle regularly may lead to tooth decay.

C Not drinking from a cup may mean that some important feeding skills may not develop, or may be delayed.

D All of the above.

3. The parents of a 9-month-old tell you that they are going to switch their baby from formula to whole cow's milk. This is because the rest of the family drinks cow's milk and purchasing one type of milk will be cheaper. Which of the following would be an appropriate response:

A Cow's milk should not be served to infants (those younger than 12 months) because it has too much protein and minerals that make it hard for a baby to digest.

B This may be difficult since cow's milk tastes different. Adding flavor or sweetener can help the baby transition.

C Formula can be expensive, but there is a local WIC clinic that can help.

D A and C.

E All of the above.

ANSWERS: 1. False. Adding cereal to a baby's bottle is not good for the baby's health. • 2. D. These are all issues that may come up from using a bottle at 19 months of age. • 3. D. Let parents know that cow's milk is not recommended for children under 12 months, and recommend community resources for infant formula.

Chapter 6
Feeding Solid Foods

What's In This Chapter?

By the end of this chapter, child care providers will be able to:

1. Identify solid foods that are creditable as part of a reimbursable infant meal or snack in the CACFP.
2. Describe when a baby is developmentally ready to start eating solid foods.
3. Offer different textures of foods based upon the baby's feeding skills.
4. List strategies for when and how to communicate with parents about solid foods.

What are solid foods?

Solid foods are foods that are easy and safe for a baby to eat once he or she is developmentally ready, usually around 6 months of age. Solid foods can be pureed, mashed, ground, or finely chopped to allow a baby to swallow the food without choking. Solid foods are also known as **complementary foods**.

Before around 6 months of age, most babies do not have the muscle control and coordination to eat **solid foods**. They are not "**developmentally ready**." When a baby is not developmentally ready to eat solid foods, he or she:

- is not able to sit in a high chair and hold his or her head up.
- may not be able to move his or her tongue to help swallow the food.
- may not open his or her mouth when foods come towards him or her.

For more information about when a baby is developmentally ready for solid foods, see **Chapter 1**: Giving Babies a Healthy Start With the CACFP on **page 6**.

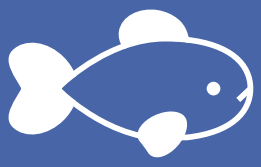
These **feeding skills** are needed for the baby to eat solid foods. The **CACFP** infant meal pattern allows for solid foods starting around 6 months of age. The term "around" is used because not all babies are developmentally ready for solid foods at exactly 6 months of age. Some babies may be ready for solid foods at 5 months, others at 6½ months.

The amounts of solid foods listed in the infant meal pattern are provided as a range, such as 0–2 tablespoons. This provides you with the flexibility to offer the right amount of solid foods based upon the baby's developmental readiness. You would give 0 tablespoons of a solid food if the baby has not yet started eating solids. You might give the baby less than 1 tablespoon of a solid food if he or she just started eating a solid food. Once the baby has been introduced to the solid food, you would offer the baby the full 2 tablespoons of the solid food.

Solid Foods for Babies 6 Through 11 Months

The CACFP infant meal pattern for babies 6 through 11 months includes solid foods, such as:

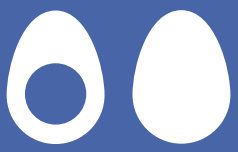
iron-fortified dry infant cereals



fish

poultry

meats



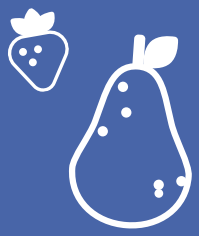
whole eggs (yolk and whites)

cooked dry beans or peas

cheese and cottage cheese

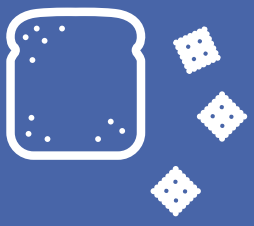
yogurt

vegetables



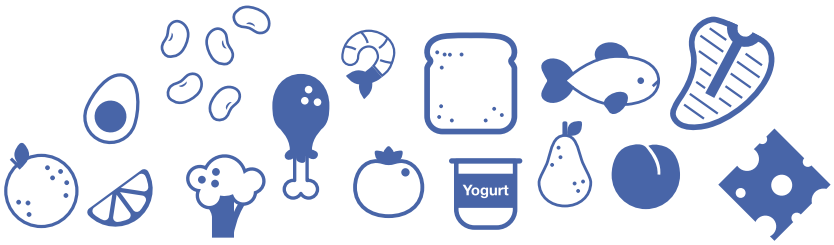
fruits

ready-to-eat cereals (snack only)



breads and crackers (snack only)

For more information on how these foods fit within the CACFP infant meal pattern, see **Table 3**, CACFP Infant Meal Pattern With Food Components in **Chapter 1**: Giving Babies a Healthy Start With the CACFP on **page 15**.



When To Start Feeding a Baby Solid Foods

How Can You Tell If It Is Time To Feed a Baby Solid Foods?

Talk with the baby's parents, so you know when they have started giving their baby solid foods. If you've noticed signs that the baby is ready for solid foods, you may also want to share the "**For Parents**: Is Your Baby Ready for Solid Foods?" handout on **page 12** with parents. At this time, you may want to ask the baby's parents to provide a written note or response about starting or delaying solid foods.

A **medical statement** from the baby's **health care provider** is not required if parents choose to start their baby on solid foods or delay the start of solid foods.

If the parents inform you that the baby is eating solid foods, then you must serve solid foods in order to claim reimbursement for the infant meal or snack in the CACFP. You can also ask parents to fill out the "**For Parents**: What Is Your Baby Eating? Let Us Know!" handout on **page 63** so you can keep track of what the baby has tried or might try.

If the parents indicate that the baby is not yet eating solid foods, continue to offer the **infant** the required amount of breastmilk or **iron-fortified infant formula**. The infant meal is still **reimbursable** if solid foods are not served because the baby may not be developmentally ready for solids. Provide the parent with information on the benefits of offering the baby solid foods once the baby is developmentally ready. Encourage the parents to talk with their baby's health care provider about introducing solids. Ask the parents to let you know when they have started feeding their baby solid foods.

Is Baby Jonathan Ready for Solid Foods?

Baby Jonathan is 5 months old. He can sit when his mom is holding him tight, but he does not have good control of his head and neck. Jonathan's parents are not sure if he is ready for solid foods. The child care provider hands them the "**For Parents**: Is Your Baby Ready for Solid Foods?" handout on **page 12** to offer more information. They learn that since Baby Jonathan cannot sit up well and does not have good head and neck control, he is not ready for solid foods. They make a plan to watch for signs that he is ready for solids.

Feeding Solid Foods Too Early

Feeding solid foods before a baby is developmentally ready may increase the chance that he or she will:

- choke on the food.
- drink less breastmilk or infant formula than needed in order to grow.
- be overweight or obese later in life.

Feeding solid foods before a baby is ready:

- does not help the baby sleep through the night.
- does not make the baby eat fewer times in a day.

Did you know?

A baby crying often is not a sign that the baby is ready for solid foods. Babies eat often because their stomachs are very small and they are growing quickly. Breastmilk and formula can give the baby the nutrients he or she needs until around 6 months of age.

If parents report fussiness and/or sleeping problems as a reason for wanting to start solid foods early, encourage them to discuss their concerns with their baby's health care provider. Sometimes ideas for other ways to calm or soothe a crying baby can be helpful. Crying does not always mean that the baby is hungry.

Feeding Solid Foods Too Late

Delaying the introduction of solid foods beyond the time when babies are developmentally ready may prevent them from eating the variety and amounts of food they need. This may increase the risk that babies will:

- not get the nutrition they need, especially iron and zinc.
- not grow normally.
- reject foods when they are given at a later age.
- have delayed speech and **motor development**.

Delaying solid foods may not reduce the risk of developing food allergies. According to the American Academy of Pediatrics, 6 to 8 months of age is considered an important time for introducing solid foods to babies. By the time babies are 7 to 8 months of age, and if developmentally ready, they should be consuming solid foods from all CACFP food components such as vegetables, fruits, grains, and meat and meat alternates, along with breastmilk or iron-fortified infant formula. Encourage parents to talk about solid foods with the baby's health care provider.

For Parents: What Is Your Baby Eating? Let Us Know!

Today's Date _____ Baby's Name (first and last) _____

Baby's Birth Date _____ Parent's Name (first and last) _____

Is your baby eating solid foods? ☐ Yes ☐ No

What texture(s) of food do you give to your baby?

☐ pureed

☐ mashed

☐ ground

☐ finely chopped

Which of these foods does your baby currently eat?

Grains

☐ crackers

☐ iron-fortified infant cereal (check all that apply)
- ☐ barley cereal
- ☐ oat cereal
- ☐ wheat cereal
- ☐ rice cereal

☐ ready-to-eat cereal (such as whole-grain o-shaped cereal)

☐ pieces of bread/toast ☐ pieces of pita bread ☐ pieces of soft tortilla

Meat and Meat Alternates (Protein Foods and Dairy)

☐ beans ☐ beef ☐ pork ☐ chicken ☐ cottage cheese

☐ eggs ☐ fish ☐ turkey ☐ cheese ☐ yogurt ☐ shellfish

Which of these foods does your baby currently eat?

Vegetables

☐ broccoli ☐ butternut squash ☐ cauliflower ☐ corn ☐ spinach ☐ peas

☐ carrots ☐ sweet potatoes ☐ tomatoes ☐ green beans ☐ other: _____

Fruits

☐ apples ☐ apricot ☐ bananas ☐ blueberries ☐ mangos

☐ peaches ☐ pears ☐ prunes ☐ strawberries ☐ other: _____

What else does your baby eat? _____

_____

_____

_____

_____

_____

_____

Parent's Signature: _____

A handout from *Feeding Infants in the Child and Adult Care Food Program*
https://teamnutrition.usda.gov • FNS 786D • March 2019

A Baby's Feeding Skills

Babies are born with feeding skills that allow them to drink breastmilk or infant formula. As babies get older, they develop new skills to eventually help them feed themselves with your supervision. Offering babies different **textures** of food as they get older helps them learn or strengthen different feeding skills.

See **Table 8**, Introducing Different Textures of Food Based on Feeding Skills on **page 68**.

Introducing New Foods

While it used to be thought that babies needed to try new foods in a certain order, we now know that is not the case. However, iron-fortified **infant cereals** and pureed meats are good first foods because they provide iron and zinc that babies need around 6 months of age. It is a recommended practice that parents introduce the baby to one new food at a time over the course of a few days. This allows parents to watch the baby closely for any allergic reactions to the food.

Encourage parents to keep you informed of any new foods they are offering their baby and any history of allergic reactions.

Remember, babies can still have a reaction to a food even if they did not have a reaction the first time they tried the food. Always pay close attention to the baby during feeding.

For more information on signs a baby is having an allergic reaction to food, see **Chapter 10**: Food Allergies and Intolerances on **page 119**.

Did you know?

Babies begin losing iron after birth and have a significantly lower amount by the time they are 6 months of age. For breastfed babies, it's especially important to introduce iron-fortified infant cereal and pureed meats or poultry when the baby is ready to eat solid foods because they provide iron and zinc that babies need as they grow.

What if a baby doesn't like a food when trying it for the first time?

Infants and children may not like a particular food the first few times trying it. Infants and children may need to be offered a new food more than 10 times before a child might like it. Do not give up! Continue to offer foods babies did not like the first time to see if they will give it another try.

How To Feed Solid Foods to a Baby

Child care provider feeding solid foods to a baby.

1. Look for signs of hunger before feeding a baby.
2. Wash your hands.
3. Spoon baby food from the jar or container and put it in a small bowl.
4. Wash the baby's hands and place the baby in an age-appropriate feeding chair. Have the baby eat with other children when possible.
5. Put a bib on the baby.
6. Sit with the baby while he or she is eating. Talk to the baby during the feeding and have good eye contact.
7. When the baby is developmentally ready, let the baby try feeding him or herself. Soft finger foods give babies a chance to feed themselves without assistance. You can also let the baby try eating with a spoon. Monitor the baby during eating for any signs of choking or allergic reactions.

Feed a baby from a bowl or plate instead of directly from the baby food container. If the spoon used for feeding is put back into the jar, bacteria in the baby's saliva can cause the food in the jar to spoil. If more food is needed from the container, always use a clean spoon to move it from the container to the baby's plate or bowl.

A baby showing signs of fullness.

How To Feed Solid Foods to a Baby (continued)

8. Help the baby practice drinking breastmilk or formula from a cup, if developmentally ready.
9. Talk to the baby in a soft and encouraging voice. Keep good eye contact and smile. Games and other disruptions can be distracting or overwhelming to a baby.
10. Watch for signs that the baby is full.
11. After feeding, wash the baby's hands and face. Remove the bib.
12. Discard uneaten food from bowls, trays, or bottles.

Offer the baby a variety of foods and textures that are appropriate for his or her feeding skills. See **Table 8**, Introducing Different Textures of Food Based on Feeding Skills on **page 68** for more information.

Do not heat the baby food container in a microwave. This may create "hot spots" in the food, which could burn the baby's mouth. If baby food has to be heated, pour the food into a bowl, plate, or pot and heat on the stove or with a food warmer until warm. Then, stir and test the temperature to make sure the food is not too hot before feeding.

Table 8 Introducing Different Textures of Food Based on Feeding Skills

	Birth – 5 Months	Around 6 – 8 Months	Around 8 – 12 Months
Feeding Skills	 Baby can suck/swallow	 Baby can move food from spoon to back of mouth and swallow	 Baby can pick up pieces of foods with fingers
Texture of Food	Liquids (breastmilk or iron-fortified infant formula)	Pureed and mashed soft solid foods Liquids (breastmilk or iron-fortified infant formula)	Ground or finely chopped soft solid foods* Ready-to-eat cereal, such as whole-grain o-shaped cereal. Strips of breads. Small pieces of crackers.** Liquids (breastmilk or iron-fortified infant formula)
Feeding Style	 Breastfeeding or bottle feeding	 Spoon-fed by you Introduce a cup	 Baby can feed self with a spoon or pick up finger foods

*To help prevent choking, grind or finely chop foods to no more than ½ inch in size or cut into thin slices that can easily be chewed.

** Choose crackers without seeds, nuts, or whole grain kernels to avoid choking.

Preparing Foods in Different Textures

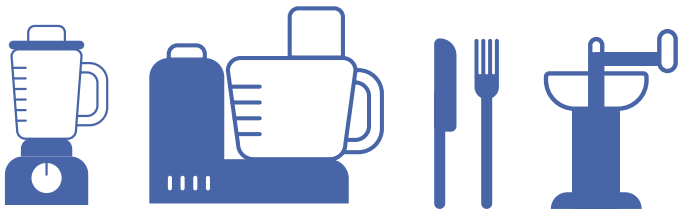
As a baby develops, it is important to give him or her the chance to try different textures of solid foods, moving from **pureed foods** to those that are mashed, ground, or finely chopped. This helps the baby develop feeding and chewing skills. It also helps the baby get used to the feel of different textures of foods in his or her mouth.

You can use fresh, cooked, canned, or frozen foods to make foods that are the right texture for the baby. Start by offering pureed solid foods and move to foods mashed by a fork, ground, or finely chopped. You can also buy baby foods that are different in texture.

Butternut squash being pureed in a food processor.

For more information on specific foods that should not be served to a baby, see **Chapter 9**: Choking Prevention on **page 114.**

Always cut foods to no more than ½ inch size or cut into thin slices that can easily be chewed to avoid choking. Look at the shape, size, and texture of foods before serving them to babies.



Pureeing Foods

Pureed foods are foods that are blended to a very smooth texture. Iron-fortified infant cereal, vegetables, fruits, meats, poultry, and other solid foods can be blended with cooking liquid or water to puree the food so the texture is appropriate for a younger baby. As the baby gets older, add less liquid to create a thicker puree. If you are cooking for one baby, you can use breastmilk or infant formula to change the texture of the food. For packaged foods, like iron-fortified infant cereal, follow the preparation directions on the package.

Did you know?

Some vitamins, like B vitamins and vitamin C, can leak out of foods during cooking. Using the liquid leftover from cooking to puree foods allows you to add some of the vitamins back into the dish you are preparing!

Mashing Foods

Once a baby is used to pureed foods, **mashed foods** are a good texture to try next. Mashed foods are lumpier than pureed foods. Similar to pureed foods, iron-fortified infant cereal, vegetables, fruits, meats, poultry, and other solid foods can be mixed with cooking liquid or water before they are mashed with a fork or other kitchen equipment. If you are cooking for one baby, you can use breastmilk or infant formula to change the texture of the food.

Grinding and Finely Chopping Foods

At around 8 through around 12 months of age, the baby may be ready for new textures. Grind or finely chop or dice soft foods into small pieces, no larger than ½ inch, or thin slices to avoid choking. Foods should be easy for the baby to chew. At this time, the baby should be able to use his or her **pincer grasp** (thumb and index finger) to pick up the small pieces of food.

What Is a Reimbursable Infant Meal or Snack for Babies 6 Through 11 Months?

The infant meal pattern is made up of different food components, as shown in **Table 3**, CACFP Infant Meal Pattern With Food Components on **page 15**. From 0 through 5 months, breastmilk or infant formula is the only food component required. The infant meal pattern for babies that are 6 through 11 months includes solid foods as additional food components once the baby is developmentally ready. These additional solid food components include grains, meat and meat alternates, and vegetables and fruits. The food components are offered as part of a meal or snack, but since babies do not eat on a set schedule, the components may be offered throughout the course of the morning or afternoon. For example, a baby may eat part of his or her breakfast at 9 a.m. and more of his or her breakfast at 10:30 a.m. This is still reimbursable as the breakfast meal.

For more information on how to prepare different foods for babies, see **Chapter 7**: Buying and Preparing Baby Foods on **page 93**.

A baby using the pincer grasp to pick up a ready-to-eat cereal.

What Types of Grains Can Be Offered Under the Infant Meal Pattern?

Grains served must be made with **enriched** or whole-grain meal or flour. Ready-to-eat breakfast cereals and infant cereals that are fortified are also **creditable**. There is not a whole grain-rich requirement in the CACFP infant meal pattern.

See the "Grains" section of the "Food Buying Guide for Child Nutrition Programs" for information on how to determine if a grain is creditable in the CACFP. The "Food Buying Guide for Child Nutrition Programs" can be found online at https://foodbuyingguide.fns.usda.gov.

Examples of grains in the infant meal pattern.

Dry Iron-Fortified Infant Cereal

Dry iron-fortified **infant cereal** is cereal that has iron added to it. Iron is an important nutrient for babies. Both single-grain infant cereal, such as wheat, oat, and barley, as well as mixed-grain infant cereal are creditable as long as they are iron-fortified. Babies should be given the single-grain iron-fortified infant cereal first to make sure he or she does not have an allergic reaction. If the baby does not have a reaction, then mixed-grain iron-fortified infant cereal can be offered.

INGREDIENTS: WHOLE GRAIN WHEAT FLOUR, WHOLE GRAIN OAT FLOUR, OAT FLOUR, RICE FLOUR, WHOLE GRAIN RYE FLOUR, VITAMINS AND MINERALS: CALCIUM CARBONATE, VITAMIN C (ASCORBIC ACID), IRON (ELECTROLYTIC), ZINC SULFATE, VITAMIN E (ALPHA TOCOPHERYL ACETATE), NIACINAMIDE*, VITAMIN B2 (RIBOFLAVIN), VITAMIN B1 (THIAMIN MONONITRATE), VITAMIN B6 (PYRIDOXINE HYDROCHLORIDE), VITAMIN B12, FOLIC ACID*.

How Can I Tell If an Infant Cereal Is Iron-Fortified?

To tell if an infant cereal is "iron-fortified," look at the ingredients list on the back of the infant cereal package. As long as one of the ingredients listed is "iron," "ferric fumarate," "electrolytic iron," or "iron (electrolytic)," then the cereal is iron-fortified.

Did you know?

Arsenic is found naturally in water, soil, and some foods, including infant rice cereal. If eaten over a long period of time it can be harmful. The Food and Drug Administration encourages parents to follow the American Academy of Pediatrics advice and feed babies a variety of grains to make sure babies are not eating too much arsenic.

Example of a ready-to-eat cereal.

Ready-to-Eat Cereals

Ready-to-eat cereals include flakes, rounds, and o-shaped cereals that older babies can pick up and eat. These cereals can only credit towards snacks, not meals. The cereal must not contain more than 6 grams of sugar per dry ounce of cereal and must be iron-fortified. Some ready-to-eat cereals may be a choking hazard. Choose cereals that dissolve easily in the mouth and do not include nuts, dried fruits, or other hard food items.

If you use a cereal from a WIC-approved cereal list, make sure the ready-to-eat cereal is made with enriched or whole-grain meal or flour or is fortified.

How Can I Tell When a Cereal Only Has 6 Grams of Sugar or Less Per Dry Ounce of Cereal?

Almost all infant cereals meet this sugar limit, and there are many types of ready-to-eat cereal that meet this sugar limit as well. There are a couple of ways to figure out if a cereal meets the sugar requirement. You can:

- Use any cereal that is listed on any **State agency's Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)**-approved cereal list, found as part of the State's approved food lists.
- Use the chart in USDA Team Nutrition's training worksheet "Choose Breakfast Cereals That Are Lower in Added Sugars." The worksheet includes the chart on **page 73** with common breakfast cereal serving sizes and the maximum amount of sugar the breakfast cereal may contain per serving. This worksheet can be found in **Appendix D**: Choose Breakfast Cereals That Are Lower in Added Sugars on **page 145** or online at: https://www.fns.usda.gov/cacfp-training-tools.

Nutrition Facts

Serving Size ¾ cup (30g)
Servings Per Container about 15

Amount Per Serving	Cereal
Calories 100	**100**
Calories from Fat 5	**5**
	% Daily Value*
Total Fat 0.5g	**1%**
Saturated Fat 0g	**0%**
Trans Fat 0g	
Polyunsaturated Fat 0g	
Monounsaturated Fat 0g	
Cholesterol 0mg	**0%**
Sodium 140mg	**6%**
Potassium 90mg	**3%**
Total Carbohydrate 22g	**7%**
Dietary Fiber 3g	**11%**
Sugars 5g	
Other Carbohydrate 14g	
Protein 3g	

Find the serving size and sugars line on the Nutrition Facts label. In **Table 9**, Sugar Limits for Ready-to-Eat Cereals, look at the number to the right of the serving size amount. If the cereal has that amount of sugar, or less, your cereal meets the sugar requirement.

Baby eating a ready-to-eat cereal at snack.

Table 9 Sugar Limits for Ready-to-Eat Cereals

Serving Size	Sugars
If the serving size is:	**Sugars cannot be more than:**
0–2 grams	0 grams
3–7 grams	1 gram
8–11 grams	2 grams
12–16 grams	3 grams
17–21 grams	4 grams
22–25 grams	5 grams
26–30 grams	6 grams
31–35 grams	7 grams
36–40 grams	8 grams
41–44 grams	9 grams
45–49 grams	10 grams

Serving Size	Sugars
If the serving size is:	**Sugars cannot be more than:**
50–54 grams	11 grams
55–58 grams	12 grams
59–63 grams	13 grams
64–68 grams	14 grams
69–73 grams	15 grams
74–77 grams	16 grams
78–82 grams	17 grams
83–87 grams	18 grams
88–91 grams	19 grams
92–96 grams	20 grams
97–100 grams	21 grams

Breads and Crackers

Thin slices and pieces of bread no larger than ½ inch.

Strips or small pieces of breads and crackers may credit towards snacks under the infant meal pattern. These include, but are not limited to:

- Small strips or pieces of dry bread or toast, such as whole-wheat, French or Italian bread
- Small pieces of crackers without seeds, nuts, or whole grain kernels
- Small pieces of soft tortilla or soft pita bread
- Teething crackers, biscuits, and toasts
- Small pieces of English muffins
- Small pieces of rolls
- Small pieces of cornbread or corn muffins

What Types of Meats and Meat Alternates Can Be Offered Under the Infant Meal Pattern?

Meats and Poultry

Meats and poultry, including beef, pork, lamb, veal, chicken, and turkey, are creditable in the CACFP infant meal pattern. Like iron-fortified infant cereals, meats and poultry are good first foods for babies because they provide iron and zinc that babies need around 6 months of age.

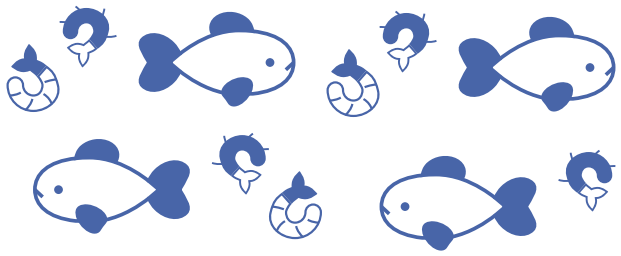
- All meats must be USDA inspected.
- **Store-bought baby food** meats made with broth or gravy are creditable in the CACFP.

Fin Fish and Shellfish

Both fin fish and shellfish purchased from a commercial source may be offered to infants 6 through 11 months old when developmentally ready for solid foods. These include salmon, trout, flounder, cod, haddock, perch, tilapia, crab, shrimp, and other fish and shellfish. According to the American Academy of Pediatrics, there is no evidence that waiting to introduce common allergens, such as fish or shellfish, beyond 4 to 6 months of age will prevent a food allergy.

Remove any bones or shells and modify the texture of the fish and shellfish based upon the feeding skills of the baby.

Help parents learn about other sources of iron by giving them the "**For Parents**: Making Sure Your Baby Gets Enough Iron" handout on **page 76**.



The U.S. Food and Drug Administration and the Dietary Guidelines for Americans recommend that pregnant women and young children avoid eating fish that typically have higher mercury levels. These include:

- shark
- swordfish
- king mackerel
- tilefish
- bigeye tuna
- orange roughy
- marlin

Home-caught fish is only creditable if it meets State or local public health policies regarding food safety.

See the "Meat/Meat Alternates" section in the "Food Buying Guide for Child Nutrition Programs" for information on processed fish products, such as fish sticks. The "Food Buying Guide for Child Nutrition Programs" can be found online at https://foodbuyingguide.fns.usda.gov.

Cheese

Pasteurized cheeses that meet the U.S. Food and Drug Administration's standard of identity for cheese[2] are allowed under the infant meal pattern for 6 through 11 months. This can include:

- Pasteurized processed American cheese
- Natural cheddar or Colby cheeses
- Monterey jack or mozzarella (part skim or whole) cheeses
- Muenster and provolone cheeses
- Cottage cheese

Cheese food, cheese spread, and cheese product are not creditable under the infant meal pattern because they are generally higher in salt and lower in protein.

Tip:

Information about mercury levels in specific fish can be found at the Food and Drug Administration food safety website, found here: https://www.fda.gov/Food/FoodbornеIllnessContaminants/Metals/default.htm. You can also contact your State or local health department or call 1-888-SAFEFOOD (1-888-723-3366) for more information.

Caution. Never feed babies dairy products made from raw, unpasteurized milk. Unpasteurized milk products may contain harmful bacteria that can cause the baby to be very sick.

[2]Food and Drug Administration. 21 CFR Part 133. 2012.

For Parents: Making Sure Your Baby Gets Enough Iron

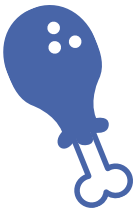
Iron is one of the key nutrients babies need during their first year of life. Iron helps to transport oxygen throughout the body, which is important for a baby's growth and brain development.

Babies that are only breastfed typically run out of the iron they are born with between 4 and 6 months of age. Your baby's health care provider may give your baby an iron supplement until your baby is ready for solid foods. When your baby is ready for solid foods, make sure your baby is eating foods that contain iron.

Good Sources of Iron:

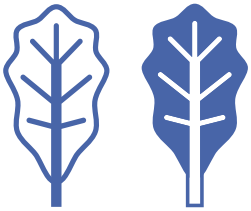
Iron-fortified infant formula

Fortified ready-to-eat cereals



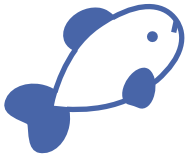
Chicken

Iron-fortified infant cereal

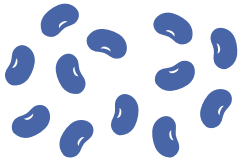


Leafy green vegetables

Beef



Fish

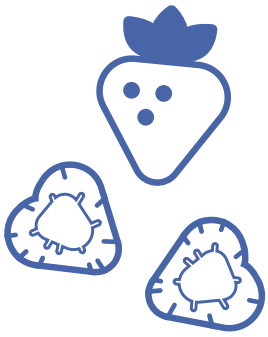


Beans

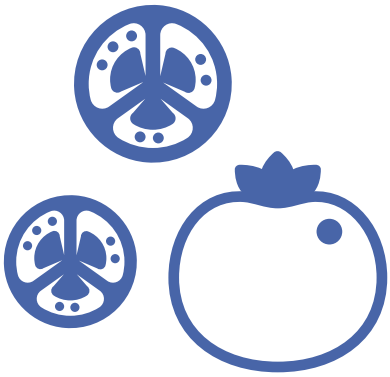
Continue reading on the back of this handout about good sources of vitamin C to pair with the iron-rich foods on this page.

Good Sources of Vitamin C

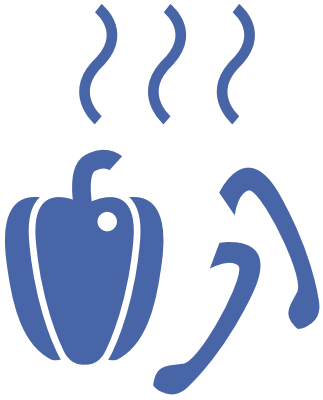
Vitamin C helps our bodies absorb iron! When you serve a baby iron-rich foods like the ones on the front of this handout, pair them with foods that contain vitamin C. Remember to prepare the following foods to the right texture and size to prevent choking.



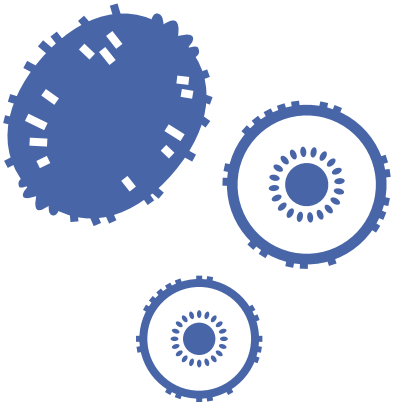
Strawberries



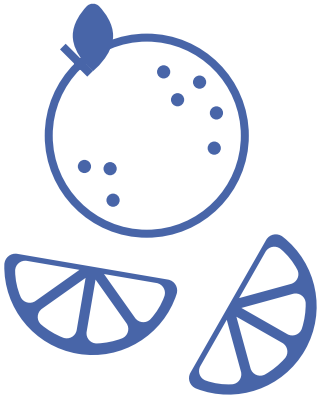
Tomatoes



Cooked red peppers



Kiwi



Oranges

Cooked broccoli

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Eggs

Shell eggs or liquid pasteurized whole eggs may be offered as part of a reimbursable meal or snack. Eggs must be federally inspected. There is no evidence that waiting to introduce egg whites beyond 4 through 6 months of age will prevent a food allergy. The whole egg, including both the egg yolk and the egg white, must be served in order for it to be creditable.

Cooked Dry Beans and Peas

Any cooked dry beans and peas, such as lentils, black beans, pinto beans, or chickpeas, may be served to babies who are developmentally ready to accept them. This includes canned beans and peas. Look for those labeled "reduced sodium." Puree or mash beans and peas to avoid choking. Green peas are not considered a meat alternate.

Nuts and Seeds

Nuts, seeds, peanut butter, and other nut or seed butters are not creditable as part of a reimbursable infant meal.

Did you know?

If you serve cooked dry beans and peas, they can be credited as a vegetable or meat alternate in the infant meal pattern. However, cooked dry beans and peas cannot be credited as both a vegetable and a meat alternate in the same meal. This also applies to canned beans and peas.

A boiled egg diced with the yolk and egg white.

Processed Meats

Processed meats and poultry such as hot dogs (frankfurters), infant meat and poultry sticks (not dried or semi-dried, like jerky), chicken nuggets, fish sticks, and sausage can be part of a reimbursable meal to give greater flexibility to the menu planner. However, they are not recommended. The American Academy of Pediatrics recommends limiting these foods because they are higher in sodium than other meat products. Some forms of these foods may cause choking, such as hot dogs cut into rounds. Instead, offer babies plain meats, poultry, fish, and eggs that have been changed to be the right texture (pureed, mashed, ground, finely chopped, etc.) for the baby based on his or her development. Remember to always cut foods into thin slices, and no larger than ½ inch, to prevent choking.

Tofu

Tofu is not creditable as part of a reimbursable infant meal.

Yogurt

Store-bought low-fat, reduced-fat, and whole milk yogurts are creditable under the infant meal pattern for babies 6 through 11 months.

Homemade yogurts are not creditable. The yogurt must be pasteurized and meet the U.S. Food and Drug Administration's standard of identity for whole,[3] low-fat,[4] or non-fat[5] yogurt. Yogurt must contain no more than 23 grams of sugar per 6 ounces of yogurt. See **Table 10**, Sugar Limits for Yogurt on **page 80** for more information.

- Soy yogurt is not creditable as part of the infant meal pattern.
- Yogurt with fruit is creditable in the infant meal pattern if it meets the sugar limit.
- Yogurt products, such as frozen yogurt, drinkable or liquid yogurt products, yogurt smoothies, homemade yogurt, yogurt flavored products, yogurt bars, and freeze-dried yogurt snacks are not creditable.

How Can I Tell When a Yogurt Has No More Than 23 Grams of Sugar Per 6 Ounces?

To help you identify yogurts with no more than 23 grams of sugar per 6 ounces, you can:

- Use the chart in USDA Team Nutrition's training worksheet "Choose Yogurts That Are Lower in Added Sugars." The worksheet includes the chart on **page 80** with common yogurt serving sizes, including ounces and grams, and the maximum amount of sugar the yogurt may contain per serving. This worksheet can be found in **Appendix E**: Choose Yogurts That Are Lower in Added Sugars on **page 147** or online at https://www.fns.usda.gov/tn/cacfp-meal-pattern-training-tools.

Tip:

Soy yogurt and tofu are not creditable as part of a reimbursable meal or snack in the infant meal pattern.

Child care provider feeding yogurt to a baby.

[3]Food and Drug Administration. 21 CFR 131.200. 1999.
[4]Food and Drug Administration. 21 CFR 131.203. 1999.
[5]Food and Drug Administration. 21 CFR 131.206. 1999.

Table 10 Sugar Limits for Yogurt

Serving Size Ounces (oz.)	Serving Size Grams (g.) (Use when the serving size is not listed in ounces)	Sugars
If the serving size is:		Sugars must not be more than:
1 oz.	28 g.	4 g.
1.25 oz.	35 g.	5 g.
1.5 oz.	43 g.	6 g.
1.75 oz.	50 g.	7 g.
2 oz.	57 g.	8 g.
2.25 oz.	64 g.	9 g.
2.5 oz.	71 g.	10 g.
2.75 oz.	78 g.	11 g.
3 oz.	85 g.	11 g.
3.25 oz.	92 g.	12 g.
3.5 oz.	99 g.	13 g.
3.75 oz.	106 g.	14 g.
4 oz.	113 g.	15 g.
4.25 oz.	120 g.	16 g.
4.5 oz.	128 g.	17 g.
4.75 oz.	135 g.	18 g.
5 oz.	142 g.	19 g.
5.25 oz.	149 g.	20 g.
5.3 oz.	150 g.	20 g.
5.5 oz.	156 g.	21 g.
5.75 oz.	163 g.	22 g.
6 oz.	170 g.	23 g.
6.25 oz.	177 g.	24 g.
6.5 oz.	184 g.	25 g.
6.75 oz.	191 g.	26 g.
7 oz.	198 g.	27 g.
7.25 oz.	206 g.	28 g.
7.5 oz.	213 g.	29 g.
7.75 oz.	220 g.	30 g.
8 oz.	227 g.	31 g.

What Types of Vegetables and Fruits Can Be Offered Under the Infant Meal Pattern?

Vegetables and Fruits

All vegetables and fruits can be offered to babies. They contain important nutrients and fiber. To avoid choking, remember to cook and prepare vegetables and fruits to the appropriate texture. Remove all pits, seeds, skins, and peels before serving the food. Always cut vegetables and fruits into thin slices, and no larger than ½ inch, to prevent choking.

- Fruit and vegetable juices, even 100% juice, are not creditable under the infant meal pattern.
- The American Academy of Pediatrics recommends that homegrown spinach, beets, turnips, carrots, and collard greens should not be fed to infants less than 6 months of age. These foods may contain high levels of nitrates. This can cause a condition which can make it harder for a baby's blood to carry oxygen throughout the body.

Caution. Remove pits, seeds, skins, and peels from vegetables and fruits before serving.

Encourage parents to offer a variety of vegetables to their baby for healthy growth and development. You can use the "**For Parents**: Varying Your Baby's Veggies" handout on **page 88** to help parents keep track of the vegetables their baby has tried.

What Other Types of Foods Are or Are Not Creditable in the Infant Meal Pattern?

Desserts

Grain-based desserts such as cookies, sweet pie crusts, doughnuts, cereal bars, breakfast bars, granola bars, sweet rolls, toaster pastries, cake, and brownies, including baby food varieties of these items, are not creditable as part of a reimbursable meal in the CACFP. These foods are high in saturated fats and added sugars.

Honey

Honey may contain bacteria that can cause infant botulism. Infant botulism is a serious illness that can make a baby very sick. Babies are at a higher risk of getting infant botulism until they turn 1 year old. Therefore, honey should never be fed to babies younger than one. This includes honey served on its own, as a topping for other foods, or cooked or baked into other foods. Also avoid serving store-bought foods made with honey, including honey graham crackers, cereals with honey, etc.

Make sure babies have tried all food ingredients before serving a mixed dish.

Table Foods

If you have older babies in your care (about 10 through 12 months) they may be ready to try foods that older children and adults are also eating, known as table foods. This can be helpful if you are a family child care provider and want to cook the same foods for all the children in your care.

You may need to cook foods for the baby a little longer so it is softer. You may also need to cut it into smaller pieces for babies. For example, the baby can have some of the sweet potato you're making for older children as long as you cook that portion just a bit longer—until it's soft—and mash or chop it into small pieces no larger than ½ inch.

If you are offering a mixed dish, first make sure the baby has tried all of the food ingredients before. With some dishes like soup, you may be able to separate out some of the cooked ingredients, such as cooked vegetables or meat, and change their texture further if needed. If your dish has foods that do not credit towards a reimbursable meal under the infant meal pattern, such as the noodles in lasagna, the food can still be served to the baby. Only the ingredients that are creditable in the infant meal pattern, such as cheese, meat, poultry, or vegetables, will count towards the reimbursable meal.

Artificial Sweeteners

Artificial sweeteners or sugar substitutes (such as aspartame, sucralose, stevia, saccharin, and others) can be found in low-calorie foods and drinks. These are not recommended for babies.

Babies grow quickly and need many nutrients for their health and development. To help build taste preferences for a variety of foods, it is important to introduce babies to different tastes and textures, and not just those that are sweet. For this reason, you may want to limit serving foods with both natural sweeteners and artificial sweeteners to infants.

Tip:

The American Academy of Pediatrics recommends introducing single ingredient foods to babies first before giving a mix of foods, or combination foods. Once the baby has tried each ingredient in a mixed food without having an allergic reaction, then the baby can try the combination food. For example, if you want to serve scrambled eggs with cheese, make sure the baby has tried eggs and cheese separately before serving the two mixed together.

Even after a baby starts eating solid food, breastmilk and iron-fortified infant formula are still the best beverages to offer babies at meals and snacks.

Added Sugars, Fats, and Sodium

Taste preferences and eating habits are formed early in a child's life. It is important to offer a baby food that is lower in added sugar, saturated fat, and sodium (salt). Sweetened foods and foods high in saturated fat can make a baby feel full without providing the key nutrients he or she needs for healthy growth.

As a reminder, grain-based desserts are not creditable in the CACFP infant meal pattern. Grain-based desserts are food items such as cookies, brownies, granola bars, etc.

For a longer list of grain-based desserts, see "Desserts" on **page 81**.

For a full list of beverages and foods that are creditable and non-creditable, see **Appendix F**: Infant Foods List, on **page 149**. For more information on beverages, see **Table 7**, What Should Babies Drink? on **page 55.**

See **Table 11**, When a Baby Is Eating Solid Foods on **page 84** for an example of parent-provided food components.

Tip:

Cow's milk, goat's milk, soy milk, sodas, sports drinks, fruit drinks, sugar water, juice (even 100% juice), tea, and coffee should not be offered to babies at your **child care site**.

Food Components Provided by the Parents

A food component provided by parents may also credit toward the reimbursable meal. For babies who are eating solid foods, there are two options to claim reimbursement.

1. If the parent provides breastmilk or a creditable infant formula for the baby, then your child care site must provide all of the solid food components in order for the meal to be reimbursable.
2. If the parent provides a solid food component for a baby, then your child care site must provide a creditable iron-fortified infant formula and all other solid food components.

Breastmilk provided by parents.

Table 11 When a Baby Is Eating Solid Foods

If a parent brings in...	You must offer...
Breastmilk	All other solid food components
Iron-fortified infant formula	All other solid food components
A solid food component (for example, pureed meat)	Iron-fortified infant formula All other solid food components

Special Dietary Needs Due to Disabilities

As a child care site participating in the CACFP, you must make substitutions to meals for participants with a disability. If the food you offer does not meet the needs of a baby with a disability due to special dietary needs, then another food item within the same food component can be substituted by you or the parents. For example, if a baby in your care cannot eat peaches, you can provide another fruit such as apples, pears, or bananas as part of the reimbursable meal. You should always try to find a substitution. However, if the baby's health care provider writes a medical statement that notes the baby cannot eat any foods in that food component, then you do not have to serve that food component. If the substitution is due to a disability or special dietary need, the medical statement must include the name of the food(s) to be avoided, explain how the food(s) affects the baby, and be signed by the baby's health care provider. Recommended substitutions of food(s) can also be included on the medical statement. Keep the medical statement on file in a secure location at your child care site.

Special Dietary Needs Due to Religious Reasons

If a parent requests a meal change due to religious reasons, then another food item within the same food component can be substituted by you or the parents. For example, if the parents do not want their baby to eat pork, then a different meat or meat alternate can replace the pork for that meal. In this case, the meal would still be reimbursable. It is recommended to have a parent's note and signature on file showing that this request was made. A medical statement is not needed.

Feeding Solid Foods to Vegetarian or Vegan Babies

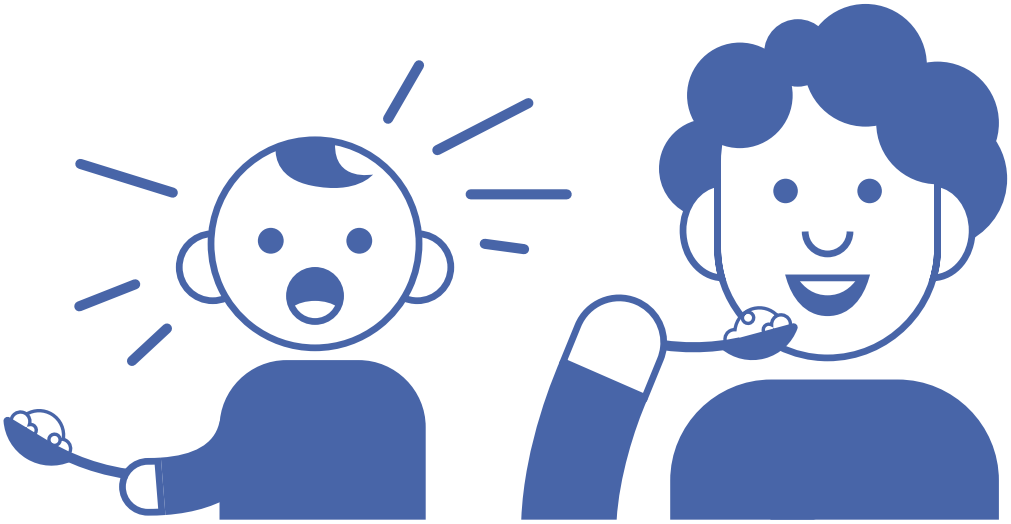
Baby eating pureed black beans.

If parents have indicated that the baby is following a vegetarian or vegan eating pattern, you can still offer meals and snacks that fit within the infant meal pattern. The parents may provide an iron-fortified, soy-based infant formula without a medical statement, if desired. Cow's milk, soy milk, rice milk, almond milk, hemp milk, and homemade formulas may not credit towards a reimbursable infant meal or snack because they are missing important nutrients for healthy growth and development.

A baby following a vegetarian eating pattern may be offered pureed or mashed beans, cheese, yogurt, or whole eggs. Tofu and soy yogurt may not credit towards a reimbursable meal without a medical statement, but you or the parents may choose to serve them as additional food items.

Nut and seed butters are also not creditable towards a reimbursable meal under the infant meal pattern. Chunks of nut or seed butters pose a choking risk for infants.

At 12 months of age, vegan infants can be transitioned from infant formula to soy milk that is nutritionally equivalent to cow's milk. Babies can also continue to receive breastmilk in place of fluid cow's milk after 1 year of age.



Be a Role Model at Mealtime

You can model how to eat new foods for the baby! Mealtimes provide a chance to show how to use a spoon or fork to eat a small amount of food. Show your enjoyment of the food by smiling and using a positive tone of voice. If older children eat meals with the baby at the child care site, encourage them to also model good eating behaviors for the baby. This can help create a positive and encouraging eating environment.

Tip:

The CACFP does not require that you provide a daily activity chart, but it is a great way to communicate with parents!

See **Appendix A**: Sample Infant Daily Activity Chart on **page 139** for an example of a daily activity chart you can use to share information with parents.

Keep parents updated on how feeding is going.

Keep Parents Updated

You and the parents are a team when it comes to feeding the baby. You need information from parents about what solid foods to feed to the baby, and they need to know how feeding is going at the child care site and how much the baby is eating. One way to share this information with parents is through a daily activity chart. The chart could include things like what the baby ate, bowel movements, number of wet and dirty diapers, number and length of naps, and other important notes.

For Child Care Providers: Feeding Babies in Their First Year

Baby's age	When baby can:	Serve these foods in the CACFP:
Birth through 5 months	• Only suck and swallow	**Liquids Only** • Breastmilk • Iron-fortified infant formula
Around 6 months through 8 months	• Draw in upper or lower lip as spoon is removed from mouth • Move tongue up and down • Sit up with support • Swallow soft solid foods without choking • Open the mouth when they see food • Drink from a cup with help, with spilling	**Serve liquids above and add solid foods when babies are developmentally ready, including:** • Cooked, plain pureed/mashed vegetables • Plain pureed/mashed fruit • Plain pureed/mashed meat and meat alternates (dairy and protein foods): meat, poultry, fish, whole eggs, cheese, yogurt, and cooked dry beans and peas • Iron-fortified infant cereals, bread, small pieces of crackers
Around 8 months through 12 months	• Move tongue from side to side • Begin spoon feeding themselves with help • Begin to chew and have some teeth • Begin to hold food and use their fingers to feed themselves • Drink from a cup with help, with less spilling	**Serve liquids and foods above, and add: A variety of new solid foods and textures such as:** • Fortified ready-to-eat cereal, teething biscuits, crackers, and toasts • Finely chopped vegetables • Finely chopped fruit • Finely chopped meat and meat alternates (dairy and protein foods): meat, poultry, fish, whole eggs, cheese, yogurt, and cooked dry beans and peas

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For Parents: Varying Your Baby's Veggies

Giving your baby a variety of vegetables is a great way to introduce different flavors and nutrients into your baby's diet. You can start by giving your baby thinner pureed vegetables. Introduce thicker and lumpier vegetables as he or she gets older. This includes mashed, ground, and finely chopped foods.

What Face Does Your Baby Make When Trying These Foods?

Circle the face that looks like the face your baby made when trying the new food.

Age	Around 6–8 Months		Around 8–12 Months
Texture of Food	Pureed	Mashed	Ground/Finely Chopped
	Pureed sweet potato  What face did your baby make? 	Mashed avocado  What face did your baby make? 	Chopped green beans  What face did your baby make? 
	Pureed peas  What face did your baby make? 	Mashed broccoli  What face did your baby make? 	Chopped cooked zucchini  What face did your baby make? 

Pureed black beans

What face did your baby make?

Mashed carrots

What face did your baby make?

Chopped cooked bell pepper

What face did your baby make?

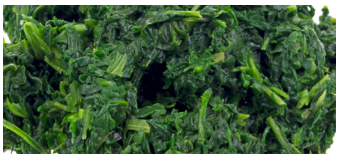
Pureed summer squash

What face did your baby make?

Mashed tomatoes

What face did your baby make?

Chopped cooked spinach



What face did your baby make?

Pureed butternut squash

What face did your baby make?

Mashed chickpeas

What face did your baby make?

Chopped squash

What face did your baby make?

It's okay if your baby makes this face or this one after you let them try a new food! You may have to offer a food more than 10 times before your baby might like it. Don't give up—keep offering these foods to your baby! One day your baby may like the food and will make this face .

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It's Never Too Early To Sing and Read to Babies!

A baby can learn as soon as he or she is born! Singing and reading to a baby are great ways to introduce new words to help him or her learn to talk and eventually write and read. Singing and reading about healthy foods provides a great opportunity to reinforce healthy eating habits in infants and children.

Here is a list of books* about vegetables, fruits, and other healthy foods to get you started:

- "Fruit" by Sara Anderson
- "Vegetables" by Sara Anderson
- "The Very Hungry Caterpillar" by Eric Carle
- "My Very First Book of Food" by Eric Carle
- "My Food / Mi Comida" by Rebecca Emberley
- "Eating the Alphabet" by Lois Ehlert
- "Farmer's Market Book" by the Manhattan Toy Company

Child care provider reading to a baby.

*Mention of these books is not an endorsement by the United States Department of Agriculture over other books that may be available on this subject.

In This Chapter

In this chapter, you have learned about how to feed a baby solid foods. This information will be used in the next chapter when you learn about buying and preparing baby foods.

Key Concepts

Communicate often with parents to find out about new solid foods that their baby is eating at home.

Encourage parents to introduce a variety of vegetables to their baby for healthy growth and development.

Textures of solid foods should be modified based on the baby's development. As babies develop, they need the opportunity to move from pureed foods to finely chopped soft foods.

It is normal for a baby to reject a new food. New foods may need to be offered more than 10 times before a baby might like it.

Iron-fortified infant cereals, meats, eggs, and poultry provide iron that babies need starting around 6 months for healthy development.

Check Your Knowledge

1. Which foods are creditable in the infant meal pattern and can be offered to infants around 6 through 11 months? **Choose all that apply.**

- **A** Soy yogurt
- **B** Pureed carrots
- **C** Finely chopped baked chicken
- **D** Granola bar

2. You are talking to a father who wants you to start offering solid foods to his baby at your child care site. What tool can you use to help gather information on the types of food the baby has already been introduced to?

3. You are serving older children fat-free (skim) milk, pancakes, and strawberries for breakfast. Which foods can you serve the 10-month-old in your program in order to claim reimbursement for the breakfast meal? **Choose all that apply:**

- **A** Fat-free (skim) milk
- **B** Breastmilk or iron-fortified infant formula
- **C** Pancakes
- **D** Finely chopped strawberries
- **E** Iron-fortified infant cereal

ANSWERS: 1. B and C • 2. **For Parents:** What Is Your Baby Eating? Let Us Know! handout on **page 63** • 3. B, D, E. However, a pancake can be served at snack and be claimed for reimbursement since it is a bread-like item. Ready-to-eat cereals, bread, and crackers can be served at snack only. For more information, see "pancakes" in **Appendix F**: Infant Foods List on **page 170**.

Chapter 7

Buying and Preparing Baby Foods

What's In This Chapter?

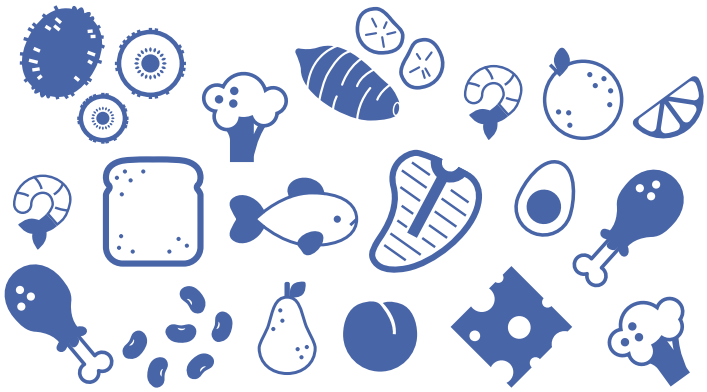
By the end of this chapter, child care providers will be able to:

1. Explain how to purchase and prepare creditable baby foods.
2. Identify equipment used to prepare baby foods.
3. Identify food safety tips for storing baby food.

Both **store-bought baby foods** and foods prepared at a **child care site** may be part of a **reimbursable meal** or snack in the **CACFP**.

Purchasing Baby Food

Many different store-bought baby foods are **creditable**. Water, broth, and vitamins (such as ascorbic acid) may be additional ingredients. These ingredients are added to make the food the right consistency for the baby and may be part of a creditable infant food. As a best practice, avoid choosing baby foods that have added sodium (salt), fat, and/or added sugars, like fruit juice concentrates or syrups. Foods high in added sodium, fat, and sugar are less healthful for the baby.



The following foods are creditable as part of a reimbursable infant meal or snack:

- Fruits (can include more than one kind of fruit)
- Vegetables (can include more than one kind of vegetable)
- Fruit and vegetable combinations
- Combination foods like meat or meat alternates with vegetable, grain, or fruit combinations
- Iron-fortified dry **infant cereal**
- Poultry (chicken or turkey)
- Meats (beef or pork)
- Meat alternates such as cheese and yogurt
- Fin fish and shellfish
- **Ready-to-eat cereals** (snack only)
- Breads (snack only)
- Crackers (snack only)

The following types of baby foods do not credit towards a reimbursable meal or snack:

- Grain-based desserts, such as cookies, puddings, brownies, etc.
- Fruit and yogurt products that do not meet the standard of identity for fat-free, low-fat, or whole milk yogurt[6,7,8]
- Freeze-dried fruit and yogurt combinations

[6]Food and Drug Administration. 21 CFR 131.200. 1999.
[7]Food and Drug Administration. 21 CFR 131.203. 1999.
[8]Food and Drug Administration. 21 CFR 131.206. 1999.

Examples of Creditable Store-Bought Baby Foods

Ingredients: pears, zucchini, corn, water, vitamin c (ascorbic acid), citric acid

Ingredients: beef, beef broth

Ingredients: vegetables (carrots, re-hydrated potatoes, peas), water, finely ground chicken

Ingredients: sweet potatoes, water

Ingredients: pears, pear puree (water, pear puree concentrate), ascorbic acid (vitamin c), citric acid

Ingredients: water, butternut squash, ground chicken, corn, whole grain brown rice

Examples of Non-Creditable Store-Bought Baby Foods

Ingredients: peach puree (water, peach puree concentrate), water, white grape juice concentrate, rice flour, ascorbic acid (vitamin c), cinnamon, citric acid

Ingredients: cultured organic grade a milk, organic skim milk, organic sugar, organic strawberry puree, organic tapioca starch, organic strawberry flavor (organic strawberry flavor, organic sugar, organic lemon juice concentrate), contains 2% or less of the following: organic whey protein concentrate, pectin, organic inulin, organic beet juice concentrate (for color), mixed tocopherols (to preserve freshness), probiotics (s. thermophilus, l. bulgaricus, l. acidophilus, b. lactic, l. paracasel, l. rhamnosus), contains milk

Selecting Baby Foods From the Store

Look at the "use by" date before buying baby foods.

When shopping for baby foods be sure to:

- look at the “use by” date on the food package before buying it. If the date has passed, do not buy or use the food.
- choose baby food containers that are clean. Do not buy or use dented, rusted, bulging, or leaking containers. The food in these containers may contain harmful bacteria or be unsafe.
- check that the vacuum seal has not been broken before using. You should hear a pop when you open the lid of the jar, or a cracking sound when you break the seal of the pouch or container.

The CACFP allows store-bought baby foods that are in a jar, container, or pouch.

Storing Opened Store-Bought Baby Food

- Observe "use by" dates for storage of unopened baby food containers. If the date has passed, throw out the food.
- After opening packaged baby food, label it with the date it was opened. Store any remaining food immediately in the refrigerator.

Baby Food Packaging

The CACFP allows store-bought baby foods that are packaged in a jar, plastic container, or pouch. The way the food is packaged does not impact whether a food is creditable or not. However, the American Academy of Pediatric Dentistry discourages the use of baby food pouches because if a baby sucks on the pouch for a long time, it may lead to **tooth decay**. If food pouches are used, squeeze the food onto a spoon to feed the baby or allow the baby to feed him or herself with the spoon.

Tip:

Baby foods and infant formulas served to **infants** containing healthy fats, such as docosahexaenoic (DHA), are creditable in the CACFP. "DHA" is usually written on the front of the food package if it is added. Some studies suggest that DHA may be good for a baby's eye function and brain development.

You can prepare foods for babies at your child care site.

Preparing Baby Food at Your Child Care Site

You can prepare foods for babies at your child care site or purchase prepared foods from a vendor. There are many great reasons to prepare your own baby foods. Some are:

- You may be able to offer locally grown and seasonal foods as part of infant meals.
- It may be less expensive or easier for your child care site.
- You may be able to offer a greater variety of foods to the babies at your site.

For more information on how to prepare foods to avoid choking, see **Chapter 9**: Choking Prevention on **page 114**.

Tip:

For safety reasons, foods that are canned by a child care site are not allowed as part of a reimbursable meal or snack under the CACFP.

Did you know?

The American Academy of Pediatrics recommends that homegrown spinach, beets, turnips, carrots, and collard greens made at home should not be fed to infants less than 6 months of age because they may contain nitrates. This can cause a condition which can make it harder for a baby's blood to carry oxygen throughout the body.

Tools for Preparing Baby Food

Common kitchen equipment is all that is needed to prepare baby food at your child care site. The following tools can help you **puree**, **mash**, grind, or finely chop foods for babies.

A blender can puree foods.

A food processor can puree, mash, or finely chop foods.

A fine mesh strainer changes the texture of the food when you push the food through the strainer with the back of a spoon.

A baby food grinder or food mill grinds and strains soft food pieces, leaving most skins and seeds behind.

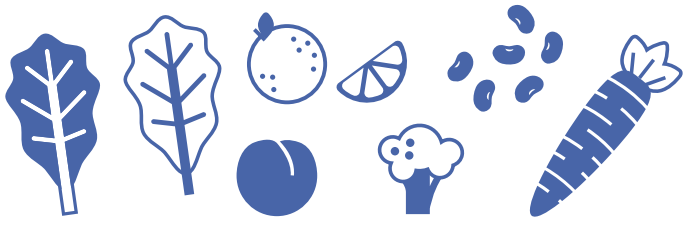
A fork and knife can be used to mash or finely chop foods for babies. Foods should be no larger than ½ inch or cut into thin slices to reduce the risk of choking.

Preparing and Cooking Food at Your Child Care Site

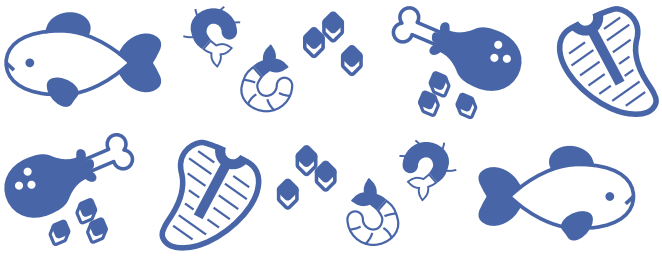
Examples of pureed vegetable baby food.

Vegetables and Fruits

Vegetables and fruits are great sources of nutrients, such as fiber and vitamin C, which promote healthy growth and development. Vegetables and fruits can be fresh, frozen, or canned, and prepared to the right texture for the baby. When possible, choose frozen vegetables and fruits without added salt, sauces, or fat; canned fruits without added sugar or syrup; and canned vegetables without added salt. Keep vegetables and fruits separate from raw meat, poultry, and fish in your shopping cart and in your refrigerator. Otherwise, the meat, poultry, and fish could drip juices and contaminate the other foods.



- Rinse fresh vegetables and fruits very well with clean running water to remove dirt and bacteria.
- Remove pits, seeds, skins, and tough peels from vegetables and fruits. Softer skins and peels can be removed either before or after cooking.
- To make the food softer, cook the vegetables or fruits. You can steam them using a steamer basket in a covered saucepan or in a microwave with a small amount of water.
- Vegetables and fruits can also be boiled in a small amount of water.
- After cooking, puree or mash food with leftover cooking liquid or water until it reaches the desired smoothness. If you are cooking for one baby, you can use breastmilk or infant formula to change the texture of the food. If you are preparing a large amount of baby food, it may be easier to use a blender or food processor.



Meat, Fish, Shellfish, and Poultry

Babies can be fed well-cooked, pureed meat, fish, shellfish, and poultry, which are great sources of iron and zinc.

- Purchase food from an approved source, such as a grocery store, food wholesaler, producer, or distributor.
- Always use a food thermometer when cooking meat, poultry, or fish to ensure that the foods are cooked to a safe temperature (see "**For Child Care Providers**: Keeping Solid Foods Safe" handout on **page 102**).
- Braising, stewing, or poaching works well for preparing soft meat.

Tip:

Home-caught fish is only creditable if it meets your State or local public health policies regarding food safety.

For food safety information, including information on using food thermometers, visit the USDA's Food Safety and Inspection Service website **https://www.fsis.usda.gov** or call the Meat and Poultry Hotline, 1-888-MPHOTLINE (1-888-674-6854). You can also contact your health department with questions.

- After cooking, separate any remaining bone, skin, and pieces of fat.
- Cut the meat, poultry, shellfish, or fish into small pieces and puree, mash, or finely chop until you get the right texture. Add cooking liquid or water until you get the desired thickness. If you are cooking for one baby, you can use breastmilk or infant formula to change the texture of the food.
- Never deep-fat fry foods at your child care site. Deep-fat frying means cooking by fully covering (submerging) food in hot oil or other fat. Foods that are deep-fat fried on site cannot count toward a reimbursable meal in the CACFP.

Eggs

- Cook eggs well until the yolk and white are firm and not runny. Do not serve soft, runny eggs—these are undercooked and might contain bacteria that can make a baby sick. It is important to cook eggs fully to make sure they are safe to eat.
- Try serving hard-boiled eggs to babies. Eggs can be mixed with a bit of liquid, such as water and mashed to the desired texture. If you are cooking for one baby, you can use breastmilk or infant formula to change the texture.

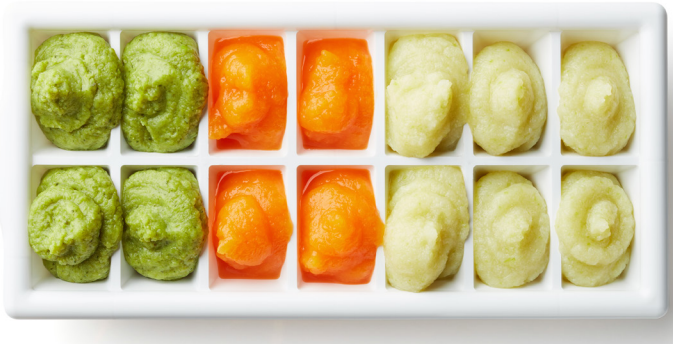
Dry Beans or Dry Peas

- To cook dry beans or peas, follow cooking instructions found on the package. It is not necessary to add seasonings, salt, or fat to the beans or peas. Make sure to cook the beans or peas until soft enough to puree or mash easily.
- If canned beans are used, drain the liquid and rinse the beans with water before pureeing or mashing. This helps to rinse off some of the sodium (salt). Add liquid to the beans if needed to reach the right texture.

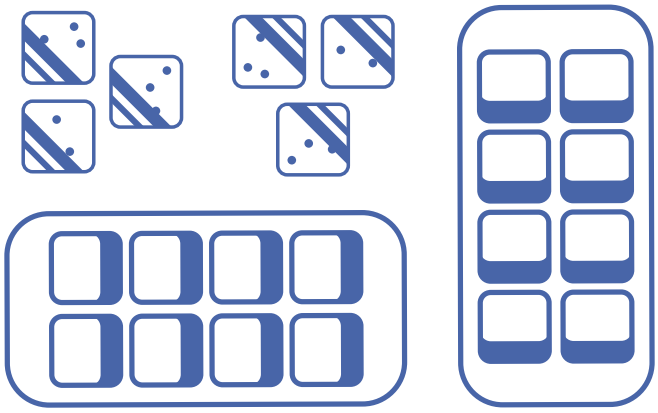
How To Freeze Foods

You can freeze prepared baby foods in a freezer with a temperature of 0 °F or colder. Here are some tips for freezing baby foods:

- Pour cooked, pureed, or mashed food into sections of a clean ice cube tray. Cover with plastic wrap, a lid, or aluminum foil. Place in the freezer. Once frozen, cubes can be stored in a container or plastic freezer bags. Each section of the tray holds about 2 tablespoons of food.
- Place 1–2 tablespoons of cooked, pureed food in separate spots on a clean baking sheet. Cover with plastic wrap or aluminum foil. Place in the freezer. Once frozen, food pieces can be stored in a freezer container or plastic freezer bag.
- Label and date bags or containers of frozen food. Use them within 1–2 months. When ready to use, remove the desired number of cubes or pieces with clean hands. Reheat thoroughly.



Cooked, pureed, or mashed food can be frozen using a clean ice cube tray.



Thawing and Reheating

- Thoroughly reheat refrigerated or frozen baby foods to 165 °F before feeding to a baby. Reheating kills any bacteria that may be present. Stir the food and make sure it is not too hot before feeding to the baby.
- Defrost frozen foods in the refrigerator or as part of the reheating process. Never defrost baby foods by leaving them at room temperature or in a bowl of standing water.
- Label the food with the date and time you removed it from the freezer. Use thawed food within 48 hours from the time it was removed from the freezer. Throw it out if it has been stored longer than 48 hours in the refrigerator.

Storing Solid Foods

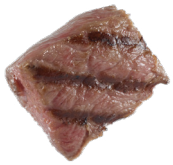
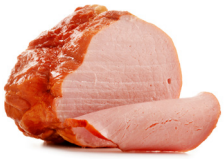
- Refrigerate hot foods in shallow containers.
- Cover the container after the food has cooled.
- Label the food with the date and time it was prepared.

In This Chapter

In this chapter, you have learned about how to safely buy and prepare foods for babies in your care. In the next chapter, you will learn about how to safely prepare food at your child care site.

For Child Care Providers: Keeping Solid Foods Safe

Cooking Solid Foods: Refer to the chart below for minimum cooking temperatures for each food.

Food	Temperature (using a food thermometer)
 Fresh beef, pork, veal, lamb (steaks, roasts, chops)	145 °F or 63 °C (with a 3-minute rest time)
 Ground beef, pork, veal, lamb	160 °F or 71 °C
 Ground turkey, chicken	165 °F or 74 °C
 Fresh chicken, turkey (whole, breasts, thighs, legs, wings)	165 °F or 74 °C
 Fresh ham	145 °F or 63 °C
 Fish	145 °F or 63 °C
 Eggs and egg dishes	160 °F or 71 °C Cook until yolk and white parts of the egg are firm.

Storing Solid Foods: Refer to the chart below for storing methods of different foods and the length of time they can be stored.

Solid Foods (store-bought or freshly made)	Refrigerator	Freezer
Vegetables and fruits	2–3 days	6–8 months
Meats and eggs	1 day	1–2 months
Meat/vegetable combinations	1–2 days	1–2 months
Freshly made baby foods	1–2 days	1–2 months

Avoid Spreading Harmful Bacteria to Other Food

To avoid spreading harmful bacteria to other foods:

- Do not allow raw or partially cooked meat, poultry, or fish, or their juices, to touch other foods. They should also not touch the surfaces, serving plates, or utensils used to serve or prepare other foods. For example, do not use a fork to test a piece of meat, poultry, or fish while cooking and then use the same fork to mix a cold vegetable dish.
- Use separate utensils and cutting boards for animal foods (such as meat, poultry, fish, and shellfish) and non-animal foods (such as vegetables, fruits, breads).
- Do not use cutting boards with crevices and cuts.
- Wash and sanitize utensils and boards after each use. Non-porous plastic cutting boards are best as they are easiest to clean.
- In the refrigerator, store raw or cooked meat, poultry, and fish below cooked or ready-to-eat foods so that no juices from those foods drip on other foods.

When taking the temperature of beef, pork, or lamb roasts, the food thermometer should be placed midway in the roast, avoiding the bone. When cooking hamburgers, steaks, or chops, insert a thermometer in the thickest part, away from bone, fat, or gristle.

A handout from *Feeding Infants in the Child and Adult Care Food Program*
https://teamnutrition.usda.gov • FNS 786H • March 2019

Key Concepts

If purchasing baby foods from the store, be sure to avoid dented, rusted, bulging, or leaking containers.

Both store-bought foods and foods prepared at the child care site or through a vendor can be part of a reimbursable meal in the CACFP. However, foods canned at home are not creditable and may not be offered.

Choose baby foods that do not contain added sugars, sodium (salt), and fat.

Never give honey to a baby under the age of 1 year or include it in a recipe when cooking.

Check Your Knowledge

1. A parent asks what to look for when buying store-bought baby food. You recommend:

- **A** Look at "use by" dates.
- **B** Find foods with unbroken seals.
- **C** Do not buy baby food containers with dents, rust, or that are bulging or leaking.
- **D** All of the above.

2. All of the following should be done while preparing food, *except*:

- **A** Remove pits, seeds, skins, and tough peels from fruits and vegetables.
- **B** Deep-fat fry chicken at your child care site.
- **C** Remove all bones from fish.
- **D** Cook eggs until the yolk and white are firm and not runny.

3. True or False? Blenders, food processors, fine mesh strainers, baby food grinders or mills, and a fork and knife are all good tools to use to change the texture of the food that you serve to a baby.

ANSWERS: 1. D • 2. B • 3. True

Chapter 8

Safe Food Preparation

What's In This Chapter?

By the end of this chapter, child care providers will be able to:

1. Describe the correct way to wash their hands.
2. List the proper refrigerator and freezer temperatures for storing foods safely.
3. Describe how to reduce lead exposure from foods.

Babies and children under 5 years old are at a higher risk for getting sick from **foodborne illnesses** (food poisoning). They have a harder time fighting off infections compared to older children and adults. Take extra care when handling babies' food, bottles, and utensils to make sure they are safe and clean.

Washing a bottle to make it safe and clean.

Child care provider washing her hands.

Hand Washing

Washing your hands with soap and water for at least 20 seconds is one of the best ways to keep germs and disease from spreading. Be sure to lather the backs of your hands, between your fingers, and under your nails.

State and local requirements regarding safe food preparation in **child care sites** may vary. Contact your local health department to get a copy of your local food safety requirements for child care sites.

See the "**Hand Washing**" handout on **page 111**. It can be a helpful reminder if you post this page next to the sink and refrigerator at your child care site.

When Should Your Hands Be Washed?

Wash your hands thoroughly before you:

feed a baby

handle, prepare, serve, or touch food or bottles

handle spoons, forks, bowls, and plates

prepare bottles

put away clean dishes

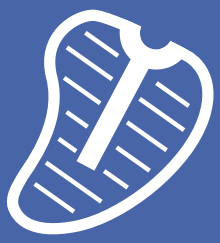
give medication to a child

treat a cut or wound

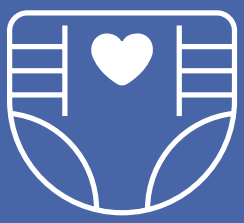
care for a sick baby or child

Wash your hands thoroughly after you:

arrive at the site for the day



handle raw meat, chicken, turkey, pork, fish, or eggs



change a baby's or child's diaper or clothing

use the bathroom or assist a child in the bathroom

handle a baby or child who is ill or give medication

come in contact with runny noses, drool, vomit, urine, poop, or blood

blow your nose, sneeze, or cough into tissues or hands

get your hands dirty, or have been cleaning or working outside

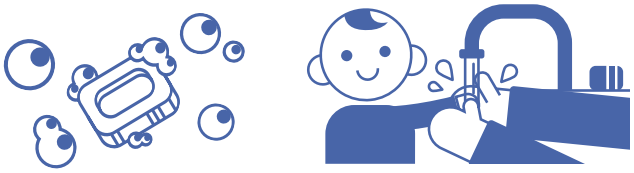
wipe noses, mouths, bottoms, sores, or cuts

touch pets or other animals

take out the garbage

shake hands with a parent or child

Make sure to wash a baby or child's hands before and after meals and snacks. Also, wash babies' hands after changing their diaper. Many babies place their hands in their diaper area during changing.



Did you know?

Children watch and learn from you! When you wash your hands often you are keeping children safe and teaching them healthy habits.

Prevent Spreading Illness to Others

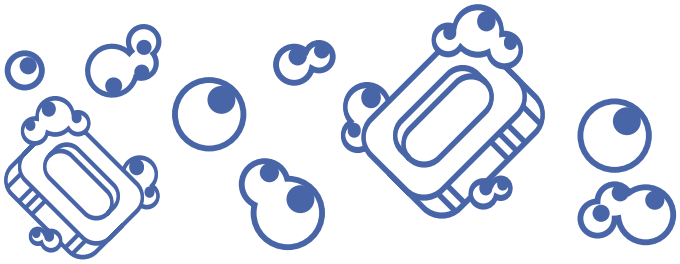
If You or Another Staff Member Has an Illness

People who are sick and handle food can spread their illness to others, including babies and children. Check with your State agency or local health department for guidelines on handling food if you or your employees are sick.

Cleaning Food Preparation and Eating Areas

Clean all food preparation areas before and after each meal. Items should be washed with soap and hot water and then rinsed with hot water. This includes:

- all surfaces used to prepare food, including cutting boards, countertops, and tables.
- cooking equipment and utensils.
- food service and dining areas, including high chairs.



Cleaning Dishes and Utensils

Dishes, feeding utensils, and high chair trays should be free of chips, cracks, or sharp edges. They should also be washed after each use.

Washable items such as bibs or placemats should be washed after each meal.

Cleaning dishes after a meal.

Protective Clothing

Wear clean clothing when working with breastmilk, infant formula, or food. Check with your State agency or local health department about specific requirements regarding the use of gloves or other types of protective equipment during food preparation.

Refrigerator and Freezer Temperature

Make sure the refrigerator at your child care site is set at a temperature of 40 °F (4 °C). The temperature in a freezer should be 0 °F (-18 °C) or colder. Check the refrigerator and freezer regularly with an appliance thermometer. If the temperatures are above these levels, have the appliances checked immediately by a qualified repair person.

Appliance thermometer showing the freezer temperature is at 0 °F (-18 °C).

Reducing Lead Exposure From Food or Water

Water can contain substances that are harmful to babies, such as lead. It is important to make sure the water in your child care site is approved by the local health department and safe to use. Exposure to lead can affect children's attention span and IQ, and can negatively impact their ability to do well in school. The effects of lead exposure are permanent.

To reduce the chances that a baby will be exposed to lead from food or water:

- ask your local health department how often your water should be checked for lead.
- do not feed babies any foods or beverages that were canned in another country (outside of the United States). These cans may contain lead which can leak into the food.
- avoid using imported dishware, as it may contain high levels of lead.
- do not cook, store, or serve foods or beverages in containers that may contain toxic levels of lead, such as:
  - decorative ceramic ware or pottery that has been imported.
  - antique ceramic or pewter containers, dishes, or utensils.
- wash each baby and child's hands with soap and water before feeding. This will wash away dirt and dust that could contain lead. Dust and dirt containing lead can come from outside or inside a building. For this same reason, it is important to regularly wash toys.

In This Chapter

In this chapter, you have learned about how to safely prepare foods and surfaces before and after meal and snack time. In the next chapter, you will learn how to prepare foods to prevent a baby from choking.

For Child Care Providers: Hand Washing

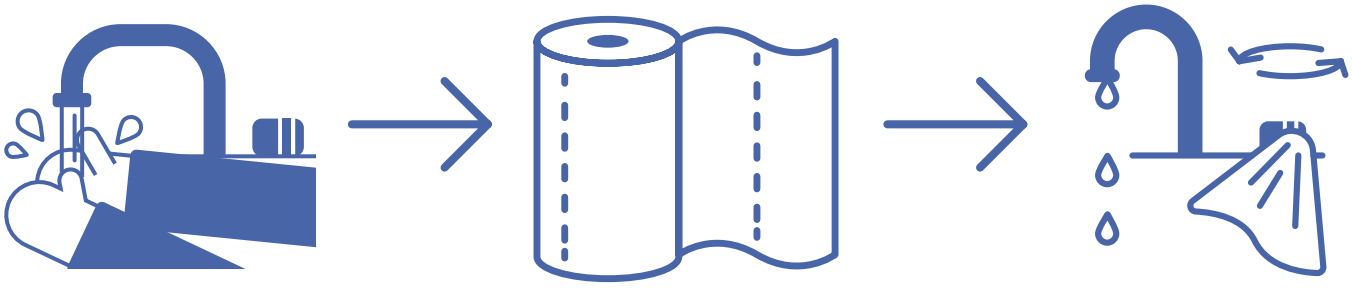
Hand washing is one of the best ways to stop the spread of germs that cause illness. Make sure to wash your hands thoroughly by following these steps:

Child care provider washing her hands.

Wet your hands with running water. Add soap.

Wash all surfaces on hands. Wash carefully between your fingers, around the tops and palms, over wrists, and under fingernails.

Rub your hands together for at least 20 seconds.



Rinse your hands well under running water.

Dry your hands with a clean, disposable paper towel.

Turn off the faucet using the disposable paper towel instead of your clean, bare hands.

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Key Concepts

Hand washing is one of the best ways to prevent the spread of foodborne illness.

Wash all surfaces used to prepare food, including cutting boards, countertops, and tables; food preparation equipment and utensils; and food service and eating areas, including high chairs, with hot water and soap before serving food.

Set the refrigerator at your child care site at a temperature of 40 °F (4 °C). Set the temperature in a freezer at 0 °F (-18 °C) or colder.

To reduce exposure to lead, only use water that is approved by your local health department.

Check Your Knowledge

1. Fill in the blanks to complete this description of proper hand washing:

Wet your hands with running water. Add _____. Wash all surfaces on hands. Rub your hands together for at least _____ seconds. Wash carefully between _____, around the tops and palms of hands, over wrists, and under _____. Rinse your hands well under running water and dry them with a clean, disposable paper towel. Turn off the faucet, using _____, instead of _____.

2. To reduce a baby's exposure to lead, you can:

A Make sure the water is considered safe by the local health department.

B Store foods in covered plastic or glass food storage containers.

C Cook foods in ceramic ware or pottery made outside of the United States.

D A and B

3. True or False? Properly storing food is important for food safety. The recommended temperature settings are 40 °F (4 °C) for the refrigerator and 0 °F (-18 °C) or colder for the freezer.

ANSWERS: 1. soap, 20, fingers, fingernails, the disposable paper towel, your clean, bare hands • 2. D • 3. True

Chapter 9
Choking Prevention

What's In This Chapter?

By the end of this chapter, child care providers will be able to:

1. Identify ways to reduce a baby's risk of choking during mealtime.
2. Name at least three finger foods that are safe for older babies.
3. Explain how to prepare foods to lower choking risk.

Babies are at a higher risk of choking than older children since they do not chew well and have small airways. It is very important to be careful about the types of food you feed a baby. Serve foods that are the right size, shape, and **texture** for a baby.

Preventing Choking During Mealtime

At mealtime, make sure to:

- **Sit and watch babies.** Do not leave babies or young children under the age of 4 alone when they are eating.
- **Keep mealtimes calm and not rushed.** Avoid disruptions and distractions when eating.
- **Make sure the hole in the nipple of the baby's bottle is not too large.** If the bottle is held upside down, the falling drops should follow each other closely and not make a stream.
- **Have babies sit in an upright position when eating.** Laying babies down or letting them crawl or walk while eating increases their risk of choking. Make sure babies are in a high chair or feeding seat while eating **solid foods**.

Upside down bottle with falling drops of milk, not a stream.

For more information on the right texture for a baby's development, see **page 59** in **Chapter 6**: Feeding Solid Foods.

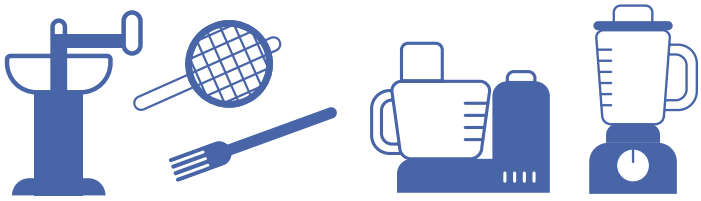
Foods To Avoid That Can Cause Choking

Some foods are harder for babies to eat. Do not feed foods or pieces of food that are the size or shape of a small marble to babies or young children. Foods this size can be swallowed whole and could get caught in a baby's throat and cause choking.

Preparing Foods To Lower Choking Risk

When preparing foods for babies, make sure they are in a form that a baby can easily chew. Think of the shape, size, and texture, when choosing foods. To prevent choking, it is recommended to:

- cook or steam foods until they are soft enough to easily pierce with a fork.
- cut soft foods into small pieces (no larger than ½ inch) or thin slices that can easily be chewed.
- cut round foods, such as hot dogs, into short strips (lengthwise) rather than round pieces.
- remove all bones from poultry, meat, and fish.
- cut grapes and cherry tomatoes into quarters.
- remove pits, seeds, and tough skins or peels from ripe fruit and cut the fruit into small pieces.
- modify the texture of foods by pureeing, mashing, grinding, or finely chopping.



Small pieces of ground beef no larger than ½ inch.

In This Chapter

In this chapter, you learned about how to prevent choking by preparing foods to the right size, shape, and texture for meals and snacks. In the next chapter, you will learn about food allergies and intolerances and the signs of an allergic reaction.

For Child Care Providers: Making Foods Safer for Baby

Babies and young children are at the highest risk of choking on food. They remain at high risk until they have more teeth and are better able to chew and swallow. Young children die from choking more than any other home accident. You can help make eating safer for babies and young children.

Prepare Foods So They Are Easy To Chew

- Grind up tough meats.
- Cook or steam food until it is soft.
- Puree, mash, or finely chop foods into small pieces (no larger than ½ inch) or thin slices or strips (lengthwise).
- Remove all bones from fish, chicken, and meat before cooking or serving.
- Remove seeds, pits, tough skins, and peels from fruits and vegetables.

Avoid serving small, sticky, or hard foods that are difficult to chew and easy to swallow whole. These foods are not creditable for infants in the CACFP.

- Popcorn
- Nuts and seeds (including breads, crackers, and ready-to-eat cereals that contain nuts and seeds)
- Hard candy
- Chunks of peanut butter and other nut butters
- Marshmallows
- Chewing gum

Always prepare foods so they are easy to chew.

Older baby eating small pieces of bread at snack.

A handout from *Feeding Infants in the Child and Adult Care Food Program*
https://teamnutrition.usda.gov • FNS 786J • March 2019

Key Concepts

Always sit and watch babies and young children at mealtime to make sure they do not choke.

Prepare foods to the right shape, size, and texture to lower the risk of the baby choking.

Cut foods into small pieces no larger than ½ inch or in short thin slices or strips to lower the risk of the baby choking.

Avoid serving small, sticky, or hard foods that are difficult to chew.

Check Your Knowledge

1. Fill in the blanks:

Cut soft foods into small pieces (no larger than _____ inch) or thin _____ or _____ that can easily be chewed.

2. All of the following finger foods are creditable in the CACFP infant meal pattern and can be prepared the right way to avoid choking, *except*:

A Small strips of bread

B Grapes cut into quarters

C Chunks of peanut butter or other nut butters

D Soft cooked, chopped vegetables

3. A parent brings in a container of whole grapes for her 11-month-old. To build a good partnership with the family, which of the responses may be better to say?

A I will be happy to serve these to your child at the next meal, just as they are.

B Fruits are always an excellent choice. To make these safer and reduce choking risk, I will cut these grapes in quarters before I serve them to your child.

C Grapes are not creditable in the CACFP infant meal pattern.

D None of the above.

ANSWER: 1. ½; slices or strips • 2. C • 3. B

Chapter 10

Food Allergies and Intolerances

What's In This Chapter?

By the end of this chapter, child care providers will be able to:

1. Define "food allergy" and "food intolerance."
2. Identify signs and symptoms that a baby is having an allergic reaction.
3. Use a tool to help gather information on a baby's food allergies and intolerances from the parents.

Handling food allergies and food intolerances in a child care setting can be a challenge. **Speaking to parents often about any food allergies or food intolerances their child may have, and steps to take if they have a reaction, is key to ensuring a safe feeding environment in your child care site.**

To help gather information on a baby's food allergies and intolerances from parents, you can use the "**For Parents**: Is Your Baby Ready for Solid Foods?" handout on **page 12**.

What Is a Food Allergy?

A **food allergy** is a body's reaction to a protein in a food called an allergen. Milk, eggs, fish, shellfish, tree nuts, peanuts, wheat, and soybeans are the most common allergens. These used to be thought of as foods that should be avoided when feeding babies. However, recent research shows that there is no need to delay the introduction of these foods.

What Is a Food Intolerance?

A **food intolerance** is a sensitivity to a certain food that makes it hard to digest. The most common intolerances are lactose and gluten. Lactose intolerance is the sensitivity to the sugar found in milk, called lactose, and foods made with milk. A gluten intolerance is the sensitivity to a protein called "gluten" that is part of wheat, barley, and rye.

Child care provider discussing food allergies and intolerances with parents.

Remember to always talk to parents before giving a baby solid foods.

Talk to Parents About Food Allergies and Intolerances

Food allergies and intolerances occur in 2 to 8 percent of babies and children.

Ask each parent for a list of foods, if any, that their baby has reactions to, or that should not be fed to the baby. Remember to always talk to parents before giving a baby solid foods. Never serve a food that the baby has had a reaction to until the baby's parents say it's okay to serve.

Encourage parents to follow these steps to make it easier to identify a possible food allergy or intolerance:

- Introduce new foods gradually, one at a time, over the course of a few days.
- Introduce a small amount, such as 1 to 2 tablespoons, of a new food at first.
- Use **store-bought baby foods** that contain only one food item with few added ingredients or home-prepared baby food made with one **pureed** ingredient to see how the baby reacts to each new food.

See the "**For Parents**: Is Your Baby Ready for Solid Foods?" handout on **page 12** to help discuss a baby's food allergies and intolerances with parents.

Store-bought baby food that contains only one food item.

Signs of an Allergic Reaction

Observe closely for reactions when feeding a baby, especially when you start to serve solid foods. Watch for signs such as:

- diarrhea, vomiting, constipation
- stomach pain
- gas
- mouth sores
- coughing and wheezing
- congestion or stuffiness
- hives and skin rash
- a lot of fussiness
- more severe reactions, like shock or difficulty breathing

Did you know?

Anaphylaxis is a severe allergic reaction that can happen quickly and may cause death. If a baby with a known food allergy is having a hard time breathing or stops breathing, give medication and call 911.

What To Do When a Baby Has a Reaction to a Food

It is recommended to have a written care plan developed by the parents and the baby's **health care provider** if the baby has a known food allergy or intolerance. The written care plan should include the steps you should follow if the baby has a reaction at meal or snack time.

Always watch a baby closely during and after a feeding. A reaction due to a food allergy or intolerance can happen within a few minutes or hours after the baby eats. When you are feeding a baby and you notice that he or she is showing signs of an allergic reaction, follow the steps in their written care plan.

If you see that the baby is having a very bad reaction and is having a hard time breathing, but does not have a written care plan, follow these steps:

1. Stop feeding the baby immediately.
2. Call 911.
3. Ask another adult nearby to call the baby's parents to let them know what is happening.
4. Stay with the baby even when the medical staff is at your **child care site** to help.

Preventing an Allergic Reaction

The best way to stop an allergic reaction from happening is to avoid giving the baby the food that causes the reaction. If the baby is having a very bad reaction follow the steps above.

In This Chapter

In this chapter, you have learned about the common food allergens and the steps to follow if a child in your care has an allergic reaction. In the next chapter, you will learn about caring for babies' teeth and gums.

Key Concepts

Always talk to parents before giving a baby solid foods.

Encourage parents to introduce new foods gradually, one at a time, over a period of a few days.

A written care plan developed by the parents and the baby's health care provider can tell you what to do if the baby has a reaction to a food at meal or snack time.

If a baby is having a very bad reaction and is having a hard time breathing, but does not have a written care plan, you should:

1. Stop feeding the baby immediately.

2. Call 911.

3. Ask another adult nearby to call the baby's parents to let them know what is happening.

4. Stay with the baby even when the medical staff are at your child care site to help.

Check Your Knowledge

1. All of the following are true about food allergies, *except*:

A A food allergy is a body's reaction to a protein in a food called an allergen.

B A sensitivity to a certain food makes that food hard to digest.

C Milk, eggs, fish, shellfish, tree nuts, peanuts, wheat, and soybeans are the most common allergens.

D All of the above.

2. True or False?
If a baby is having a severe reaction to a food you just fed to him or her, and he or she does not have a written care plan, then you should stop feeding the baby immediately, call 911, ask another adult nearby to call his or her parents to let them know what is happening, and stay with the baby even after the medical staff arrives.

3. A baby is enrolling in your program or is starting solid foods, and you want to know if the baby has any food allergies and intolerances. To help guide the discussion with the parents on allergies and intolerances, you use which parent handout in **Chapter 1**: Giving Babies a Healthy Start With the CACFP to gather the information?

ANSWERS: 1. B. A food intolerance is a sensitivity to a certain food, making that food hard to digest. • 2. True • 3. "**For Parents**: Is Your Baby Ready for Solid Foods?" handout on **page 12**.

Chapter 11

Caring for Babies' Gums and Teeth

What's In This Chapter?

By the end of this chapter, child care providers will be able to:

1. Describe why it is important to keep a baby's gums and teeth clean and healthy.
2. Identify signs of tooth decay.
3. List at least three ways to keep a young child's gums and teeth clean and healthy.

As a child care provider, you play an important role in maintaining the health of the babies in your care. Keeping a baby's gums and teeth clean helps to contribute to the baby's overall health.

Parent helping a young child brush his teeth.

A young child brushing her teeth.

What Is Tooth Decay?

Tooth decay (cavities) is common in young children. About one out of every five children (ages 5 to 11 years) has at least one cavity that has not been treated by a dentist. Tooth decay in babies is sometimes called "early childhood caries" or "**baby bottle tooth decay**."

What Causes Tooth Decay?

The sugar from foods and beverages is used by bacteria in the mouth to make acids that can cause damage to teeth. When a baby sleeps with a bottle in his or her mouth, the sugary liquid from the bottle can pool around the teeth and gums. Bacteria use the sugars in the liquid to grow, which can lead to tooth decay.

Why Should Tooth Decay Be Prevented?

Tooth decay can be painful for babies and can cause infections and early tooth loss. This can affect a child's ability to eat and speak, which can affect his or her overall health and development. If a child's baby teeth are healthy, it is more likely his or her adult teeth will be healthy too.

Healthy Baby Teeth

Moderate to Severe Tooth Decay of Baby Teeth

Moderate to Severe Tooth Decay of Baby Teeth

How Can I Help Prevent Tooth Decay?

You can help babies have healthy teeth. Remember to:

- only put breastmilk or formula in bottles and no other liquids unless the **health care provider** indicates otherwise.
- never put a baby to bed with a bottle.
- avoid propping bottles in cribs, swings, or car seats.
- never dip a baby's pacifier in honey, syrup, or sugar.
- offer foods and beverages only when the baby is hungry. Do not let the child sip from a bottle or cup or snack constantly throughout the day.
- avoid letting children share pacifiers, bottles, cups, and utensils.
- choose foods that have no added sugars once the baby is developmentally ready for **solid foods**.
- once a baby is developmentally ready, start helping the baby transition from a bottle to a cup before 18 months of age.
- encourage parents to plan the child's first dentist visit. A child's first dental visit should take place after his or her first tooth comes in, but no later than his or her first birthday.

Child care provider helping a baby brush his teeth.

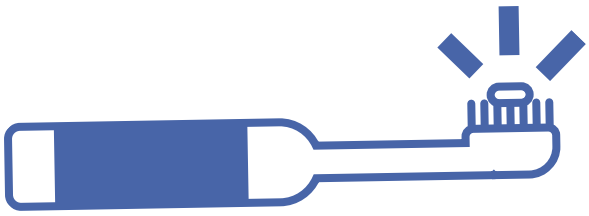
How Do I Take Care of a Baby's Gums and Teeth?

Taking care of a baby's gums and teeth should start as soon as the baby is born. Encourage parents to use a clean, soft washcloth to wipe the baby's gums after each feeding. Once the baby has one or more teeth, a soft toothbrush with a small amount of toothpaste that contains fluoride (about the size of a grain of rice) can be used to gently brush the baby's teeth.

The American Academy of Pediatric Dentistry recommends that child care providers brush babies' teeth at least once daily after a meal or snack. Some child care sites help children learn about healthy habits by building in tooth brushing as part of their daily activities.

Teething

When teeth start to come in and push through the gums, it is called teething. Teething is normal, but may cause the baby to be uncomfortable. It is important to make sure any items that a baby puts in his or her mouth to help with teething are clean and that there is no risk of choking. Never dip a pacifier or other item in honey, sugar, or syrup. The sharing of utensils, cups, pacifiers, or teething toys should be avoided as well.



In This Chapter

In this chapter, you have learned about how to care for babies' teeth and gums. In the next chapter, you will learn about strategies for communicating and partnering with families to provide babies the best care possible.

Key Concepts

Following good feeding practices can help children have healthy teeth. Transitioning babies from a bottle to a cup before 18 months of age is one example.

A child's first dental visit should take place after his or her first tooth comes in, but no later than his or her first birthday.

Before the baby has teeth, wipe his or her gums using a clean, soft washcloth after each feeding.

The practice of propping a bottle up in a car seat or swing can lead to tooth decay and possibly cause choking.

Once the baby has one or more teeth, a soft toothbrush with a small amount of toothpaste that contains fluoride (about the size of a grain of rice) can be used to gently brush the baby's teeth.

Check Your Knowledge

A mother brings her baby to your child care center with a bottle of juice. What are some things you can tell the mother about juice and tooth decay?

A Tooth decay is a common infection in babies and can cause them to lose their teeth too early.

B Juice can be served to babies of any age and won't cause tooth decay because the baby's teeth have not all come in yet.

C Tooth decay can cause pain and serious infections.

D A and C.

E All of the above.

2. Which of the following can cause tooth decay?

A The sugar from foods and beverages.

B The liquid that pools around the teeth and gums when a baby falls asleep with a bottle in his or her mouth.

C Children and adults sharing utensils.

D All of the above.

ANSWERS: 1. D • 2. D

Chapter 12
Partnering With Families

What's In This Chapter?

By the end of this chapter, child care providers will be able to:

1. Connect with families.
2. Create a comfortable environment for families.
3. Talk to parents about solid foods when the child is developmentally ready.

Think of parents as partners in the work you do. Communicating regularly with parents and forming a strong relationship with families benefits everyone—the baby, the family, and you.

When building partnerships with parents, keep in mind that people come from a variety of backgrounds, cultures, and experiences. These differences can influence communication styles, languages spoken, food beliefs and preferences, and parenting practices. The best way to learn about these differences is through regular communication with parents.

Provider talking to a parent about their baby.

To Help Build a Successful Partnership With Parents, You Can:

Make parents feel welcome at your child care site.

- Have a "Welcome" sign at the front of your child care site in all of the languages spoken by the parents.
- Post images and pictures around your child care site of mothers from diverse backgrounds.
- Display posters or pictures of foods from various cultures throughout your child care site.

Get to know the baby's family.

- Ask parents to bring in family pictures to display throughout your child care site.
- Show interest in different holidays celebrated by families, and ask about family members near and far.

Communicate with and engage families.

- Ask regularly and often about the baby's eating habits at home. Consider using some of the parent handouts provided in this guide as part of the conversation.
- Keep a daily activity chart of the baby's activities and share it with parents.
- Use a phone app, email, or text message, with the parent's permission, to provide an update on what the baby is enjoying that day or week at your child care site.

Successful partnerships must include two-way communication. This means that both the child care provider and the parent(s) feel comfortable sharing and receiving information. This exchange of information allows both parties to talk about important topics such as breastfeeding after returning to work or school and introducing solid foods when the child is developmentally ready.

When Communicating With Parents It Is Important To:

- **Encourage parents to talk.** Some people are more comfortable sharing than others. Ask open-ended questions such as, "Tell me what you think about…?", "Can you tell me one or two things I can do to…"
- **Observe body language.** Body language is a form of nonverbal communication. It tells people how you feel without using words. It may include facial expressions, body movements such as crossing arms, or the way a person sits or stands. However, keep in mind that this may vary based upon cultural backgrounds. For example, many people are taught to make eye contact when speaking with people. However, for some cultures it is viewed as an insult or a sign of disrespect.
- **Be patient and open minded.** Some people may need additional time to respond to or ask questions. Always try to understand the other person's point of view or opinion, even if you do not agree.
- **Practice active listening.** Give the person talking your full attention. Repeat what you heard to make sure you understand what the parent is saying.
- **Provide praise.** Share what is going well for the child. Highlight what the parents are doing well to support their child.

Infant feeding behaviors are often influenced by culture and family tradition. Communicating regularly with parents about what their baby is eating at home will help you learn what you can offer the baby in child care.

A child care provider talking to a parent in the morning at drop off.

Talk to Parents About Feeding Their Baby

Child care provider distributing "Breastfed Babies Welcome Here! A Mother's Guide" to a visiting mother.

- Let them know that babies are great at knowing how much they need to eat to be full. Parents as well as child care providers can provide the food. However, the baby will decide when, if, and how much he or she wants to eat.
- Post the food menu in the main areas in the child care site where parents can easily see it when they drop off or pick up their baby.
- Allow parents to give feedback on the food menu. This can be done by asking them at pick up or drop off times what they would like to see on the food menu.

  Ask what foods they typically eat at home. You can also consider adding a suggestion box in your child care site so that parents can provide feedback anonymously.

- Use the handouts parents may have filled out on their baby's eating habits such as the "**For Parents**: What Is Your Baby Eating? Let Us Know!" handout on **page 63** and ask the parents questions to get a good understanding of any foods the baby cannot eat. This may be due to **food allergies** or **intolerances** or for religious reasons.
- Share the "For Parents" handouts in this guide with parents (see Handouts and Tables in the front of this guide for a full list). Consider ordering them from the USDA Team Nutrition website at https://teamnutrition.usda.gov. Or, you can print them and have them out in common areas for parents to look at when they are in the child care site.
- Review the daily activity chart with the baby's parents at pick up to talk about what foods and how much their baby ate that day.

Hear From Mothers and Other Providers

Talking with parents often can make it easier to care for the babies at your child care site. But sometimes it can be hard to start those conversations. You may be thinking, "Do parents even want information about feeding their baby?" We spoke to child care providers, current mothers, and pregnant mothers about meals and snacks at child care. Below are some quotes from these interviews:

When asked how they feel about a poster of a breastfeeding mom displayed at a child care site, child care providers and mothers said:

"Many times, and I've heard it with my sisters, my aunts, my cousins, it's something we do not often talk about, and sometimes we're ashamed to ask. If you have something that says, 'Tell us how we can help you,' you already get that invitation, maybe if you have any questions. Because with our daycare providers you start having that relationship and that trust." – Mother

"It's like we're here for you, not just you can come here and chill. We're here for you." – Mother

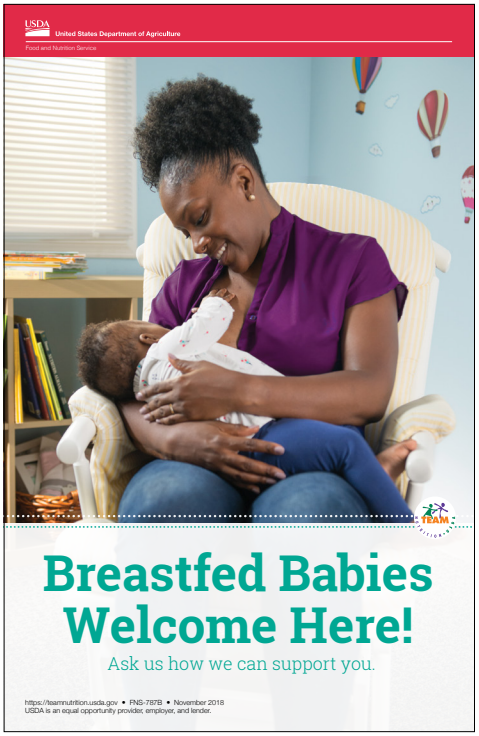
"It gives moms comfort to know that the teachers will use the mom's breastmilk." – Director of a Child Care Center

"I like it, it lets moms know that we have a space for them to breastfeed. We support moms here who want to breastfeed." – Director of a Child Care Center

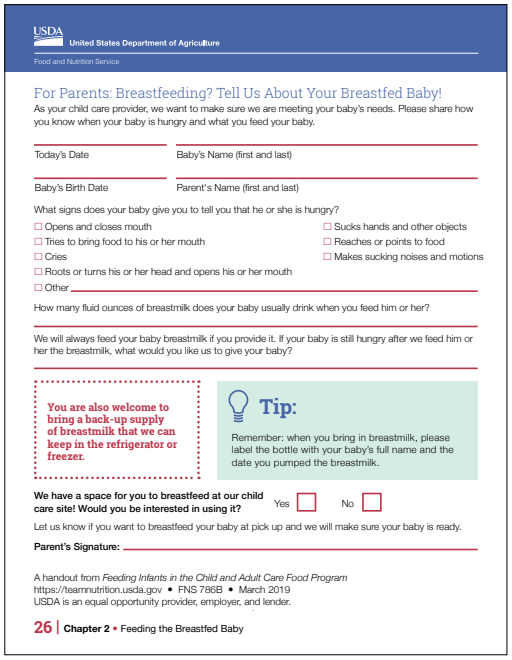
"Moms would want to know about whether it was ok to breastfeed but might be afraid to ask. The poster would break the ice, get moms asking questions about it. Plain and simple." – Director of a Family Child Care Home

When asked about a handout to provide information to their child care provider or receive information from mothers on their baby's eating, child care providers and mothers said:

"It's things that you may overlook when you're dropping your child off with somebody. You already have anxiety about leaving your baby in the care of somebody else, and you don't think to share all of these things that you're doing with them." – Pregnant Mother



Display this poster to show moms that you support breastfeeding.



Handout: Breastfeeding? Tell Us About Your Breastfed Baby!

"I liked [this handout] because I was already doing some things that they mentioned there. But sometimes there is not communication, and that is very important between the mother and the provider." – Mother

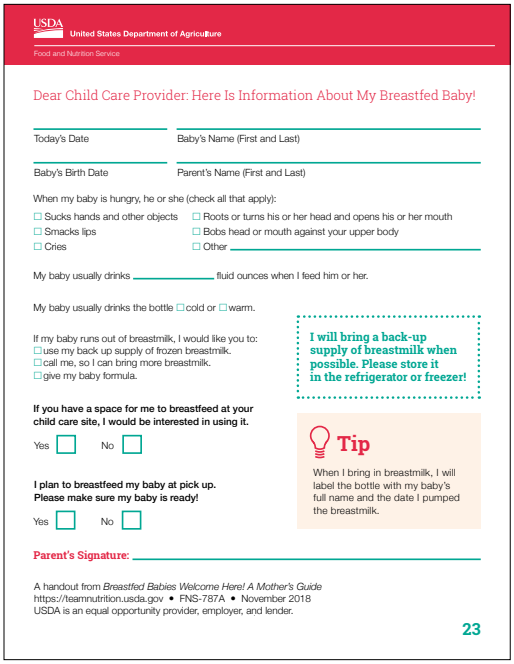
"This facilitates communication between parents and staff to avoid health issues." – Director of a Child Care Center

When asked about a handout to provide information to parents on how to know when a baby is ready for solid foods, a child care provider said:

"A lot of parents may not know what developmental readiness is, but this breaks it down. Just because they are 4 months old, it does not mean that they are ready to eat." – Director of a Child Care Center

Eli Is Ready for Solid Foods!

Eli began to sit up on his own with little support and with good head control. He even started reaching for food when it was near him. His child care provider, Betty, noticed this and decided she should talk to his parents about starting solid foods but she did not know how. She used the "**For Parents**: Is Your Baby Ready for Solid Foods?" handout on **page 12** to start the conversation. The parents read the handout, checked in with their baby's health care provider, and ended up starting Eli on solid foods. As Eli tried new foods and textures, Betty checked in with his parents using the "**For Parents**: What Is Your Baby Eating? Let Us Know!" handout on **page 63** to gather information on all of the foods Eli had eaten. This helped Betty plan her menu and offer foods in child care that Eli had already tried at home.



USDA United States Department of Agriculture
Food and Nutrition Service

Dear Child Care Provider: Here Is Information About My Breastfed Baby!

Today's Date _____ Baby's Name (First and Last) _____

Baby's Birth Date _____ Parent's Name (First and Last) _____

When my baby is hungry, he or she (check all that apply):

- ☐ Sucks hands and other objects
- ☐ Smacks lips
- ☐ Cries
- ☐ Roots or turns his or her head and opens his or her mouth
- ☐ Bobs head or mouth against your upper body
- ☐ Other _____

My baby usually drinks _____ fluid ounces when I feed him or her.

My baby usually drinks the bottle ☐ cold or ☐ warm.

If my baby runs out of breastmilk, I would like you to:
☐ use my back up supply of frozen breastmilk.
☐ call me, so I can bring more breastmilk.
☐ give my baby formula.

I will bring a back-up supply of breastmilk when possible. Please store it in the refrigerator or freezer!

If you have a space for me to breastfeed at your child care site, I would be interested in using it.

Yes ☐ No ☐

I plan to breastfeed my baby at pick up. Please make sure my baby is ready!

Yes ☐ No ☐

Tip

When I bring in breastmilk, I will label the bottle with my baby's full name and the date I pumped the breastmilk.

Parent's Signature: _____

A handout from *Breastfed Babies Welcome Here! A Mother's Guide*
https://teamnutrition.usda.gov • FNS-787A • November 2018
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Handout: Dear Child Care Provider: Here Is Information About My Breastfed Baby! from "Breastfed Babies Welcome Here! A Mother's Guide."

USDA United States Department of Agriculture
Food and Nutrition Service

For Parents: Is Your Baby Ready for Solid Foods?

Feeding your baby the right foods at the right time helps him or her get the nutrition needed for good health. Your baby will grow to enjoy many types and textures (smooth, lumpy, and so on) of food during his or her first year.

How Can You Tell When Your Baby Is Ready To Eat Solid Foods?
Your baby is ready to start solid foods if he or she:

- Opens his or her mouth when foods come his or her way or reaches for food.
- Sits in a high chair with good head control.
- Uses his or her tongue to move food from the spoon into his or her mouth. The tongue does not automatically push the food out of his or her mouth.

Why Does Your Baby Need To Try Solid Foods?

Starting solid foods when your child is developmentally ready is important because:

- Your baby is getting bigger and needs more calories and nutrients that can come from solid foods.
- It gives your baby a chance to try different foods so he or she will like them at an early age and will continue to eat them as he or she gets older.

Tip: Many, but not all, babies show signs that they are developmentally ready for solid foods at around 6 months.

12 | Chapter 1 • Giving Babies a Healthy Start With the CACFP

Handout: For Parents: Is Your Baby Ready for Solid Foods?

Table 12 Sharing Information With Parents

Scenario	Communication Tools
Jana is pregnant with her first baby and is visiting a few child care sites. She plans on breastfeeding her baby and wants to find a child care site that will support her. Jana felt welcomed at your child care site when she saw a poster on the front door that said, "Breastfed Babies Welcome Here! Ask Us How We Can Support You!" How else can you support Jana's breastfeeding?	You could give Jana a copy of "Breastfed Babies Welcome Here! A Mother's Guide." It will help Jana get started in learning who can support her in the hospital and in the community. You can let her know that your child care site can store her bottles of breastmilk. Also, you can make sure she has a quiet, private space to breastfeed her baby at the child care site. With all of this support, Jana is more likely to breastfeed her child longer. She may also be more likely to choose your child care site since it supports her desire to breastfeed.
Baby Kim still needs help holding her head up and cannot sit on her own. She doesn't seem interested when food is around her. Her parents want her to start solid foods, but you do not think Baby Kim is ready. What can you do?	You can use the "**For Parents**: Is Your Baby Ready for Solid Foods?" handout on **page 12** to talk to Baby Kim's parents. The handout offers information on how Baby Kim's parents can tell when she is developmentally ready for solid foods. If the parents still decide to start solid foods, you should offer solid foods to the baby at your child care site.
Baby Talia is 2 months old and is new to your family child care home. You want to get to know Baby Talia and what her usual eating habits are throughout the day. You want to gather information from Baby Talia's parents, but are worried you will not remember everything you need to ask them. What can you use?	You can use the "**For Parents**: Breastfeeding? Tell Us About Your Breastfed Baby!" handout on **page 26**. Baby Talia's parents can share information on the handout, like how they know when their baby is hungry and how much breastmilk Baby Talia usually drinks during each feeding. This handout also lets Baby Talia's mom know there is a space where she can breastfeed her baby at your child care site. It includes a reminder to label bottles of breastmilk with Baby Talia's full name and the date mom **pumped** the breastmilk for safe storage.

Baby Michael drinks infant formula at home and his mom brought it in on his first day at child care. You are happy to give Baby Michael the infant formula his mom brought in, but you also want to let her know you have some at the center. How can you have this conversation with Baby Michael's mom?	You can use the "**For Parents**: Feeding Your Baby Infant Formula? Tell Us More!" handout on **page 34**. Baby Michael's mom can fill out the handout to let you know if she would like to provide her own infant formula, breastmilk and infant formula, or if she would like you to give Baby Michael the **iron-fortified infant formula** you have at the child care center. The handout also helps you share that if mom brings in infant formula for Baby Michael, it must contain iron.
Baby Mia was just enrolled at your child care center. You know Baby Mia is eating solid foods, but aren't sure what her parents have given to her at home. How can you gather this information?	You can use the "**For Parents**: What Is Your Baby Eating? Let Us Know!" handout on **page 63**. The handout allows Baby Mia's mom to share that her baby is eating **mashed foods** and has eaten many different iron-fortified **infant cereals**, meats, vegetables, and fruits.
Baby Joey's mom breastfeeds him in the morning and at night and gives you bottles of breastmilk to feed him throughout the day. Baby Joey has only had breastmilk but is eating solid foods as well. You know that breastfed babies around 4–6 months of age need iron. You want to make sure Baby Joey is getting enough iron from solid foods. What can you do?	You can share the "**For Parents**: Making Sure Your Baby Gets Enough Iron" handout on **page 76**. The handout gives Joey's mom a list of foods that are good sources of iron. She can also see that foods that have vitamin C in them can help Baby Joey's body better absorb the iron. You can even circle foods on the menu to show Joey's mom that Joey is getting good sources of iron while in child care.
Baby Ella's parents let you know that Baby Ella does not like vegetables. Baby Ella's parents tell you not to give her any vegetables during the day. You know Baby Ella may be making faces because she is just learning new tastes and textures. What can you do to encourage Baby Ella's parents to not give up on feeding her vegetables?	You can share the "**For Parents**: Varying Your Baby's Veggies" handout on **page 88** with Baby Ella's parents. The handout lets Baby Ella's parents know that they may need to offer Ella a food more than 10 times before she might like it. They can track all of Baby Ella's happy and sad faces after trying different vegetables on the handout. They can keep offering her different vegetables until that sad face becomes a happy one.

Bite-Size Nutrition Messages

Communicate regularly with parents about what their baby is eating at home.

As a busy child care provider, sometimes you want to make sure you are getting the same message out to parents at the same time. Short nutrition messages can be used to engage parents using bite-size information. Connect with parents through your child care site's social media posts, tweets, emails, or even on your food menu! Give these a try:

- "Feeding your baby breastmilk? Ask us how we can support you!"
- "Is your baby sitting up with good head control? Does he or she reach for food? If so, it might be time for solid foods! When your baby is ready, we can offer foods at meals and snacks!"
- "Does your baby eat solid foods? Let us know what he or she eats at home—we may be able to offer the same at child care!"
- Babies can't say, "I am hungry!", but they do let us know in other ways when they are ready to eat. Tell us how you know when your baby is hungry and we will watch for those signs at child care!"
- "Breastfeeding? We have room in our fridge for your breastmilk. Bring in bottles labeled with your baby's first and last name and the date you pumped the breastmilk. We will take care of the rest!"
- "We know we may need to offer a food more than 10 times before a baby might like it. That's why we offer many different types of vegetables, fruits, meats, beans, grains, and more at mealtime in child care. Ask us what's on the menu this week!

Talking with parents can often make it easier to care for babies at your child care site.

In This Chapter

In this chapter, you have learned about ways to regularly communicate with parents. Partnering with families can be a great resource for you in providing the best care possible to the babies in your care!

Key Concepts

- Parents can be your partner in providing the best care possible at your child care site.
- People come from a variety of backgrounds, cultures, and experiences. These differences can influence things like communication styles and food beliefs and preferences.
- Display the "Breastfed Babies Welcome Here!" poster and message graphic and distribute the guide to let parents know that you support breastfeeding. The "Breastfed Babies Welcome Here" guide, poster, and message graphic can be found online at https://www.fns.usda.gov/tn/breastfed-babies-welcome-here.
- Use handouts within this guide to share and gather information from parents. Parent handouts from this guide can be found here: https://www.fns.usda.gov/tn/feeding-infants-child-and-adult-care-food-program.
- Encourage parents to share their ideas and ask questions.

Check Your Knowledge

1. Select which items are important for parents and child care providers to share with each other:

A Baby's food allergies or intolerances.

B If the baby has eaten solid foods and if so, which ones.

C Baby's usual eating habits when fed breastmilk, iron-fortified infant formula, and solid foods when developmentally appropriate.

D Food preferences (cultural or other) that are important to the family.

E All of the above.

2. True or False? Using phone apps, email, or text messages are great ways to update parents about their baby throughout the day or week, if you have their permission.

3. You can communicate your support of breastfeeding to mothers by:

A Distributing the "Breastfed Babies Welcome Here! A Mother's Guide" to parents who visit your site.

B Displaying the "Breastfed Babies Welcome Here!" poster and message graphic to let parents know you support breastfeeding at your child care site.

C Using the "**For Parents**: Breastfeeding? Tell Us About Your Breastfed Baby!" handout on **page 26** to gather information on their breastfed baby.

D All of the above.

ANSWERS: 1. E • 2. True • 3. D

Appendixes

Appendix A: Sample Infant Daily Activity Chart

Baby's Name: _____

Date: _____

Fluids: Breastmilk ☐ Infant Formula ☐

Type of Formula: _____

Fluids:

What time did my baby eat?	How much did my baby drink (fluid ounces)?

Solid Foods:

What did my baby eat?	How much did my baby eat (tablespoons)?	What time did my baby eat?

Diaper Changing:

What time was my baby's diaper changed?	Was it wet (W), dirty (D), or both (B)?

Did my baby sleep today? When and for how long? _____

What activities did my baby do today? _____

Notes: _____

Adapted from the Arizona Department of Health Licensing Department Infant Daily Log

Appendix B: Sample Infant Menu (6 Through 11 Months)

Baby's Name: _____ **Week of:** _____

Food Component	Serving Size	Day of Week				
	6 through 11 months	Mon	Tues	Wed	Thurs	Fri
Breakfast						
breastmilk[1] or formula[2]	6–8 fl. oz.	Breastmilk or infant formula	Breastmilk or infant formula	Breastmilk or infant formula	Breastmilk or infant formula	Breastmilk or infant formula
infant cereal,[2] meat, fish, poultry, whole eggs, cooked dry beans or peas; or	0–4 tbsp.	Iron-fortified infant cereal	Scrambled eggs		Iron-fortified infant cereal	
cheese; or	0–2 oz.					
cottage cheese; or	0–4 oz. (volume)					Cottage cheese
yogurt[3]; or a combination[4]	0–4 oz. (½ cup)			Yogurt		
vegetable, fruit or both[4,5]	0–2 tbsp.	Finely chopped peaches	Cooked spinach	Finely chopped pears	Mashed avocado	Applesauce

Lunch or Supper						
breastmilk[1] or formula[2]	6–8 fl. oz.	Breastmilk or infant formula	Breastmilk or infant formula	Breastmilk or infant formula	Breastmilk or infant formula	Breastmilk or infant formula
infant cereal,[2] meat, fish, poultry, whole eggs, cooked dry beans or peas; or	0–4 tbsp.	Beef (strained)	Mashed kidney beans	Ground turkey	Baked cod (white fish)	Finely chopped baked chicken
cheese; or	0–2 oz.					
cottage cheese; or	0–4 oz. (volume)					
yogurt[3]; or a combination[4]	0–4 oz. (½ cup)					
vegetable, fruit, or both[4,5]	0–2 tbsp.	Mashed butternut squash	Finely chopped zucchini	Mashed carrots	Mashed broccoli	Mashed sweet potato

Food Component	Min. Serving Size	Day of Week				
	6 through 11 months	Mon	Tues	Wed	Thurs	Fri
Snack						
breastmilk[1] or formula[2]	2–4 fl. oz.	Breastmilk or infant formula	Breastmilk or infant formula	Breastmilk or infant formula	Breastmilk or infant formula	Breastmilk or infant formula
bread slice[6]; or	0–½ slice	Bread			Tortillas	
crackers[6]; or	0–2			Crackers		
infant cereal[2,6] or ready-to-eat cereal[4,6,7]	0–4 tbsp.		O-shaped cereal			Iron-fortified infant cereal
vegetable, fruit, or both[4,5]	0–2 tbsp.	Pureed peas	Mashed banana	Finely chopped pears	Mashed black beans	Mashed carrots

[1] Breastmilk or formula, or portions of both, must be served; however, it is recommended that breastmilk be served in place of formula from birth through 11 months. For some breastfed infants who regularly consume less than the minimum amount of breastmilk per feeding, a serving of less than the minimum amount of breastmilk may be offered, with additional breastmilk offered at a later time if the infant will consume more.
[2] Infant formula and dry infant cereal must be iron-fortified.
[3] Yogurt must contain no more than 23 grams of total sugars per 6 ounces.
[4] A serving of this component is required when the infant is developmentally ready to accept it.
[5] Fruit and vegetable juices must not be served.
[6] All grains served must be made with enriched or whole grain meal or flour. Ready-to-eat breakfast cereals and infant cereals that are fortified are also creditable.
[7] Ready-to-eat breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21.2 grams sucrose and other sugars per 100 grams of dry cereal).

Appendix C: Infant Meal Pattern

Breakfast	
Birth through 5 months	**6 through 11 months**
4–6 fluid ounces breastmilk[1] or formula[2]	6–8 fluid ounces breastmilk[1] or formula[2]; and 0–4 tablespoons infant cereal,[2] meat, fish, poultry, whole egg, cooked dry beans, or cooked dry peas; or 0–2 ounces of cheese; or 0–4 ounces (volume) of cottage cheese; or 0–4 ounces or ½ cup of yogurt[3]; or a combination of the above[4]; and 0–2 tablespoons vegetable or fruit or a combination of both[4,5]

Lunch and Supper	
Birth through 5 months	**6 through 11 months**
4–6 fluid ounces breastmilk[1] or formula[2]	6–8 fluid ounces breastmilk[1] or formula[2]; and 0–4 tablespoons infant cereal,[2] meat, fish, poultry, whole egg, cooked dry beans, or cooked dry peas; or 0–2 ounces of cheese; or 0–4 ounces (volume) of cottage cheese; or 0–4 ounces or ½ cup of yogurt[3]; or a combination of the above[4]; and 0–2 tablespoons vegetable or fruit or a combination of both[4,5]

Snack	
Birth through 5 months	**6 through 11 months**
4–6 fluid ounces breastmilk[1] or formula[2]	2–4 fluid ounces breastmilk[1] or formula[2]; and 0–½ slice bread[6]; or 0–2 crackers[6]; or 0–4 tablespoons infant cereal[2,6] or ready-to-eat breakfast cereal[4,6,7]; and 0–2 tablespoons vegetable or fruit, or a combination of both[4,5]

[1] Breastmilk or formula, or portions of both, must be served; however, it is recommended that breastmilk be served in place of formula from birth through 11 months. For some breastfed infants who regularly consume less than the minimum amount of breastmilk per feeding, a serving of less than the minimum amount of breastmilk may be offered, with additional breastmilk offered at a later time if the infant will consume more.
[2] Infant formula and dry infant cereal must be iron-fortified.
[3] Yogurt must contain no more than 23 grams of total sugars per 6 ounces.
[4] A serving of this component is required when the infant is developmentally ready to accept it.
[5] Fruit and vegetable juices must not be served.
[6] All grains served must be made with enriched or whole grain meal or flour. Ready-to-eat breakfast cereals and infant cereals that are fortified are also creditable.
[7] Ready-to-eat breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21.2 grams sucrose and other sugars per 100 grams of dry cereal).

Appendix D: Choose Breakfast Cereals That Are Lower in Added Sugars

USDA
United States Department of Agriculture

Choose Breakfast Cereals That Are Lower in Added Sugars

As of October 1, 2017, breakfast cereal served in the Child and Adult Care Food Program (CACFP) must contain no more than 6 grams of sugar per dry ounce.

There are many types of cereal that meet this requirement. You can use any cereal that is listed on any State agency's Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)-approved cereal list, found as part of the State's approved food lists at: **https://www.fns.usda.gov/wic/links-state-agency-wic-approved-food-lists**. You can also find cereals that meet the requirement using the Nutrition Facts label and by following the steps below:

1 Use the Nutrition Facts label to find the **Serving Size**, in grams (g), of the cereal.

2 Find the **Sugars** line. Look at the number of grams (g) next to Sugars.

3 Use the serving size identified in Step 1 to find the serving size of your cereal in the table below.

Serving Size*	Sugars
If the serving size is:	Sugars cannot be more than:
12-16 grams	3 grams
26-30 grams	6 grams
31-35 grams	7 grams
45-49 grams	10 grams
55-58 grams	12 grams
59-63 grams	13 grams
74-77 grams	16 grams

4 In the table, look at the number to the right of the serving size amount, under the "Sugars" column.

If your cereal has that amount of sugar or less, your cereal meets the sugar requirement.

**Serving sizes here refer to those commonly found for breakfast cereals. For serving size requirements in the CACFP, please visit https://www.fns.usda.gov/cacfp/meals-and-snacks.*

Yummy Brand Cereal

Nutrition Facts

Serving Size 3/4 cup (30g)
Servings Per Container about 15

Amount Per Serving	Cereal
Calories 100	**100**
Calories from Fat 5	**5**
	% Daily Value*
Total Fat 0.5g	**1%**
Saturated Fat 0g	**0%**
Trans Fat 0g	
Polyunsaturated Fat 0g	
Monounsaturated Fat 0g	
Cholesterol 0mg	**0%**
Sodium 140mg	**6%**
Potassium 90mg	**3%**
Total Carbohydrate 22g	**7%**
Dietary Fiber 3g	**11%**
Sugars 5g	
Other Carbohydrate 14g	
Protein 3g	

Test Yourself:

Does the cereal above meet the sugar requirement?
(Check your answer on the next page)

Serving Size:_____

Sugars:_____

☐ Yes ☐ No

More training, menu planning, and nutrition education materials for the CACFP can be found at **https://teamnutrition.usda.gov**.

Try It Out!

Use the "Sugar Limits in Cereal" table below to help find cereals you can serve at your site. Write down your favorite brands and other information in the "Cereals To Serve in the CACFP" list. You can use this as a shopping list when buying cereals to serve in your program.

Sugar Limits in Cereal

Serving Size	Sugars	Serving Size	Sugars
If the serving size is:	Sugars cannot be more than:	If the serving size is:	Sugars cannot be more than:
0-2 grams	0 grams	50-54 grams	11 grams
3-7 grams	1 gram	55-58 grams	12 grams
8-11 grams	2 grams	59-63 grams	13 grams
12-16 grams	3 grams	64-68 grams	14 grams
17-21 grams	4 grams	69-73 grams	15 grams
22-25 grams	5 grams	74-77 grams	16 grams
26-30 grams	6 grams	78-82 grams	17 grams
31-35 grams	7 grams	83-87 grams	18 grams
36-40 grams	8 grams	88-91 grams	19 grams
41-44 grams	9 grams	92-96 grams	20 grams
45-49 grams	10 grams	97-100 grams	21 grams

Cereals To Serve in the CACFP*

Cereal Brand	Cereal Name	Serving Size	Sugars (g)
Healthy Food Company	Nutty Oats	28 grams	5 grams

*The amount of sugar in a cereal might change. Even if you always buy the same brands and types of cereal, be sure to check the serving size and amount of sugars on the Nutrition Facts label to make sure they match what you have written in the list above. All cereals served must be whole grain-rich, enriched, or fortified.

Answer to "Test Yourself" activity on page 1: *The cereal has 5 grams of sugar per 30 grams. The maximum amount of sugar allowed for 30 grams of cereal is 6 grams. 5 is less than 6, so this cereal meets the sugar requirement.*

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Appendix E: Choose Yogurts That Are Lower in Added Sugars

USDA
United States Department of Agriculture

Choose Yogurts That Are Lower in Added Sugars

As of October 1, 2017, yogurt served in the Child and Adult Care Food Program (CACFP) must not have more than 23 grams of sugar per 6 ounces.

There are many types of yogurt that meet this requirement. It is easy to find them by using the Nutrition Facts label and following the steps below.

1 Use the Nutrition Facts Label to find the **Serving Size**, in ounces (oz) or grams (g), of the yogurt.

2 Find the **Sugars** line. Look at the number of grams (g) next to Sugars.

3 Use the serving size identified in Step 1 to find the serving size of your yogurt in the table below.

Serving Size* Ounces (oz)	Serving Size Grams (g) (Use when the serving size is not listed in ounces)	Sugars Grams (g)
If the serving size is:		Sugars must not be more than:
2.25 oz	64 g	9 g
3.5 oz	99 g	13 g
4 oz	113 g	15 g
5.3 oz	150 g	20 g
6 oz	170 g	23 g
8 oz	227 g	31 g

4 In the table, look at the number to the right of the serving size amount, under the "Sugars" column.
If your yogurt has that amount of sugar, or less, the yogurt meets the sugar requirement.

Nutrition Facts
Serving Size 8 oz (227g)
Servings about 4

Amount Per Serving	
Calories 130	Calories from Fat 20
	% Daily Value*
Total Fat 2g	**3%**
Saturated Fat 1.5g	**8%**
Trans Fat 0g	
Cholesterol 10mg	**3%**
Potassium 400mg	**1%**
Sodium 160mg	**7%**
Total Carbohydrate 21g	**7%**
Dietary Fiber 4g	**17%**
Sugars 9g	
Protein 10g	
Vitamin A 6%	Vitamin C 4%
Calcium 35%	Iron 0%
Vitamin D 6%	

TIP: If the serving size says "one container," check the front of the package to see how many ounces or grams are in the container.

Test Yourself:

Does the yogurt above meet the sugar requirement?
(Check your answer on the next page)

Serving Size:_____

Sugars :_____

☐ Yes ☐ No

**Serving sizes here refer to those commonly found for store-bought yogurts. Homemade yogurt is not creditable in the CACFP. For serving size requirements of yogurt in the CACFP, please visit https://www.fns.usda.gov/cacfp/meals-and-snacks.*

More training, menu planning, and nutrition education materials for the CACFP can be found at **https://teamnutrition.usda.gov**.

Try It Out!

Use the "Sugar Limits in Yogurt" table below to help find yogurts you can serve at your site. Write down your favorite brands and other information in the "Yogurts To Serve in the CACFP" list. You can use this as a shopping list when buying yogurts to serve in your program.

Sugar Limits in Yogurt

Serving Size Ounces (oz)	Serving Size Grams (g) (Use when the serving size is not listed in ounces)	Sugars
If the serving size is:		Sugars must not be more than:
1 oz	28 g	4 g
1.25 oz	35 g	5 g
1.5 oz	43 g	6 g
1.75 oz	50 g	7 g
2 oz	57 g	8 g
2.25 oz	64 g	9 g
2.5 oz	71 g	10 g
2.75 oz	78 g	11 g
3 oz	85 g	11 g
3.25 oz	92 g	12 g
3.5 oz	99 g	13 g
3.75 oz	106 g	14 g
4 oz	113 g	15 g
4.25 oz	120 g	16 g
4.5 oz	128 g	17 g

Serving Size Ounces (oz)	Serving Size Grams (g) (Use when the serving size is not listed in ounces)	Sugars
If the serving size is:		Sugars must not be more than:
4.75 oz	135 g	18 g
5 oz	142 g	19 g
5.25 oz	149 g	20 g
5.3 oz	150 g	20 g
5.5 oz	156 g	21 g
5.75 oz	163 g	22 g
6 oz	170 g	23 g
6.25 oz	177 g	24 g
6.5 oz	184 g	25 g
6.75 oz	191 g	26 g
7 oz	198 g	27 g
7.25 oz	206 g	28 g
7.5 oz	213 g	29 g
7.75 oz	220 g	30 g
8 oz	227 g	31 g

Yogurts To Serve in the CACFP*

Yogurt Brand	Flavor	Serving Size (oz or g)	Sugars (g):
Yummy Yogurt	Vanilla	6 oz	13

*The amount of sugar in a yogurt might change. Even if you always buy the same brands and flavors of yogurt, be sure to check the serving size and amount of sugars on the Nutrition Facts label to make sure they match what you have written in the list above.

Answer to "Test Yourself" activity on page 1: *This yogurt has 9 grams of sugar per 8 ounces (227 grams). The maximum amount of sugar allowed in 8 ounces of yogurt is 31 grams. 9 is less than 31, so this yogurt is creditable.*

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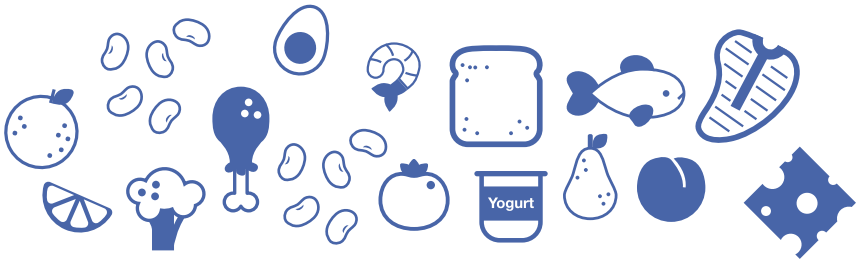


Appendix F: Infant Foods List

This list of creditable and non-creditable foods in this publication is not all-inclusive. This publication includes only those foods that are most commonly served to infants in child care programs. For more information on determining which foods are creditable in the CACFP and contribute toward the meal pattern requirements, see the *Food Buying Guide for Child Nutrition Programs*. Some food products may require additional documentation, such as a Child Nutrition (CN) label or Product Formulation Statement, to determine if they are creditable in the CACFP.

Allergies

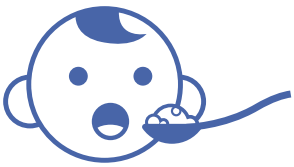
A food allergy is a body's reaction to a protein in a food called an allergen. Milk, eggs, fish, shellfish, tree nuts, peanuts, wheat, and soybeans are the most common allergens. These used to be thought of as foods that should be avoided when feeding babies. However, recent research shows that there is no need to delay the introduction of these foods. Serve foods to a baby at your child care site only after they have been introduced to the baby at home with no problems.

Vegetables and Fruits

Vegetables and fruits that have been pureed, mashed, or finely chopped credit toward the meal pattern based upon the amount served. For instance, ⅛ cup (or 2 tablespoons) of pureed peaches counts as ⅛ cup of fruit. A ⅛ cup of puree credits at ⅛ cup, even if you made this amount of puree using ¼ of a fresh peach.

Grains

Grain products, such as bread, crackers, and ready-to-eat cereals, must be made with enriched or whole grain meal or flour or be fortified. All cereals must contain no more than 6 grams of sugar per dry ounce.



Prevent Choking

Infants and young children are at a high risk for choking on foods. All foods given to infants and young children must be of a size, shape, and texture appropriate for the age and development of the infant or young child. Foods must be cut into small pieces no larger than ½ inch or cut lengthwise into thin slices. Adults should always supervise participants, especially infants, during meals and snacks.

Tip:

The *Food Buying Guide for Child Nutrition Programs* is available online and as a mobile app at: https://www.fns.usda.gov/tn/food-buying-guide-for-child-nutrition-programs.

All Food Components

Food	Creditable			Comments
	Yes	Maybe	No	
Baby foods, store-bought (commercial), combination foods (such as chicken and vegetables)	X			The American Academy of Pediatrics recommends introducing single-ingredient foods to babies first before giving a mix of foods, or combination foods. It is encouraged that once the baby is developmentally ready and has eaten each ingredient within a combination food individually without having an allergic reaction, then combination foods can be served. For example, a baby should try chicken separate from vegetables first before trying a mixed chicken and vegetables baby food. Some mixed dishes may contain foods that do not credit towards the infant meal pattern, such as rice or pasta.
Baby foods, store-bought (commercial), single-component (such as plain fruits, mixed fruits and vegetables, vegetables, or meats)	X			Store-bought baby foods that contain one food component and are packaged in a jar, plastic container, pouch, or any other packaging are creditable in the Child and Adult Care Food Program. The way a food is packaged does not impact whether a food is creditable or not.
Baby foods, desserts (such as baby puddings, custards, cobblers, fruit desserts)			X	Baby food desserts often contain insufficient amounts of creditable ingredients. They are not 100% fruit and are often high in added sugars and fat and low in nutrients.
Canned foods, homemade			X	Home-canned foods are not creditable due to food safety issues that can arise during the home canning process.
Combination foods, commercial baby food	X			See **Baby foods, store-bought (commercial), combination foods** (such as chicken and vegetables).

Desserts, baby food			X	See **Baby foods, desserts**.
Home-canned baby foods			X	See **Canned foods, homemade**.
Homemade baby foods	X			Foods should be cooked, if necessary, and pureed, mashed, ground, or finely chopped. Parents may only provide one component of a reimbursable meal.
Honey			X	Honey (including products that have honey cooked or baked into them, such as honey graham crackers) should not be served to infants younger than 1 year of age. Honey is sometimes contaminated with Clostridium botulinum spores. If an infant ingests these spores, the spores can produce a toxin that may cause a severe foodborne illness called infant botulism. Be sure to read the ingredients list on the back of food packages.
Baby food, store-bought (commercial), mixed fruit	X			See **Baby foods, store-bought (commercial), single-component** (such as plain fruits, mixed fruits and vegetables, vegetables, or meats).
Baby food, store-bought (commercial), mixed vegetables	X			See **Baby foods, store-bought (commercial), single-component** (such as plain fruits, mixed fruits and vegetables, vegetables, or meats).
Single-component baby foods, store-bought (commercial)	X			See **Baby foods, store-bought (commercial), single-component** (such as plain fruits, mixed fruits and vegetables, vegetables, or meats).

Milk

Food	Creditable			Comments
	Yes	Maybe	No	
Almond milk			X	Only breastmilk and iron-fortified infant formula are creditable unless the substitution is supported by a medical statement from a State-recognized medical authority.
Breastmilk	X			Breastmilk is the best food for infants and is recommended from birth through the first year of life. Infants should be fed only breastmilk, iron-fortified infant formula, or both until they are around 6 months of age.
Buttermilk			X	Only breastmilk and iron-fortified infant formula are creditable unless the substitution is supported by a medical statement from a State-recognized medical authority.
Cream			X	Only breastmilk and iron-fortified infant formula are creditable unless the substitution is supported by a medical statement from a State-recognized medical authority.
Dry milk, reconstituted			X	Only breastmilk and iron-fortified infant formula are creditable unless the substitution is supported by a medical statement from a State-recognized medical authority.
Evaporated milk			X	Only breastmilk and iron-fortified infant formula are creditable unless the substitution is supported by a medical statement from a State-recognized medical authority.

Formula, follow-up			X	Only breastmilk and iron-fortified infant formula are creditable unless the substitution is supported by a medical statement signed by a State-recognized medical authority.
Formula, infant, FDA Exempt			X	Formulas classified as Exempt Infant Formulas by the U.S. Food and Drug Administration (FDA) may be served as a part of a reimbursable meal if the substitution is due to a disability and is supported by a medical statement signed by the baby's health care provider.
Formula, infant, iron-fortified (includes soy-based)	X			The only acceptable alternative to breastmilk is iron-fortified infant formula. The American Academy of Pediatrics recommends only serving breastmilk, iron-fortified infant formula, or both during the first year of life. Formula must be served as a beverage to be creditable. The infant formula must be FDA approved (i.e., not bought from another country), should not be on the FDA Exempt Infant Formula list, and must be iron-fortified.
Formula, infant, low-iron (includes soy-based)			X	Only breastmilk and iron-fortified infant formula are creditable unless the substitution is supported by a medical statement signed by a State-recognized medical authority.
Formula, infant, low lactose or lactose free	X			Must be iron-fortified. A medical statement is not required to serve this formula and have it count as part of a reimbursable meal or snack.
Half and half			X	Only breastmilk and iron-fortified infant formula are creditable through 11 months of age unless the substitution is supported by a medical statement from a State-recognized medical authority.

Milk continued from pg 153

Hemp milk			X	Only breastmilk and iron-fortified infant formula are creditable through 11 months of age unless the substitution is supported by a medical statement from a State-recognized medical authority.
Goat's milk			X	Only breastmilk and iron-fortified infant formula are creditable through 11 months of age unless the substitution supported by a medical statement from a State-recognized medical authority. Must meet State standards for fluid milk.
Milk, whole, reduced-fat (2%), low-fat (1%) or fat-free (skim)			X	Only breastmilk and iron-fortified infant formula are creditable through 11 months of age unless the substitution is supported by a medical statement from a State-recognized medical authority.
Milk, raw			X	Raw milk is unpasteurized and can be harmful to an infant's health. Only breastmilk and iron-fortified infant formula are creditable through 11 months of age.
Soy-based formula	X			See **Formula, infant, iron-fortified (includes soy-based)**.
Sweetened condensed milk			X	Only breastmilk and iron-fortified infant formula are creditable unless the substitution is supported by a medical statement signed by a State-recognized medical authority.

Meat and Meat Alternates

Food	Creditable			Comments
	Yes	Maybe	No	
Baby foods, store-bought (commercial), combination foods (such as chicken and vegetables)	X			The American Academy of Pediatrics recommends introducing single-ingredient foods to babies first before giving a mix of foods, or combination foods. It is encouraged that once the baby is developmentally ready, and has eaten all ingredients within a combination food individually without having an allergic reaction, then combination foods can be served. For example, a baby should try chicken separate from vegetables first before trying a mixed chicken and vegetables baby food. Some mixed dishes may contain foods that do not credit towards the infant meal pattern, such as rice or pasta.
Baby foods, store-bought (commercial), single-component	X			Store-bought baby foods that contain one food component packaged in a jar, plastic container, pouch, or any other packaging are creditable in the Child and Adult Care Food Program. The way a food is packaged does not impact whether a food is creditable or not.
Beans and peas, dry or canned	X			Beans or peas can be credited either as a vegetable or a meat alternate, but not both in the same meal or snack. They should be cooked and prepared to the appropriate texture for infants (pureed or mashed). Do not serve whole beans or peas because they may cause infants to choke. If serving canned beans or peas, drain them first and rinse with clean, safe water before using to reduce the amount of salt.
Canned foods, homemade			X	Home-canned foods are not creditable due to food safety issues that can arise during the home canning process.

Meat and Meat Alternates continued from pg 155

Food	Creditable			Comments
	Yes	Maybe	No	
Cheese, natural and processed cheese	X			Natural and processed cheeses such as American cheese, cheddar, Monterey Jack, and Swiss are creditable at all meals and snacks for infants who are developmentally ready to accept them. Cut cheese into small thin slices or strips no larger than ½ inch to reduce the risk of choking.
Cheese, cottage cheese	X			Cottage cheese is creditable at all meals and snacks for infants who are developmentally ready to accept them. See the *Food Buying Guide for Child Nutrition Programs* for more information.
Cheese foods, cheese food substitutes, cheese spreads, and cheese spread substitutes			X	Cheeses labeled as "cheese food," "cheese spread," and "imitation cheese" are not creditable for infants because they are generally higher in sodium than other cheeses. Cheese foods do not meet the Food and Drug Administration's standard of identity.
Cheese, imitation			X	Cheeses labeled "imitation" are not creditable. Imitation cheese does not meet the Food and Drug Administration's standard of identity.
Cheese products			X	Cheeses labeled "product" are not creditable for infants. Cheese product does not meet the Food and Drug Administration's standard of identity.
Chicken nuggets		X		Only the edible chicken portion credits toward the meat/meat alternate requirement. All foods served to infants must be of a shape, size, and texture appropriate for the age and development of the infant. See the *Food Buying Guide for Child Nutrition Programs* for more information.

Combination foods, commercial baby food	X			See **Baby foods, store-bought (commercial), combination foods**.
Cream cheese			X	Cream cheese is not creditable; it contains less protein and more fat than creditable cheeses.
Eggs	X			Whole eggs, including pasteurized, liquid whole eggs, and dried whole eggs, containing the yolk and egg white, are creditable. Eggs must be fully cooked. Serve only after it has been introduced at home with no problems.
Egg whites or egg yolks			X	Only whole eggs are creditable.
Fish, boneless, store-bought (commercial)	X			Only fish purchased from licensed vendors is creditable. May be served to infants who are developmentally ready to accept them. All foods must be of a shape, size, and texture for an infant to avoid choking. Examine fish closely to make sure it is free of bones. Serve only after it has been introduced at home with no problems. The U.S. Food and Drug Administration and the Dietary Guidelines for Americans recommend that pregnant women and young children avoid eating types of fish that typically have higher mercury levels, including shark, swordfish, king mackerel, tilefish, bigeye tuna, orange roughy, and marlin.
Fish, home-caught (noncommercial)		X		Home-caught fish is only creditable if it meets State or local public health policies regarding food safety.

Meat and Meat Alternates continued from pg 157

Food	Creditable			Comments
	Yes	Maybe	No	
Fish sticks or portions, store-bought (commercial)		X		Only the edible fish portion credits toward the meat/meat alternate requirement. May be served to infants who are developmentally ready to accept them. All foods served to infants must be of a shape, size, and texture for an infant to avoid choking. Fish must be fully cooked. Includes store-bought, commercially prepared breaded or battered fish and fish portions. See the *Food Buying Guide for Child Nutrition Programs* for more information.
Home-canned baby foods			X	See **Canned foods, homemade**.
Homemade baby foods	X			Foods should be cooked, if necessary, and pureed, mashed, or finely diced.
Hot dogs or frankfurters		X		May be served to infants who are developmentally ready to accept them. Should be prepared to the appropriate shape, size, and texture for an infant to avoid choking. Do not serve whole hot dogs or hot dog rounds. This product tends to be higher in sodium and saturated fat. If the product contains byproducts, cereals, or binders/extenders, it must be accompanied by a Child Nutrition label or Product Formulation Statement. Examples of binders/extenders are starch, cellulose, and nonfat dry milk. Examples of byproducts are glands, hearts, and other organ meats. See the "Meats/Meat Alternates" section in the *Food Buying Guide for Child Nutrition Programs*.

Infant meat and poultry sticks (not dried or semi-dried)		X		See **Hot dogs or frankfurters**.
Meats, plain, cooked, homemade	X			Cooked meats are creditable and may be served to infants who are developmentally ready to accept them. Fresh or frozen meats must be cooked thoroughly and then prepared to the appropriate shape, size, and texture for infants to avoid choking.
Meats, single-component, store-bought (commercial) baby food	X			Store-bought baby food meats, such as pureed or mashed ham, turkey, chicken, beef, and so on, usually contain broth or gravy. These are creditable.
Nuts			X	Nuts are not creditable in a reimbursable infant meal.
Peanut butter (or other nut butters or seed butters)			X	Peanut butter and other nut butters or seed butters are not creditable in a reimbursable infant meal. Chunks of nut or seed butters pose a choking risk for infants. Peanut butter or other nut butters can get stuck to the roof of the mouth making it difficult to swallow.
Sausage (all forms)		X		May be served to infants who are developmentally ready to accept it. Should be prepared to the appropriate shape, size, and texture for an infant to avoid choking. Products labeled "fresh pork sausage" or "fresh Italian sausage" may be credited. See the "Meats/Meat Alternates" section in the *Food Buying Guide for Child Nutrition Programs.*
Seeds			X	Seeds are not creditable in a reimbursable infant meal.

Meat and Meat Alternates continued from pg 159

Food	Creditable			Comments
	Yes	Maybe	No	
Shellfish (such as crab, shrimp, clams, mussels)	X			Shellfish must be fully cooked; only the edible fish portion is creditable. May be served to infants who are developmentally ready to accept it. Should be prepared to the appropriate shape, size, and texture for an infant to avoid choking. Be sure to remove all shells. See the "Meats/Meat Alternates" section in the *Food Buying Guide for Child Nutrition Programs*.
Single-component baby foods, store-bought (commercial)	X			See **Baby foods, store-bought (commercial), single-component**.
Soybeans (edamame)	X			Soybeans can be credited either as a vegetable or a meat alternate, but not both in the same meal or snack. They should be cooked and prepared to the appropriate texture for infants (pureed or mashed). Do not serve whole soybeans because they may cause infants to choke.
Soy yogurt			X	Soy yogurt is not creditable in a reimbursable infant meal.
Tofu			X	Tofu is not creditable in a reimbursable infant meal.
Vienna sausage		X		May be served to infants who are developmentally ready to accept it. Should be prepared to the appropriate shape, size, and texture for an infant to avoid choking. This product is high in fat and sodium. Only creditable when free of byproducts, cereals, and extenders. See the *Food Buying Guide for Child Nutrition Programs* for more information.

Whole Egg	X			See **Eggs**.
Yogurt in a tube	X			Must meet the Food and Drug Administration's standard of identity for yogurt to be creditable. A 2.2 ounce tube provides ½ ounce equivalent meat alternate. Must contain no more than 23 grams of total sugars per 6 ounces.
Yogurt, frozen		X		Program operators may credit yogurt that they have frozen. See **Yogurt, store-bought (commercial), plain, unflavored, flavored**. Please note that crediting of a meat/meat alternate in this form is discouraged, as it is perceived as a dessert. Commercial frozen yogurt is not creditable. Please see the "Other Foods" section in the *Food Buying Guide for Child Nutrition Programs*.
Yogurt, homemade			X	Homemade yogurt is not creditable due to food safety issues.
Yogurt, store-bought (commercial), plain, unflavored, flavored	X			Store-bought (commercial) yogurt may be served to infants who are developmentally ready to accept it. The yogurt must contain no more than 23 grams of sugar per 6 ounces to be creditable. Soy yogurt is not creditable as part of a reimbursable infant meal.
Yogurt, liquid form (drinkable)			X	Liquid yogurt and yogurt that can be consumed from a bottle are not creditable. Liquid "yogurt" does not meet the Food and Drug Administration's standard of identity for yogurt.
Yogurt, freeze-dried snacks			X	Freeze-dried yogurt snacks are not creditable and do not meet the Food and Drug Administration's standard of identity for yogurt.
Yogurt products, store-bought (commercial), such as frozen yogurt, yogurt bars, yogurt flavored products, yogurt covered fruits or nuts, or similar products)			X	These products are not creditable. See the "Other Foods" section in the *Food Buying Guide for Child Nutrition Programs* for information on commercial frozen yogurt.

Vegetables

Food	Creditable			Comments
	Yes	Maybe	No	
Baby foods, store-bought (commercial), combination foods (such as chicken and vegetables)	X			The American Academy of Pediatrics recommends introducing single-ingredient foods to babies first before giving a mix of foods, or combination foods. It is encouraged that once the baby is developmentally ready, and has eaten all ingredients within a combination food individually without having an allergic reaction, then combination foods can be served. For example, a baby should try chicken separate from vegetables first before trying a mixed chicken and vegetables baby food dinner. Some mixed dishes may contain foods that do not credit towards the infant meal pattern, such as rice or pasta.
Baby foods, store-bought (commercial), single-component (such as plain vegetables, mixed vegetables, mixed vegetables and fruit)	X			Store-bought baby foods that contain one food component and are packaged in a jar, plastic container, pouch, or any other packaging are creditable in the CACFP. The way a food is packaged does not impact whether a food is creditable or not.
Beans and peas, dry or canned	X			Beans or peas can be credited either as a vegetable or a meat alternate, but not both in the same meal or snack. They should be cooked and prepared to the appropriate texture for infants (pureed or mashed). Do not serve whole beans or peas because they may cause infants to choke. If serving canned beans or peas, drain them first and rinse with clean, safe water before using to reduce the amount of salt.
Canned foods, homemade			X	Home-canned foods are not creditable due to food safety issues that can arise during the home canning process.
Combination foods, commercial baby food	X			See **Baby foods, store-bought (commercial), combination foods**.

Freeze-dried fruit and vegetable snacks			X	See **Fruit Snacks**.
Fruit/Vegetable juice blends			X	Juice is not creditable as part of a reimbursable infant meal.
Home-canned baby foods			X	See **Canned foods, homemade**.
Homemade baby foods	X			Foods should be cooked, if necessary, and pureed, mashed, or finely chopped. Parents may only provide one component of a reimbursable meal.
Mixed fruits and vegetables, store-bought (commercial) baby food	X			Store-bought baby foods with more than one fruit and vegetable on the ingredients list are creditable because vegetables and fruit are one component in the infant meal pattern.
Mixed vegetables, store-bought (commercial) baby food	X			See **Baby foods, store-bought (commercial), single-component** (such as plain vegetables, mixed vegetables, mixed vegetables and fruit).
Single-component baby foods, store-bought (commercial)	X			See **Baby foods, store-bought (commercial), single-component** (such as plain vegetables, mixed vegetables, mixed vegetables and fruit).
Vegetables, plain, cooked (homemade)	X			Fresh, plain vegetables are creditable. Vegetables should be cooked, if necessary, and pureed, mashed, or finely chopped for an infant to avoid choking. All foods served to infants must be of a shape, size, and texture appropriate for the age and development of the infant. Parents may only provide one component as part of a reimbursable meal.

Vegetables continued from pg 163

Vegetables, plain, frozen (homemade)	X			Frozen, plain vegetables are creditable. Vegetables should be cooked and pureed, mashed, ground, or finely chopped for an infant to avoid choking. All foods served to infants must be of a shape, size, and texture appropriate for the age and development of the infant. Parents may only provide one component as part of a reimbursable meal.
Vegetables, single-component store-bought (commercial) baby food	X			See **Baby foods, store-bought (commercial), single-component**.
Vegetable juice			X	Juice cannot count towards a reimbursable infant meal.

Fruit

Food	Creditable			Comments
	Yes	Maybe	No	
Baby foods, store-bought (commercial), combination foods (such as chicken and fruits)	X			The American Academy of Pediatrics recommends introducing single-ingredient foods to babies first before giving a mix of foods, or combination foods. It is encouraged that once the baby is developmentally ready, and has eaten all ingredients in a combination food individually without having an allergic reaction, then combination foods can be served. For example, a baby should try chicken separate from apricots first before trying a mixed chicken and apricot baby food dinner. Some mixed dishes may contain foods that do not credit towards the infant meal pattern, such as rice or pasta.

Baby foods, store-bought (commercial), single-component (such as plain fruits, mixed fruits, mixed fruits and vegetables)	X			Store-bought baby foods that contain one food component and are packaged in a jar, plastic container, pouch, or any other packaging are creditable in the CACFP. The way a food is packaged does not impact whether a food is creditable or not.
Baby foods, desserts (such as baby puddings, custards, cobblers, fruit desserts)			X	These are not 100% fruit, and are often high in added sugars and fat and low in nutrients.
Canned foods, homemade			X	Home-canned foods are not creditable due to food safety issues that can arise during the home canning process.
Combination foods, commercial baby food			X	See **Baby foods, store-bought (commercial), combination foods**.
Desserts, baby food			X	See **Baby foods, desserts**.
Fruit, plain, cooked (homemade)	X			Fresh, plain fruits are creditable. All foods served to infants must be of a size, shape, and texture appropriate for the age and development of the infant. Fruits should be cooked, if necessary, and pureed, mashed, ground, and finely chopped for an infant to avoid choking. Parents can only provide one component as part of a reimbursable meal.
Freeze-dried fruit and vegetable snacks			X	See **Fruit snacks**.
Fruit, plain, frozen (homemade)	X			Frozen, plain fruits are creditable. Fruits should be thawed and, if necessary, cooked and cooled. All foods served to infants must be of a size, shape, and texture appropriate for the age and development of the infant. Parents can only provide one component as part of a reimbursable meal.

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Fruit, single-component, store-bought (commercial) baby food	X			See **Baby foods, store-bought (commercial), single-component** (such as plain fruits, mixed fruits, mixed fruits and vegetables).
Fruit juice			X	Juice is not creditable as part of a reimbursable infant meal.
Fruit/Vegetable juice blends			X	Juice is not creditable as part of a reimbursable infant meal.
Fruit drinks and fruit punch			X	Fruit drinks and fruit punch are not creditable as part of a reimbursable infant meal.
Fruit snacks (such as 100% fruit strips or fruit leather, freeze-dried fruit snacks, fruit drops, or other snack-type products)			X	Fruit snacks are not creditable as part of a reimbursable infant meal.
Juice			X	See **Fruit juice** and **Vegetable juice**.
Mixed fruits, store-bought (commercial) baby food	X			See **Baby foods, store-bought (commercial), single-component** (such as plain fruits, mixed fruits, mixed fruits and vegetables).
Mixed fruits and vegetables, store-bought (commercial) baby food	X			Store-bought baby foods with more than one fruit and vegetable on the ingredients list are creditable because vegetables and fruit are one component in the infant meal pattern.
Single-component baby foods, store-bought (commercial)	X			See **Baby foods, store-bought (commercial), single-component** (such as plain fruits, mixed fruits, mixed fruits and vegetables).

Grains

Food	Creditable			Comments
	Yes	Maybe	No	
Animal crackers	X			See **Crackers**.
Baby foods, store-bought (commercial), combination foods (such as chicken and rice)	X			The American Academy of Pediatrics recommends introducing single-ingredient foods to babies first before giving a mix of foods, or combination foods. It is encouraged that once the baby is developmentally ready, and has eaten each ingredient in a combination food individually without having an allergic reaction, then combination foods can be served. For example, a baby should try chicken separate from rice before trying a mixed chicken and rice baby food. Some mixed dishes may contain foods that do not credit towards the infant meal pattern, such as rice or pasta.
Baby foods, store-bought (commercial), single-component	X			Store-bought baby foods that contain one food component and are packaged in a jar, plastic container, pouch, or any other packaging are creditable in the CACFP. The way a food is packaged does not impact whether a food is creditable or not.
Baby foods, desserts (such as baby puddings, custards, cobblers, fruit desserts)			X	These foods often contain insufficient amounts of creditable ingredients. They are not 100% fruit, and are often high in sugar and fat and low in nutrients.
Bagels	X			See **Bread**.
Bread	X			Bread or toast is creditable for infants who are developmentally ready to accept it. Bread is only reimbursable at snack and should be served only in small, thin strips or pieces. Should not contain nuts or seeds to reduce the risk of choking. Grains served must be made with enriched or whole grain meal or flour.

Grains continued from pg 167

Food	Creditable			Comments
	Yes	Maybe	No	
Biscuits	X			See **Bread**.
Buns, hamburger and hot dog	X			See **Bread**.
Cakes			X	Cakes are considered grain-based desserts, which are not creditable.
Cereal, infant, iron-fortified, single grain	X			Iron-fortified infant cereals such as rice, barley, and oatmeal are creditable for infants who are developmentally ready to accept them. The American Academy of Pediatrics recommends introducing single-ingredient foods first before giving a mix of foods.
Cereal, infant, iron-fortified, multiple grains	X			Iron-fortified dry infant cereals with multiple grains are creditable for infants that are developmentally ready to accept them. The American Academy of Pediatrics recommends introducing single-ingredient foods to babies first before giving a mix of foods.
Cereal, ready-to-eat	X			Ready-to-eat cereals are creditable at snack for infants that are developmentally ready to accept them. The cereal must contain no more than 6 grams of sugar per dry ounce and must be iron fortified. Ready-to-eat cereals must be made with enriched or whole grain meal or flour, or be fortified.
Combination dinners, commercial baby food	X			See **Baby foods, store-bought (commercial), combination foods**.

Cookies			X	Cookies are considered grain-based desserts, which are not creditable.
Cornbread	X			See **Bread**.
Corn muffins	X			See **Bread**.
Crackers	X			Crackers may be served at snack and are creditable to infants who are developmentally ready to accept them. Crackers served must be made with enriched or whole grain meal or flour. Should not contain seeds, nuts, or whole grain kernels to reduce the risk of choking.
Croissants	X			See **Bread**.
Desserts, baby food			X	See **Baby foods, desserts**.
Graham crackers	X			See **Crackers**.
English muffins	X			See **Bread**.
Farina			X	Farina is not creditable as part of a reimbursable infant meal. Farina is not a ready-to-eat cereal or iron-fortified infant cereal.
Grits			X	Grits are not creditable as part of a reimbursable infant meal. Grits are not a ready-to-eat cereal or iron-fortified infant cereal.
Home-canned baby foods			X	See **Canned foods, homemade**.

Grains continued from pg 169

Food	Creditable			Comments
	Yes	Maybe	No	
Homemade baby foods	X			Foods should be cooked, if necessary, and pureed, mashed, or finely chopped. Parent can only provide one component as part of a reimbursable meal.
Infant cereal	X			See **Cereal, infant, iron-fortified, single grain** and **Cereal, infant, iron-fortified, multiple grains**.
Oatmeal, instant and regular			X	Instant and regular cooked oatmeal is not creditable as part of a reimbursable infant meal. Oatmeal is not a ready-to-eat cereal or iron-fortified infant cereal.
Pancakes	X			See **Bread**.
Pita bread	X			See **Bread**.
Pizza crust	X			See **Bread**.
Pretzels, soft	X			See **Bread**.
Puff cereal snacks		X		It is up to the program operator to determine if the puff cereal snack is easily recognizable as a ready-to-eat cereal. It may resemble puffed rice cereals or whole grain O's. It should easily dissolve in an infant's mouth and should not contain nuts, seeds, or hard pieces that can cause choking. Some of these products can be higher in sodium. If the program operator determines it is a ready-to-eat cereal, it may be served at snack to infants who are developmentally ready to accept it. The cereal must contain no more than 6 grams of sugar per dry ounce. Ready-to-eat cereals must be made with enriched or whole grain meal or flour, or be fortified.

Rolls	**X**			See **Bread**.
Single-component baby foods, store-bought (commercial)	**X**			See **Baby foods, store-bought (commercial), single-item**.
Teething crackers, biscuits, toasts	**X**			Teething snacks may be served at snack and are creditable for infants who are developmentally ready to accept them. Grains served to infants must be made with enriched or whole grain meal or flour, or be fortified.
Tortilla, soft (flour, whole wheat, and corn tortillas)	**X**			See **Bread**.
Waffles	**X**			See **Bread**.

Appendix G:
CACFP Questions and Answers

General Questions

1. How can I be reimbursed when a baby does not eat at a normal or set mealtime?
As long as you offer all required food components over the course of the day, the foods may be counted towards reimbursable meals and snacks. For example, the baby may be offered breastmilk at 9 a.m. and then infant cereal and pureed fruit at 10:30 a.m., based on when the baby shows signs of being hungry. The baby does not have to eat the entire meal in order for the meal to be reimbursed.

2. A parent wants to bring in mashed bananas in addition to breastmilk. What should I tell them?
Parents can only bring one food component at a meal or snack that can count towards a reimbursable meal or snack in the CACFP. Let parents know that you can serve either the breastmilk or bananas, and will give their baby other foods at meal or snack time to make sure they are eating a variety of healthy foods. If the parent wants both the breastmilk and bananas served at the same meal, you can offer one of the parent-provided items as an additional food item.

3. A baby is breastfeeding, and the parent wants the baby to also have organic vegetables, but I don't serve organic foods. I know a parent is only allowed to bring in one food component in the CACFP, but she really wants to bring in her own vegetables. Can my child care site claim reimbursement for her baby's meals and snacks if the parent brings in their own foods to be served to her baby?
No. This is because the parent is providing more than one food component: breastmilk and solid foods. Parents are only allowed to provide one food component as part of a reimbursable meal or snack.

4. As a child care provider, how should I document infant menus when the items each baby eats vary so much?
You must keep records of menus, and your State agency and/or sponsoring organization may have additional guidance on how to document infant meals. You will need to vary the foods served to each infant based on the baby's developmental readiness. All babies must be served breastmilk or infant formula, but not all babies should be served solid foods unless they are developmentally ready.

One option for showing the various foods babies are served is to have a standard menu for all the babies in your care and adjust the menu for each baby based on what each baby is offered. For example, you can use a template that outlines the meal pattern requirements in one column and a space in another column for you to fill in what was served to each baby.

Check with your State agency or sponsoring organization to see how they prefer you to document infant meals. See **Appendix B**: Sample Infant Menu (6 Through 11 Months) for an example. However, follow the guidance your State agency or sponsoring organization provides. The Sample Infant Menu provided in this guide is only to serve as an example.

5. Is a meal still reimbursable if a baby in my care gets both breastmilk and infant formula?
Yes. Meals served to babies younger than 12 months of age may include iron-fortified infant formula, breastmilk, or both.

6. What if a baby doesn't finish all of the breastmilk or infant formula I give to him or her at a meal or snack? Can I still claim reimbursement for that meal or snack?
Yes. As long as you offer the minimum amount of breastmilk or iron-fortified infant formula to the baby, then the meal is reimbursable. The minimum amount of breastmilk for babies 0 through 5 months at breakfast, lunch, supper, and snack is 4–6 fluid ounces. The minimum amount of breastmilk for babies 6 through 11 months is 6–8 fluid ounces at breakfast, lunch and supper, and 2–4 fluid ounces at snack.

7. A father told me that their baby's doctor says it's okay to start giving their 10-month-old whole cow's milk instead of infant formula. If he gives me a medical statement signed by the baby's health care provider, are meals and snacks where cow's milk is served reimbursable?
Yes. For children younger than 12 months of age, cow's milk may be served in place of breastmilk and/or infant formula if the family provides a medical statement signed by the baby's health care provider. The medical statement must include the type of milk to be avoided, explain how the milk affects the baby, specify what product(s) should be provided as a substitute, and be signed by the baby's health care provider.

Recommended substitutions of milk can also be included on the medical statement. Keep the medical statement on file in a secure location at your child care site in order for the meal or snack to be reimbursable.

8. If a mother breastfeeds her 13-month-old, or older, child at my child care site, can this breastmilk count towards the fluid milk component of a reimbursable meal?
Yes. Breastmilk can replace the fluid milk component for children of any age. If a mother breastfeeds her baby at your child care site, the meal is reimbursable. A written request for this substitution is not required nor is documentation of the amount of milk fed to the child.

9. I have a 1-year-old child at my child care site and the mother provides pumped breastmilk for her child. However, she is only able to provide 2 fluid ounces. Can I serve her child 2 fluid ounces of unflavored whole milk alongside the breastmilk in order to meet the minimum fluid milk requirement of 4 fluid ounces (½ cup)?
Yes. If a mother provides less than the minimum amount of fluid milk for her 1-year-old child, then unflavored whole milk may be served alongside the breastmilk to meet the minimum fluid milk requirement. Be sure to discuss this with the parents. The two milks do not need to be mixed in the same cup. Remember that you must provide all other required food components in order for the meal to be reimbursable.

10. A mother brought in an infant formula that is not iron-fortified. What should I do?
You should ask the mother to bring in a medical statement signed by their baby's health care provider before serving the infant formula that is not iron-fortified. Infant formulas that are not iron-fortified are allowed if the mother brings in a medical statement signed by the baby's health care provider. The medical statement must include the type of infant formula to be avoided, explain how the formula affects the baby, specify what product(s) should be provided as a substitute and be signed by the baby's health care provider. Recommended substitutions of infant formula can also be included on the medical statement. Keep the medical statement on file in a secure location at your child care site.

11. A parent asked me to start serving their 5-month-old baby solid foods at my child care site, but I know the infant meal pattern age groups are 0 through 5 months and 6 through 11 months. If I serve the baby solid foods at 5 months, can I still claim reimbursement for his meals and snacks?
If the baby is developmentally ready to accept solid foods, then yes, you can claim reimbursement for solid foods at meals and snacks, even if the baby is younger than 6 months old. As a general best practice, it is recommended to get a written note from the parent stating that the baby can be served solid foods, but it is not required.

12. What if a baby has just been introduced to solid foods at home and is only eating iron-fortified infant cereal at this time? Do I have to serve it at every meal or snack where infant cereal is required?
It depends. Solid foods are introduced gradually, one at a time over the course of a few days. This means that it may be okay to serve the solid food only once per day until the baby can tolerate more than one serving of that food.

13. As a child care provider, what should I do if I feel a baby is developmentally ready to start eating solid foods, but the baby's parents do not want the baby to be introduced to solid foods?
If you feel that a baby is developmentally ready to start eating solid foods, talk with the baby's parents.

You can tell the parents about the signs you have seen indicating the infant is ready to start solid foods and ask if they would like solid foods to be served while the baby is in your care. Remember to be in constant communication with the baby's parents about the baby's eating habits as well as when and what solid foods should be served while the infant is in your care. Check out the "**For Parents**: Is Your Baby Ready for Solid Foods?" handout on **page 12** to help with talking to parents about introducing solid foods.

If the parent does not want the baby to be served solid foods while the baby is in your care, respect that decision and do not serve the baby solid foods. In this situation, as long as you continue to serve the infant the required amount of breastmilk or iron-fortified infant formula, the meals are still reimbursable.

14. Can I serve babies in my care pancakes, kiwi, and formula at breakfast and claim it as a reimbursable meal? I serve this to the toddlers (over the age of 1 year old), so it would be easier for me to serve the babies the same thing.
No. The only grain that is allowed at breakfast in the updated infant meal pattern is iron-fortified infant cereal. Other grain items, like pancakes, cannot be served in place of infant cereal at breakfast and be claimed for reimbursement. The pancake could be an extra food, not part of the reimbursable meal. Therefore, at breakfast, infants must be served infant cereal or a creditable meat/meat alternate when they are developmentally ready. However, a pancake can be served at snack and be claimed for reimbursement since it is a bread-like item. Ready-to-eat cereals, bread, and crackers can be served at snack only. See **Appendix F**: Infant Foods List on **page 149** for a full list of creditable grains.

15. Can infant cereal be served in a bottle to babies?
No. Serving infant cereal in a bottle to babies is not allowed. Neither the infant cereal nor the breastmilk or formula in the bottle may be claimed for reimbursement when they are served in the same bottle, unless it is supported by a medical statement signed by the baby's health care provider.

16. Is there a sugar limit for infant cereals and ready-to-eat cereals served to babies?
Yes. All cereals served in the CACFP must contain no more than 6 grams of sugar per dry ounce. Almost all infant cereals meet this sugar requirement, and there are many types of ready-to-eat cereal that meet this sugar requirement as well. To find a cereal that meets the sugar requirement, you can use any cereal that is listed on any State agency's Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)-approved cereal list, found as part of the State's approved food lists: https://www.fns.usda.gov/wic/links-state-agency-wic-approved-food-lists.

You can also use USDA Team Nutrition's **Choose Breakfast Cereals That Are Lower in Added Sugars** training worksheet at https://www.fns.usda.gov/cacfp-training-tools to see if a cereal meets the sugar limit.

17. Is there a whole grain-rich requirement in the CACFP for infants?
No. The requirement to serve at least one whole-grain rich food per day is only required under the CACFP child and adult meal patterns. Grains served must be made with enriched or whole grain meal or flour. Ready-to-eat breakfast cereals and infant cereals that are fortified are also creditable.

18. Is yogurt creditable in the infant meal pattern?
Yes. Yogurt is an allowable meat alternate for infants who are eating solid foods. All yogurts served in the CACFP, including those served to babies, must contain no more than 23 grams of sugar per 6 ounces of yogurt.

To help you identify yogurts with no more than 23 grams of sugar per 6 ounces, check out USDA Team Nutrition's **Choose Yogurts That Are Lower in Added Sugars** training worksheet (Appendix E) at https://www.fns.usda.gov/cacfp-training-tools.

19. What is the minimum amount of iron an infant cereal must contain in order to be considered "iron-fortified"?
Infant cereal must have some iron in it in order to be creditable in the CACFP. However, there is no minimum amount of iron required. Look at the ingredients list on the back of the infant cereal package. As long as one of the ingredients listed is "iron," "ferric fumarate," "electrolytic iron," or "iron (electrolytic)," then the cereal is iron-fortified. See **page 71** for more information.

20. How do I know which foods I can serve and which foods I cannot in order to be reimbursed for meals and snacks served to the babies in my care?
Check out **Appendix F**: Infant Foods List on **page 149** for a list of common foods served in child care centers and family child care homes. Please note, this list of creditable and non-creditable foods does not include every food you may or may not serve. This list includes only those foods that are most commonly served in child care centers and family child care homes. If a food is not listed that you wish to serve, please contact your State agency or sponsoring organization before serving to make sure you can claim it as part of a reimbursable meal or snack.

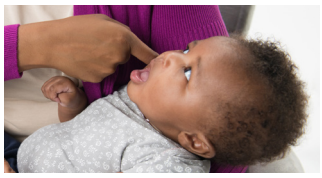
Appendix H: Feeding Infants Pre- and Post-Test

1. All of these pictures show a baby giving a sign he or she is hungry, *except* (circle one):

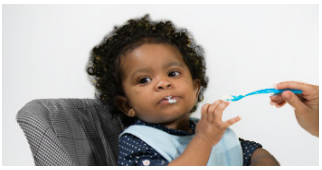

Makes sucking noises


Opens mouth for bottle


Sleeping


Rooting

2. All of these pictures show a baby giving a sign he or she is full, *except* (circle one):


Pushing food away


Crying


Stops sucking


Seals lips together

3. A mother brings in an infant formula for her baby. The child care provider has worked with babies for years, and prepares the infant formula the same way she does with all other formulas. Is the child care provider preparing the infant formula correctly? Why or why not?

4. The parents of a 9-month-old tell you that they are going to switch their baby from formula to whole cow's milk. This is because the rest of the family drinks cow's milk and it will be cheaper. Which of the following would be an appropriate response:

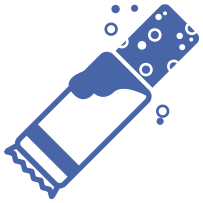
- **A.** Cow's milk is not safe for children younger than 12 months because it does not provide the nutrition those infants need and can be hard for a baby to digest.
- **B.** This may be difficult since cow's milk tastes different. Adding flavor or sweetener can help the baby transition.
- **C.** Formula can be expensive, but there is a local WIC clinic that can help.
- **D.** A and C.
- **E.** All of the above.

5. Which foods are creditable in the infant meal pattern and can be offered when the baby is developmentally ready? Circle all that apply.

Soy yogurt


Pureed carrots


Finely chopped baked chicken


Granola bar

6. You are serving older children fat-free (skim) milk, pancakes, and strawberries for breakfast. Which of these foods can you also serve the 10-month-old in your program in order to claim reimbursement for the breakfast meal? Choose all that apply:

A. Fat-free (skim) milk
B. Breastmilk or iron-fortified infant formula
C. Pancakes
D. Finely chopped strawberries
E. Iron-fortified infant cereal

7. All of the following baby foods from the store are creditable, *except*:

A. Meat with gravy
B. Fruits and vegetables
C. Vegetables and meat
D. Pudding

8. All of the following finger foods are creditable in the CACFP infant meal pattern and can be prepared the right way to avoid choking, *except*:

A. Small strips of bread
B. Finely chopped watermelon
C. Chunks of peanut butter or other nut butters
D. Soft, cooked, chopped vegetables

9. In the Child and Adult Care Food Program, a baby should be given solid foods:

A. When the parents tell you to.
B. When the baby is sitting up with good head control and reaches for food.
C. At exactly 6 months of age.
D. A and B.

10. Select which items are important for parents and child care providers to share with each other:

A. Baby's food allergies or intolerances.
B. If the baby has eaten solid foods and if so, which ones.
C. Baby's usual eating habits when fed breastmilk, iron-fortified infant formula, and solid foods when developmentally appropriate.
D. Food preferences (cultural or other) that are important to the family.
E. All of the above.

Answers: 1. Sleeping • 2. Crying • 3. No. The child care provider is not preparing the infant formula the correct way. She should always follow the instructions on the package to make sure she is adding the correct amount of water to the infant formula. • 4. D • 5. Pureed carrots and finely chopped baked chicken. • 6. B, D, E • 7. D • 8. C • 9. D • 10. E

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External Reviewers

American Dental Association
Chicago, Illinois

Jessica Bridgman, MPH, RDN, LDN
Nutrition Program Consultant
North Carolina Department of Health and Human Services
Division of Public Health
Nutrition Services Division
Raleigh, North Carolina

Kimberley Catlett
Nutrition and Wellness Administrator
KinderCare Education, LLC
Portland, Oregon

Carole Dennis
CACFP Program Specialist II
New Hampshire Department of Education
Bureau of School Wellness
Office of Nutrition Programs and Services
Concord, New Hampshire

Jessica Gottung, MS, RDN, CDN
Public Health Nutritionist
New York State Department of Health
Child and Adult Care Food Program
Albany, New York

Frank R. Greer, MD
Professor of Pediatrics, emeritus
University of Wisconsin
Department of Pediatrics
Madison, Wisconsin

Juliann Jacobson
Kids' Nutrition Company, Inc.
Lakewood, Colorado

Susan L. Johnson, PhD
Professor
University of Colorado Anschutz Medical Campus
Department of Pediatrics/Nutrition
Aurora, Colorado

Kelley Knapp, MS, RD
Nutrition Education Consultant
California Department of Education
Nutrition Services Division
Sacramento, California

Laura McCabe
Director
KidCare Nutrition Sponsor
Greeley, Colorado

Lisabeth S. Melnik, MPH, RDN, CLC
Public Health Nutritionist
New York State, Department of Health,
Division of Nutrition, Child and Adult Care
Food Program
Albany, New York

Robin Holz Moberley, MS, RDN, LD
Lead Child Nutrition Consultant
Iowa Department of Education
Bureau of Nutrition and Health Services
Des Moines, Iowa

Mary A. Musil, MS, RD
Pediatric Nutritionist
Helena, Montana

National CACFP Sponsors Association

Krista Schoen, MS, RD, LD
Public Health Nutritionist
Florida Department of Health
Bureau of Child Care Food Programs
Tallahassee, Florida

Sarah Jane Schwarzenberg, MD
Professor of Pediatrics
University of Minnesota
Department of Pediatrics
Minneapolis, Minnesota

Linda Simmons, MSHP, RD, LD
Nutrition Specialist
Food and Nutrition/ Texas Department
of Agriculture
Austin, Texas

Theresa Stretch, MS, RDN, CP-FS
Education and Training Specialist I
Institute of Child Nutrition
University of Mississippi
University, Mississippi

Jamie Wise, RDN, LDN, CD
Health Coach
Seattle, Washington

Reviewers from Federal Agencies

Erica H. Anstey, PhD, MA, CLC
Program Coordinator, Contractor
Centers for Disease Control and Prevention
Atlanta, Georgia

Ellen O. Boundy, ScD, MS, RN, CNM
Epidemic Intelligence Service Officer
Centers for Disease Control and Prevention
Atlanta, Georgia

Heather C. Hamner, PhD, MS, MPH
Health Scientist
Centers for Disease Control and Prevention
Atlanta, Georgia

Carol A. MacGowan, MPH, RDN, LDN
Public Health Advisory
Centers for Disease Control and Prevention
Atlanta, Georgia

Staff from the Food, Nutrition, and Consumer Services, USDA

Center for Nutrition Policy and Promotion

Nutrition, Education, Training and Technical Assistance Division

Office of Community Food Systems

Office of Food Safety

Policy and Program Development Division

Program Monitoring and Operational Support Division

Special Supplemental Nutrition Program for Women, Infants, and Children

USDA Mountain Plains Regional Office

USDA Western Regional Office

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