

CACFP Infant Feeding Guide



**A Resource for Feeding and Claiming Infants in the
Child & Adult Care Food Program**



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1.

Introduction

As a participant in the USDA Child and Adult Care Food Program (CACFP) centers and day care homes must offer CACFP meals to all eligible children who are enrolled for care in their facilities.

This policy ensures that all children, including babies, who are enrolled for child care, have access to CACFP meals. When the baby is in care during the meal service period, the center or home must offer the baby food that meets CACFP meal requirements.

This guide will assist in feeding the babies in your care as they grow and develop. It will answer some common questions about development, nutrition, feeding practices, food preparation, safe food handling, and choking prevention. This guide will inform about offering and claiming infant meals in the CACFP.

Parents will also provide important information to help in feeding their babies. **Communicate frequently with parents so they are expanding their food choices at home and at the center or day care home.** This assures the happiest, healthiest babies.

2.

Infant Development & Feeding Skills

A baby's developmental readiness determines which foods should be fed, what texture the foods should be, and which feeding styles to use. All babies develop at their own rate. Although age and size often correspond with developmental readiness, these should not be used as sole considerations for deciding what and how to feed babies.

During the first year, babies' mouths develop from being able to suck and swallow to being able to chew. Their digestive tracts mature from being able to take in only liquids, such as breast milk or formula, to being able to receive a wide variety of foods. At the same time, they progress from needing to be fed to feeding themselves. As babies continually mature, their food and feeding patterns must continue to change. The rate at which each baby progresses to each new food texture and feeding style is determined by the baby's own skills and attitudes. Babies do better if they are supported in progressing at their own rate.

Figure 1 in the Appendix describes different reflexes involved in the development of feeding skills. Some of these mouth pattern reflexes are defined as follows:

Rooting Reflex – When a baby's mouth, lips, cheek, or chin are touched by an object, the head and mouth turn towards the object and the baby opens his mouth. This reflex allows a baby to seek out and grasp a nipple.

Suck/Swallow Reflex – When the baby's mouth is open and the lips/mouth area are touched, suckling and sucking movements begin. As liquid moves into the mouth, the tongue moves it to the back of the mouth for swallowing.

Tongue Thrust Reflex – When the lips are touched, the baby's tongue moves out of the mouth. This reflex allows for feeding from the breast or bottle but not from a spoon or cup.

Gag Reflex – When an object, such as a spoon or solid food, is placed way back in the mouth, the object is quickly moved back out of the mouth on the tongue. This reflex is one reason for waiting until a baby is 4 to 6 months old to feed solid foods.

These reflexes may be stronger or weaker, or last longer than normal in babies who are delayed in their development.

On the next page, the "Feeding the Baby For the First Year" chart helps outline infants' feeding capabilities and appropriate foods to introduce for each stage.

Feeding the Baby For the First Year

Babies grow quickly during the first year of life and make many changes in the types of foods and textures of foods they are able to eat. As babies grow and develop, watch for the following signs which will tell you when they are ready for a new food.

BABIES AGE:

WHEN BABIES CAN:

SERVE:

Birth through 3 months



- Only suck and swallow

LIQUIDS ONLY

- Breast milk
- Iron-fortified infant formula

4 months through 7 months



- Draw in upper or lower lip as spoon is removed from mouth
- Move tongue up and down
- Sit up with support
- Swallow semisolid foods without choking
- Open the mouth when they see food
- Drink from a cup with help, with spilling

ADD INFANT SOLID FOODS

- Iron-fortified infant cereal
- Strained vegetables*
- Strained fruit*

*may be started later in the age range

8 months through 11 months



- Move tongue from side-to-side
- Begin spoon feeding themselves with help
- Begin to hold food and use their fingers to feed themselves
- Begin to chew and have some teeth
- Drink from a cup with help, with less spilling

ADD MODIFIED TABLE FOODS

- Mashed or diced soft fruit
- Mashed or soft cooked vegetables
- Mashed cooked egg yolk
- Strained cooked meat/poultry
- Mashed cooked beans or peas
- Cottage cheese or cheese strips
- Crackers
- Breast milk, iron-fortified infant formula, or fruit juice in a cup

3. Infant Meal Pattern

The Infant Meal Pattern on the next page shows the types and amounts of food which meet the infant meal pattern for the Child and Adult Care Food Program (CACFP). The first year of life, from birth until the baby's first birthday, is divided into three age groups. Although the infant meal pattern specifies breakfast, lunch, snacks, and supper, this may be inconsistent with a baby's feeding pattern. Babies under 6 months of age may not be on a specific schedule and therefore may need to eat every 2 hours. Likewise, some older babies will need to eat more frequently than the specified feedings. Babies should be fed when they are hungry and not restricted to a rigid schedule.

There are ranges given for each component in the meal pattern to allow for flexibility in how much food is served to the baby. The amounts listed are the minimum portions that must be offered to meet the CACFP requirements. You may serve larger portions or additional foods to babies who want more. Other babies may want less than the portions listed. Because babies will vary day-to-day in the amounts they consume, let the baby determine how much they eat. Do not force a baby to finish what is in a bottle or what is fed by spoon.

In the meal pattern, the portions for solid foods are listed as 0-3 tablespoons for ages 4 through 7 months. The solid foods are optional in this age group and should be served when the infant is developmentally ready. The decision to introduce solid foods should be made in consultation with the parent. Once the infant is developmentally ready and consistently receiving solid foods of appropriate texture and consistency, that component is no longer optional in the meal pattern.



Infant Meal Pattern

Meal Requirements

	Breakfast	Lunch and Supper	Snack
Birth through 3 months	4-6 fluid ounces (fl. oz.) breast milk ¹ or formula ²	4-6 fl. oz. breast milk ¹ or formula ²	4-6 fl. oz. breast milk ¹ or formula ²
4 months through 7 months	4-8 fl. oz. breast milk ¹ or formula ² 0-3 tablespoons (T.) infant cereal ³ (optional)	4-8 fl. oz. breast milk ¹ or formula ² 0-3 T. infant cereal ³ (optional) 0-3 T. fruit and/or vegetable (optional)	4-6 fl. oz. breast milk ¹ or formula ²
8 months through 11 months	6-8 fl. oz. breast milk or formula ² 2-4 T. infant cereal ³ 1-4 T. fruit and/or vegetable	6-8 fl. oz. breast milk or formula ² 2-4 T. infant cereal ³ and/or 1-4 T. meat, fish, poultry, egg yolk, cooked dry beans or peas or ½-2 oz. cheese or 1-4 oz. cottage cheese, cheese food, or cheese spread 1-4 T. fruit and/or vegetable	2-4 fl. oz. breast milk or formula ² or fruit juice ⁴ 0-½ slice bread ⁵ or 0-2 crackers ⁵ (optional)



¹ Meals containing only breast milk are reimbursable
² Iron-fortified infant formula
³ Iron-fortified dry infant cereal
⁴ Full-strength fruit juice
⁵ Made from whole-grain or enriched meal or flour



4.

Bottle Feeding



Breast milk or iron-fortified infant formula is required to meet the infant meal pattern in the CACFP. Information on how to bottle feed is summarized in this section. Information on claiming meals is detailed in Chapter 9.

Breast Milk

Breast milk is the optimal food for babies. It is the only food a baby needs during the first 4 to 6 months of life, and it continues to be an important source of nutrients for the first year. Breast milk contains the right balance of nutrients to meet the baby's needs and changes over time. It is easy to digest and contains natural substances that help protect babies from infection and food allergies.

Over 12 Months of Age

A parent may request that the caregiver continue feeding their child breast milk after 12 months of age. Breast milk after 12 months of age does not require a medical statement.

Guidelines for Storing and Preparing Breast Milk

- Make sure that each bottle of breast milk is clearly labeled with the baby's name and date of collection. Never accept an unlabeled bottle from a parent.
- Refrigerate bottles immediately when they arrive and until ready to use. Do not allow bottles of breast milk to stand at room temperature.
- Use refrigerated bottles, kept at 40° F or below, within 48 hours from the time the milk was expressed.
- Breast milk can be stored in a freezer (with a separate door from the refrigerator) for up to 3 months from when it was expressed. Freezer temperature should be maintained at or below 0° F.
- Breast milk should be thawed in the refrigerator or under cool running water. Once it has been thawed, store in the refrigerator and use within 24 hours. Do not refreeze breast milk.
- For those babies who prefer a warm bottle, hold the bottle under warm running water immediately before feeding the baby. **Never heat breast milk in the microwave. The liquid may become very hot and seriously burn the baby.**
- Gently shake the bottle of breast milk before feeding the baby because the breast milk separates into two layers when stored.
- Discard any unused breast milk left in a bottle after a feeding.

Iron-Fortified Infant Formula

Iron-fortified infant formula is the best food for the baby when he or she is not being breastfed or when a supplement to breastfeeding is needed. Iron-fortified infant formula is specially formulated to have the right balance of nutrients and to be easily digested by the baby. Iron is a very important nutrient during the baby's first year and serving iron-fortified infant formula is the easiest way to ensure adequate intake of iron.

The label must state "with iron" or "iron-fortified". Formula labels which say "low iron" do not meet the CACFP meal pattern. If you are unsure about a brand or type of formula, contact your CACFP consultant.

Lactose-free milk-based and specialized formulas are prescribed for a baby by a doctor and are used specifically for a medical problem. When one of these formulas has been prescribed, only that type of formula should be fed to the baby.

If a baby's doctor indicates that a baby should be fed a special formula or a low-iron formula, a written statement from a doctor or other recognized medical authority must be on file at the facility in order for the formula to be reimbursable. The statement should specify the medical or other special dietary need that requires a different formula and the formula that should be served.

Use of Infant Formula for Babies Over 12 Months of Age

Some parents may request that the caregiver continue feeding their babies infant formula after 12 months of age. A transition time of 1 month (from the date an infant turns 12 months to 13 months of age) is permitted and a medical statement is not required. If a parent requests that the caregiver continue to serve infant formula beyond the age of 13 months, a statement from a recognized medical authority must be on file.

Guidelines for Purchasing and Handling Formula

- Do not purchase cans of infant formula that have dents, bulges, pinched tops or bottoms, puffed ends, leaks, or rust spots. The formula in these cans may be unsafe.
- Check the formula's expiration date on the lid or label. If the expiration date has passed, the nutrient quality of the formula may have deteriorated and the can should not be purchased.
- If using liquid concentrate or dry powdered formula, it must be mixed carefully, according to the directions on the container. Adding too little water to formula is hard on the baby's kidneys and digestive system and may lead to dehydration. Adding too much water to formula will not provide enough calories and nutrients and interferes with proper growth.
- If parents prepare the formula and bring it to the facility, ask them to label the bottle with the baby's name and date that the formula was prepared.

Guidelines for Preparing Formula

- Wash your hands with soap and water.
- Clean and sanitize bottles, bottle caps, nipples, and other equipment by washing in a dishwasher or by washing, rinsing, and boiling for one minute.
- Before opening formula cans, wash the top with soap and water to remove dirt.
- Prepare the formula properly, according to the directions on the container. USDA recommends that water used to prepare formula be brought to a boil for at least one minute and then cooled.
- Refrigerate prepared bottles until feeding time. Use bottles within 48 hours. Do not allow prepared bottles to stand at room temperature.
- Do not freeze infant formula.
- For those babies who prefer a warm bottle, hold the bottle under running warm water immediately before feeding. **Never heat formula in the microwave. The liquid may become very hot and seriously burn the baby.**
- Always test the temperature of the liquid before feeding to make sure it is not too hot. The temperature is correct when a couple of drops of the liquid on your wrist feels warm and not hot.
- Discard any unused formula left in a bottle after a feeding.



Basic Principles for Bottle Feeding

- Put only breast milk, formula, or water in the bottle. Do not put cereal, juice, or other sweetened drinks in the bottle.
- Feed when the baby indicates hunger. Babies usually cry or become fussy when they are hungry. Follow the baby's lead on when to feed, how long to feed, and how much to feed.
- Feedings are also important for the baby socially. Always hold the baby during feedings, with the baby's head a little higher than the rest of the body. Do not prop a bottle up, as this can cause pooling of milk and lead to ear infections or choking.
- Offer the bottle only at feeding time, not at nap time. Allowing a baby to go to sleep with a bottle may lead to tooth decay.
- Feed until the baby indicates he or she is full. Signs of fullness include sealing the lips, decrease in sucking, spitting out the nipple, and turning from the bottle.
- Never force a baby to finish what is in the bottle. Babies are the best judge of how much they need.
- Burp the baby by gently patting or rubbing the baby's back while the baby is resting on your shoulder or sitting on your lap.

5.

Feeding Solid Foods

The time to start semisolid or solid foods depends on the baby's development. A baby's swallowing and digestive system are not developmentally ready to handle solid foods until 4 to 6 months of age. During this period the baby's tongue no longer will push solid objects out of the mouth. A baby also begins to show interest in solid foods by opening the mouth and leaning forward. A baby's weight or age alone does not determine readiness for solid foods. Feeding solids too early can lead to allergies and choking. See Figure 2 in the Appendix for Basic Principles of Feeding Solid Foods.

Babies are ready for their first solid foods when they can:

- Hold their necks steady and sit with support
- Draw in their lower lips as a spoon is removed from their mouths
- Keep food in their mouths and swallow it rather than push it back out onto their chins.

The decision to introduce solid foods should be made in consultation with the parents. In doing so, you will be able to follow the parents' schedule of introducing new foods and will also be able to more easily identify food allergies or intolerances.

Caregivers may serve either commercially prepared or provider prepared baby foods. See Figures 3 and 4 in the Appendix for guidelines.



Food Allergy or Intolerance

Ask parents for a list of foods, if any, that their baby has had reactions to or which should not be fed to the baby. To make it easier to identify a possible food allergy or intolerance when introducing new foods, it is recommended to follow and coordinate these steps with the parents:

- Introduce new foods one at a time.
- Introduce new foods gradually, for example, wait at least 1 week (7 days) between each new food.
- Introduce a small amount (e.g., about 1 to 2 teaspoons) of a new food at first (this allows a baby to adapt to a food's flavor and texture).
- Use single-ingredient foods at first to see how the baby reacts to each new food. Caregivers who are preparing foods for a baby and older children should separate the baby's portion before adding other ingredients.
- Observe the baby closely for reactions after feeding a new food (see below on the types of reactions that babies can have). If there is a reaction, stop feeding the food and consult with the parents.

A baby having an allergic or other reaction to food can have any of the following symptoms: diarrhea, vomiting, coughing and wheezing, congestion or stuffiness, stomach pain, hives, skin rash, extreme irritability, or more severe reactions like shock or difficulty breathing.

Babies with Delayed Development

A baby's development does not always match their actual age. Babies may be developmentally delayed in their feeding skills due to:

- prematurity
- multiple hospitalizations
- low birth weight
- failure to thrive
- cleft lip or cleft palate
- a medical condition, like Down's syndrome or cerebral palsy
- neuromuscular delay

Parents of babies who are developmentally delayed due to prematurity or any one of the above conditions should have instructions from their baby's doctor regarding proper feeding.

Iron-Fortified Infant Cereal



To meet the CACFP Infant Meal Pattern, the cereal in meals must be iron-fortified dry infant cereal. Iron-fortified infant cereal is a good first solid food because it is easy to digest. It is enriched with a form of iron that is easier for infants to absorb than other forms of iron found in other cereal products.

Iron-fortified infant **rice** cereal is usually the best choice for baby's first cereal because it:

- Is easily digested
- Is least likely to cause an allergic reaction
- Contains important nutrients
- Can be altered in consistency to meet a baby's developmental needs

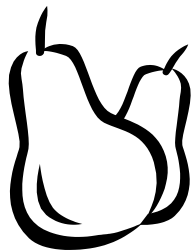
Measure the dry infant cereal before adding the liquid. The infant cereal can be prepared with breast milk, infant formula, or water to produce a smooth cereal that is not too thick and is easy for a young baby to swallow and digest. When first introducing cereal, start with a very thin consistency by mixing 1 tablespoon of single-grain cereal with about 4 tablespoons of formula, breast milk, or water. As the baby gets older, decrease the amount of liquid. The consistency of all cereals can be thickened by adding less liquid as the baby matures.

Remember these points about other cereals:

- Oat and barley infant cereal can be added at 1-week intervals after rice cereal has been successfully tolerated.
- Wait to serve wheat cereal until babies are 8 months old because wheat is the grain most likely to cause a reaction in babies. The risk of intolerance decreases by age 8 to 9 months.
- Serve mixed-grain cereals only after the baby has been introduced to each grain separately.

Cereals which are NOT reimbursable

- Iron-fortified dry infant cereals containing fruit
- Commercial jarred baby food cereals ("wet" cereals)
- Ready to eat cold (e.g. Cheerios®) or cooked breakfast cereals. Enriched farina, regular oatmeal, corn grits, and other cereals are designed for older children and adults. Once the infant is 8 or 9 months old, these cereals may be served as an additional item after all required foods have been served



Fruits and Vegetables

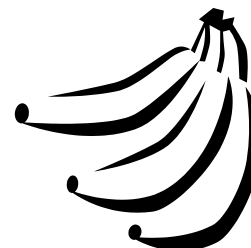
Fruits and vegetables may be introduced when the baby readily accepts 2 to 3 tablespoons of infant cereal at each meal. Consult with the parents about which fruits and vegetables are being introduced at home so that you can serve the same food at the same time.

Types of Fruits and Vegetables to Feed

Commercial or provider-prepared fruits and vegetables can be fed to babies.

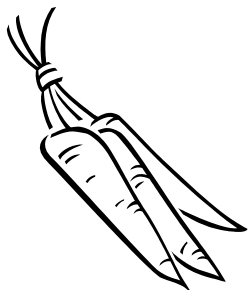
Examples include:

- Peaches, applesauce, pears, bananas, apricots, plums
- Squash, green beans, sweet potato, peas



As the baby's mouth skills progress, gradually increase the thickness and lumpiness of the fruits and vegetables, progressing from pureed to mashed, and eventually to diced. Any fruit or vegetable served should be cooked to a soft state. Do not serve raw fruits or vegetables. However, ripe bananas can simply be mashed to the proper consistency without cooking. Do not add salt, sugar, or other seasonings to fruits or vegetables.

A wide variety of fruits and vegetables can be introduced over time. However, the recommendation is to introduce one new food at a time. Wait at least 1 week between each new food and watch the baby closely for reactions. The order that you introduce fruits and vegetables is not important.



Provider-Prepared Vegetables High in Nitrates

The following provider-prepared vegetables should only be fed to babies 6 months of age and older: beets, carrots, collard greens, spinach, and turnips. These vegetables, when prepared, are high in nitrates. The naturally occurring nitrates in these vegetables can be converted to nitrites in very young babies. The nitrites bind the iron in the blood and make it difficult to carry oxygen which can lead to difficulty breathing. Commercially prepared baby food spinach, beets, and carrots contain only traces of nitrate and are not considered a risk to babies less than 6 months of age.

Fruits and Vegetables That May Cause Choking

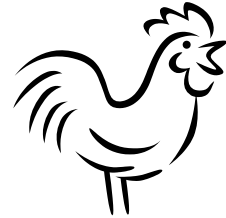
Due to the risk of choking, do not feed babies the following fruits and vegetables:

- Raw vegetables (including green peas, string beans, celery, carrot, etc.)
- Cooked or raw whole corn kernels
- Whole pieces of canned fruit
- Hard pieces of raw fruit such as apple, pear, and melon
- Whole grapes, berries, cherries, melon balls, or cherry and grape tomatoes (cut these foods into quarters, with pits removed, before feeding to older babies)
- Uncooked dried fruit (including raisins)

For more information on choking prevention refer to Chapter 7.

Meat and Meat Alternates

Meat and meat alternates may be offered to babies starting at 8 months of age. At this age babies will have already been introduced to cereals, fruits, and vegetables and will be ready for new foods and other sources of iron. Meat and meat alternates include meat, poultry, fish, egg yolk, cheese, cottage cheese, and cooked dry beans or peas.



Meats, Poultry, and Fish

Lean meat and poultry are preferable. Examples include strained or pureed well-cooked lean beef, pork, lamb, veal, chicken, turkey, liver, and boneless fin fish. As the baby's feeding skills mature, meat and poultry can be served ground or finely chopped.

Before serving fish to a baby, carefully examine it for bones. Do not feed any shellfish (shrimp, lobster, crab, scallops, oysters, and clams, etc.) to babies less than 1 year of age. These types of seafood can cause severe allergic reactions in some babies.

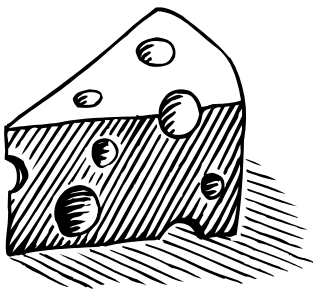
Avoid feeding a baby bologna, salami, luncheon meats, other cured meats, fried meats, and the fat and skin trimmed from meats. These foods are high in fat and sodium.

Commercial plain strained baby food meats are reimbursable as a meal component. Plain meats can be mixed with plain vegetables or fruits to serve to a baby.

Egg Yolk

Introduce cooked egg yolk after meats have been accepted. Egg whites may cause an allergic reaction and should not be introduced until after the baby's first birthday. Never feed raw or undercooked eggs to babies because they may contain bacteria that can cause illness.

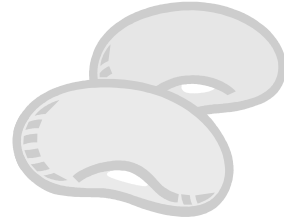
Cheese



Soft, mild cheeses may be offered to babies. Small thin slices or strips of cheese are easier and safer. Do not feed chunks of cheese, which can cause choking. When serving cheeses, natural cheddar, colby, mozzarella and cottage cheese are the best choices. Cheese food, cheese spread, and pasteurized processed cheese are generally higher in salt than regular cheeses or cottage cheese. Since most cheeses are made from cow's milk, observe babies closely for reactions when fed these foods.

Dried Beans or Peas

Cooked dry beans or dry peas, such as kidney beans, lima beans, pinto beans, or chick peas may be offered. Serve small quantities (1 to 2 teaspoons) of mashed or pureed cooked beans or peas at first. Modify the texture of cooked dry beans and dry peas for a baby (cooked whole beans or peas could cause choking). If canned beans are used, drain the liquid and rinse the beans with clean water before using. To prepare dry beans and peas, follow cooking instructions found on the package label.



Meat and Meat Alternates which are NOT reimbursable

- Peanut butter, other nut or seed butters, nuts, and seeds. These foods can cause choking and may cause an allergic reaction in some babies.
- Yogurt
- Commercial baby food combination dinners
- Meat sticks or “finger sticks”. They are designed for children over 12 months of age and may cause choking in infants.
- Commercial fish sticks, other commercial breaded or battered seafood products, canned fish with bones. These products may contain an accidental bone.
- Hot dogs and sausages

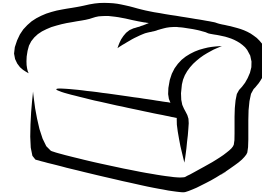
Bread and Crackers

The CACFP Infant Meal Pattern does not require that breads and grains be offered during any of the meals. At 8 through 11 months old, a baby may be offered a bread or cracker-type product at snack. These products must be made from whole-grain or enriched flour and must be suitable for a baby to use as a finger food. At this age, babies enjoy using their fingers to practice picking up food.

Providers do not need to calculate the amount of bread or the number of crackers that constitute a serving. Any amount served would meet the meal requirement for these optional foods.

Bread and Crackers That May Be Served

- Breads (white, wheat, whole wheat, French, Italian, and similar breads made without nuts, seeds, or hard pieces of whole grain kernels)
- Biscuits
- Bagels (made without nuts, seeds, or hard pieces of whole grain kernels)
- English muffins
- Pita bread (white, wheat, whole wheat)
- Rolls (white, wheat, whole wheat, potato)
- Soft tortillas (wheat or corn)
- Crackers—saltines, low salt crackers, or snack crackers made without nuts, seeds, or hard pieces of whole grain kernels
- Graham crackers made without honey
- Teething Biscuits, Zwieback



These foods must be served in a form that is suitable for a baby to use as a finger food and that reduces the chances of choking (e.g. small thin strips of bread are most appropriate, **not** whole portions). For more information on choking prevention see Chapter 7.

It is advisable that these foods only be served if the baby's parent agrees for them to be served and after they have previously been introduced to the baby with no problems.

Bread and Crackers That Should Not Be Served

- Pancakes, waffles, or muffins made with whole eggs
- Tortilla chips or corn chips, pretzels, or cheese twists
- Cookies or granola bars
- Crackers or breads with seeds, nut pieces, or whole grain kernels such as wheat berries
- Whole kernels of cooked rice, barley, or wheat—these should be finely ground or mashed before feeding to babies.
- Doughnuts, cakes, brownies
- Products that contain honey

Other Foods

Other foods which are not listed in the CACFP Infant Meal Pattern chart may be served. They are in addition to all the foods listed in the meal pattern requirements and may not substitute for any of the required foods. Examples include bread at meals other than snack, or rice, pasta, noodles, or macaroni at any meal—these foods are usually introduced to infants 8 months or older. Pieces of soft cooked fruit or vegetable may be served as a finger food or snack for babies 8 months or older. Remember to serve foods that are appropriate for a baby's developmental age.

Use of Sweetened Foods

Sweeteners and sweetened foods add calories to the diet and promote the development of tooth decay in babies. Some sweetened foods may fill up the baby without providing essential nutrients. Therefore, avoid sweetened foods or adding sugar and sweeteners to foods.

Honey should never be fed to babies less than 1 year of age. Honey may contain substances that can cause "infant botulism". Do not feed babies honey alone or in cooked or baked products. Even the honey in prepared products (e.g. honey graham crackers) could cause this illness in babies.



6.

Drinking From A Cup

Babies are usually ready to drink from a cup when they can sit without support and when they can seal their lower lip around the cup. To help the baby learn to drink from a cup:

- You can use a cup with a lid, spout, and handles to minimize spilling **as a transition between bottle and open cup.**
- Fill the cup with only small amounts of breast milk, formula, juice or water in the cup.
- Hold the cup for the baby.
- Tilt the cup slowly so that a very small amount of liquid leaves the cup. This will allow the baby to swallow without hurry.
- Allow the baby time to hold the cup and practice drinking.



Discuss with the parents when they would like you to start feeding breast milk or formula from a cup. A baby will consume less breast milk or formula from the bottle as their intake of solid foods and drinking from a cup increases.

Fruit Juice

The CACFP Infant Meal Pattern allows fruit juice to be served as a snack to infants 8 through 11 months old. Fruit juice should only be served when a baby is developmentally ready to drink from a cup. Follow these guidelines when serving fruit juice:

- Choose a full-strength juice (100% juice) containing or fortified with vitamin C. Either regular fruit juice with vitamin C or infant juice may be served.
- Only serve pasteurized juice.
- Do not feed juice in a bottle or allow a baby to drink continuously throughout the day.
- Limit the total amount of juice given to a baby to no more than 4 ounces per day.

Cow's Milk

Cow's milk is not recommended for babies less than 12 months of age. Milk is not reimbursable as a meal component in the CACFP Infant Meal Pattern without a written statement from a recognized medical authority.

Water

Consult with the baby's parent about whether water should be fed to the baby. Water fed to babies as plain water, mixed with formula, or mixed with foods should be from a source approved by the local health department. As a precaution, use sterilized water to feed the babies.

7.

Choking Prevention

Babies are at risk of choking on food due to their poor chewing and swallowing abilities. It is very important to be careful about how a baby is fed. Serve foods that are the appropriate texture for a baby and avoid feeding certain foods that can cause choking. Follow these general guidelines and see Figure 5 in the Appendix to reduce the risk of a baby choking while in your care.

Preventing Choking When Serving Foods

When serving food to babies, keep in mind the following:

- Sit with the baby and supervise mealtimes and snacks. Do not leave babies alone when they are eating.
- Keep mealtimes calm by avoiding too much excitement or disruption during eating. Feed the baby in a quiet area away from noise and distractions such as a TV.
- Have the baby sit in an upright position during meals and snacks.
- Serve foods that are the appropriate texture for the baby's development. Prepare food so that it is soft and doesn't require much chewing.
- Feed small portions.
- Encourage the baby to eat slowly.
- Make sure that biscuits, toast, and crackers are eaten only when the baby is in an upright position. A baby who eats while lying down could choke.
- Avoid using teething pain relief medicine before mealtime since it may interfere with chewing.

Acceptable Finger Foods

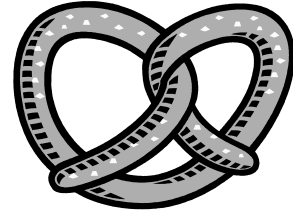
Examples of finger foods that are safer and present a lower risk of choking include:

- Small pieces of ripe soft peeled banana, peach or pear
- Small strips of toast or bread
- Cooked macaroni
- Thin slices of mild cheese
- Soft cooked chopped vegetables such as string beans or potatoes
- Teething biscuits
- Soft moist finely chopped meats

Foods to Avoid That Can Cause Choking

Do not feed babies or young children foods or pieces of food that are the size or shape of a marble. Foods this size can be swallowed whole and could become lodged in a child's throat and cause choking. The following foods are not recommended for babies and young children because they can cause choking:

- Tough meat or large chunks of meat
- Peanuts or other nuts and seeds (such as pumpkin or sunflower)
- Peanut butter or other nut or seed butters
- Candy (e.g., hard candy, jelly beans, caramels, chewing gum)
- Popcorn
- Hot dogs, sausages, or toddler hot dogs
- Potato or corn chips and similar snack foods
- Pretzels
- Chunks of cheese
- Cooked or raw whole kernel corn
- Fish with bones
- Marshmallows
- Whole uncut grapes, berries, cherries, melon balls, or cherry or grape tomatoes
- Raisins and other dried fruit
- Whole beans
- Hard pieces of raw fruit
- Raw vegetable pieces (e.g., carrots, green peas, string beans, celery) or hard pieces of partially cooked vegetables
- Whole pieces of canned fruit (cut them up instead)



Food Preparation Techniques to Lower Choking Risk

You can lower a baby's risk of choking on food by taking the proper precautions. When preparing food for babies, make sure it is in a form that does not require much chewing. The following preparation techniques are recommended:

- Cook food until soft enough to easily pierce with a fork.
- Cut soft foods into small pieces (cubes of food no larger than ¼ inch) or thin slices that can easily be chewed.
- Cut soft round foods, such as soft cooked carrots, into short strips rather than round pieces.
- Substitute foods that may cause choking with a safe substitute, such as ground hamburger or thinly sliced meat instead of hot dogs.
- Remove all bones from meat and poultry.
- Cut grapes in quarters.
- Remove pits and seeds from very ripe fruit and cut the fruit into small pieces.
- Grind, mash, or moisten food for young babies.

Remember, choking can occur anywhere and anytime there is food. Avoid those foods known to be a risk or modify them to make them safer. Closely supervise mealtimes and encourage babies to eat their meals sitting quietly.

8.

Sanitation, Food Preparation, and Safe Food Handling

Babies are more susceptible to bacteria than older children, and unsanitary food conditions can cause serious infections. General cleanliness, proper food selection, and sanitary food preparation and storage are key to preventing illnesses related to food contamination in babies. Use extra care when handling babies' food, bottles, and utensils to make sure they are safe and clean.

Hand Washing

Proper hand washing can help prevent the spread of illness in child care settings. Make sure to wash your hands thoroughly by following these steps:

- Wet your hands with warm running water.
- Add soap.
- Wash all surfaces on hands. Rub vigorously for at least 20 seconds.
- Rinse your hands well under warm running water, leave the water running while drying hands.
- Dry your hands with a clean, disposable paper towel.
- Turn off the faucet, using the disposable paper towel, instead of your clean bare hands.

*Wash your hands thoroughly **before** you:*



- Bottle feed a baby
- Handle, prepare, serve, or touch food or bottles
- Handle food utensils and set the table
- Touch raw meat, poultry or fish
- Feed food to babies or children
- Put away clean dishes
- Give medication
- Put on gloves

*Wash your hands thoroughly **after** you:*

- Arrive at the facility for the day
- Handle raw meat, poultry, fish, or eggs
- Change a baby's or child's diaper and/or clothing
- Use the bathroom or assist a child in the bathroom
- Handle a baby or child who is ill or give medication to a child
- Come in contact with any bodily fluids (e.g., soiled diapers, urine, blood, feces, vomit, mucus, spit, breast milk)
- Sneeze or cough into tissues or hands
- Wipe noses, mouths, bottoms, sores, or cuts
- Handle pets or other animals or garbage



Washing Baby's Hands

Wash each of the baby's hands before mealtime, especially if the baby will be feeding themselves. This can be done one of two ways:

- Use a wet, soapy wash cloth to wipe the baby's hands thoroughly and then use a clean wet wash cloth to rinse the baby's hands. Use separate wash cloths for each baby. Wipe dry with a clean paper towel.
- Hold the baby's hands under warm running water and wash all surfaces with soap. Rinse well under the running water and wipe dry with a clean paper towel.

Wearing Gloves

In order to comply with the Kansas State Food Code, there should be no bare hand contact with ready-to-eat foods. Caregivers should wear gloves or use appropriate utensils when handling food for all infants and children. Follow these guidelines when using gloves:

- Wash hands before putting on gloves
- Use gloves for only one task, then discard
- Remove and discard gloves if they become soiled or damaged

If a Caregiver Has an Illness or Infected Injury

Caregivers who are ill and handle food can easily spread their illness to others, including babies and children. Therefore, the following caregivers should not handle food for babies:

- Those who have signs or symptoms of illness (including vomiting, diarrhea and infectious skin sores that cannot be covered)
- Those who may be infected with bacteria or viruses that can be carried in food.

Cleaning and Sanitizing Food Preparation Areas and Utensils

Before and after preparing and serving food, the following items should be washed with soap, hot water, rinsed thoroughly with hot water, and sanitized:

- All surfaces used to prepare food, including countertops and tables
- Food preparation equipment and utensils (including food warmers)
- Food service and dining areas (including highchairs)

Clean and sanitize all dishes and utensils after each use and store them in a clean and sanitary manner. Dishwashing, whether done manually or mechanically, should include the following steps:

- Washing
- Rinsing
- Sanitizing
- Air-drying

To sanitize bottles, caps, nipples, and other infant feeding equipment by hand, boil in water for one minute and allow to air dry.

Refrigerator and Freezer Temperature

The refrigerator in the facility should be maintained at a temperature of 40° F or below and should be checked regularly with an appliance thermometer. The temperature in a freezer should be 0 ° F or below and should be checked regularly with an appliance thermometer.

Reducing Lead Exposure from Food

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

- Store foods or beverages in covered plastic or regular glass food storage containers. After opening canned foods or beverages, store the leftover food or beverage in such containers. Do not store food or beverages in their opened cans, except for powdered infant formula.
- Do not feed babies any canned imported foods or beverages—these cans may have lead seams (lead in seams can leak into the food). If using canned foods to make baby food, only use food manufactured in the United States, where can seams cannot contain lead by law.
- Do not cook, store or serve foods or beverages in leaded crystal (glass) bowls, pitchers, or antique ceramic or pewter vessels, dishes or utensils.

9.

Documenting and Claiming Infant Meals

All child care centers and family day care homes participating in the Child and Adult Care Food Program (CACFP) must offer CACFP meals to all eligible children enrolled for care in their facilities. This policy ensures that all children, including infants, have access to CACFP meals.

Infant Offer Form

Each infant who is enrolled for care must have a completed infant offer form on file. See Figures 6 and 7 in the Appendix for sample Infant Offer Forms. The facility must first choose a commonly accepted and approved iron-fortified infant formula and indicate this choice on each infant offer form. The parent or guardian of the infant should then complete the form, indicating whether the formula is accepted or declined. Once the infant is ready to begin solid foods, the parent or guardian must update the form and indicate whether the facility provided solids will be accepted or declined. The form should be revised anytime there is a change in feeding (mother discontinues breastfeeding, the facility changes the brand of formula offered, or the parent changes their decision about providing formula). All completed forms must be kept on file.

Documenting Infant Meals

If the parent accepts the facility's offer to provide the meal components, the facility must provide a CACFP meal to the infant whether the meal is claimed for reimbursement or not.

If infant meals are claimed for reimbursement, they must be documented. All components offered to each infant should be documented for each meal daily. The meal documentation is used to determine if a meal can be claimed for reimbursement. See Figures 8 and 9 in the Appendix for sample infant documentation forms.

Infant meals do not have to be claimed. If the facility chooses not to claim infant meals on CACFP, the only documentation that must be on file is the infant offer form. If infant meals are not claimed in a child care center, infants are not counted in the Income Category Summary.



Claiming Infant Meals

There are several factors that determine whether an infant meal can be claimed. An infant meal may be supplied by the caregiver, the caregiver and parent, or the parent. To determine if the meal is reimbursable in CACFP, two factors are evaluated: the age/development of the infant and who supplied the components. All infant meals must meet the established infant meal pattern requirements for the age of the infant to be claimed on CACFP.

Follow these guidelines for claiming infant meals and see Figure 9 in the Appendix for a flow chart for claiming infant meals.

Meals Containing Breast Milk

- Breakfast, lunch, and suppers containing only breast milk are reimbursable for infants younger than 8 months of age. Snacks containing only breast milk are reimbursable for infants through 11 months of age.
- Breakfast, lunch, and suppers served to infants 8 months of age and older can be claimed when the caregiver provides at least one solid component. If the parent provides the breast milk and all solid components, the caregiver cannot claim the meal.
- The caregiver may serve less than the minimum required serving of breast milk to infants who regularly do not consume that amount. However, if the full portion is not initially offered, the provider must offer additional breast milk if the infant is still hungry.
- When a mother nurses her child on site, the meal may not be claimed unless the caregiver is providing at least one solid component.
- When a center employee nurses her child at the facility and the child is enrolled for care, the meal may be claimed. When a family day care home provider nurses her child and meets all other criteria to claim her own child(ren), the meal is reimbursable.
- Mothers who wish to continue providing breast milk for their infants older than 12 months of age can do so without having to submit a medical statement.

Meals Containing Iron-Fortified Infant Formula

- Meals containing only iron-fortified infant formula are reimbursable for infants younger than 8 months of age.
- Meals served to infants 8 months of age and older can be claimed when the caregiver provides at least one solid component. If the parent provides the formula and all solid components, the caregiver cannot claim the meal.
- Formula served to a child who is 12 months old is reimbursable during a one month transition stage. Formula served to a child who is 13 months and older is not reimbursable unless a written statement from a recognized medical authority is on file.

Developmentally Ready

The decision to introduce solid foods should be made in consultation with the parent. Once the infant is developmentally ready and consistently receiving solid foods of appropriate texture and consistency, that component is no longer optional on the meal pattern.

4 through 7 months

- Portions for solid foods are listed as 0-3 tablespoons.
- Solid foods are optional and should be served when the infant is developmentally ready.

8 through 11 months

- When an infant turns 8 months of age all components must be served at breakfast, lunch, and supper.
- As long as the caregiver is providing at least one component, the meal may be claimed for reimbursement.
- Iron-fortified (dry) infant cereal must be provided at breakfast.
- Iron-fortified infant formula or breast milk must be served until the infant is 12 months of age.

Sample Infant Meal Documentation:

Shown below is a sample of how infant meals are documented. This example uses the infant meal documentation form found in the Appendix (Figure 8).

		BREAKFAST		
NAMES: 4 through 7 months	PF BM CF	Formula* or Breast Milk 4-8 oz.	Infant Cereal** 0-3 T. (optional)	
Claire Morgan	BM	7 oz.		✓
Gavin Smith	PF	6 oz.	2 T Rice	✓

		BREAKFAST			
NAMES: 8 through 11 months	PF BM CF	Formula* or Breast Milk 6-8 oz.	Infant Cereal** 2-4 T.	Fruit/Veg. 1-4 T.	
Abbey Johnson	CF	6 oz.	2 T Oatmeal	3 T peaches	?
Cole Thomas	BM	8 oz.	3 T Oatmeal	2 T banana	✓

Appendix

Figure 1: Sequence of Infant Development

Figure 2: Basic Principles for Feeding Solid Foods to Infants

Figure 3: Using Commercially Prepared Baby Food

Figure 4: Using Provider Prepared Baby Food

Figure 5: You Can Help Prevent Choking

Figure 6: Infant Offer Form

Figure 7: Infant Offer Form for Day Care Home Providers






Figure 8: Daily Infant Meal Record

Figure 9: Individual Weekly Infant Meal Record

Figure 10: Claiming Infant Meals in CACFP

Sequence of Infant Development and Feeding Skills in Normal, Healthy Full-Term Infants

DEVELOPMENTAL SKILLS*

Baby's Approx. Age	Mouth Patterns	Hand and Body Skills	Feeding Skills or Abilities
Birth through 5 months 	<ul style="list-style-type: none"> Suck/swallow reflex Tongue thrust reflex Rooting reflex Gag reflex 	<ul style="list-style-type: none"> Poor control of head, neck, and trunk Brings hands to mouth around 3 months 	<ul style="list-style-type: none"> Swallows liquids but pushes most solid objects from the mouth
4 through 6 months 	<ul style="list-style-type: none"> Draws in upper or lower lip as spoon is removed from mouth Up-and-down munching movement Can transfer food from front to back of tongue to swallow Tongue thrust and rooting reflexes begin to disappear Gag reflex diminishes Opens mouth when sees spoon coming 	<ul style="list-style-type: none"> Sits with support Good head control Uses whole hand to grasp objects (palmer grasp) 	<ul style="list-style-type: none"> Takes in a spoonful of pureed or strained food and swallows it without choking Drinks small amounts from cup when held by another person, with spilling
5 through 9 months 	<ul style="list-style-type: none"> Begins to control the position of food in the mouth Up-and-down munching movement Positions food between jaws for chewing 	<ul style="list-style-type: none"> Begins to sit alone unsupported Follows food with eyes Begins to use thumb and index finger to pick up objects (pincer grasp) 	<ul style="list-style-type: none"> Begins to eat mashed foods Eats from a spoon easily Drinks from a cup with some spilling Begins to feed self with hands
8 through 11 months 	<ul style="list-style-type: none"> Moves food from side-to-side in mouth Begins to curve lips around rim of cup Begins to chew in rotary pattern (diagonal movement of the jaw as food is moved to the side or center of the mouth) 	<ul style="list-style-type: none"> Sits alone easily Transfers objects from hand to mouth 	<ul style="list-style-type: none"> Begins to eat ground or finely chopped food and small pieces of soft food Begins to experiment with spoon but prefers to feed self with hands Drinks from a cup with less spilling
10 through 12 months 	<ul style="list-style-type: none"> Rotary chewing (diagonal movement of the jaw as food is moved to the side or center of the mouth) 	<ul style="list-style-type: none"> Begins to put spoon in mouth Begins to hold cup Good eye-hand-mouth coordination 	<ul style="list-style-type: none"> Eats chopped food and small pieces of soft, cooked table food Begins self-spoon feeding with help

* Developmental stages may vary with individual babies

Figure 1

Basic Principles for Feeding Solid Foods to Infants



Introducing Solid Foods:

- Introduce solid foods only when the baby is developmentally ready and after consultation with the baby's parent.
- Coordinate with the baby's parent so that you are introducing the same new foods and textures at the same time.
- Make the texture of the food appropriate for the baby's stage of development.
- Use a small spoon to feed the baby.
- Seat the baby on your lap, or in a high chair for feeding. Offer the spoon. Wait for the baby's mouth to open before attempting to feed.
- Never force the baby to finish the serving. Feed until the baby indicates fullness by:
 - not opening the mouth
 - pulling away from the spoon
 - turning away
 - pushing food or spoon back out of the mouth
 - throwing food on the floor.
- Do not put cereal or any other solid food in a bottle. Solid foods should be fed with a spoon. Babies fed food in a bottle are forced to eat the food, can choke, and may not learn to eat foods properly.

Tips to Remember:

- Wash the baby's hands before feeding.
- Test the temperature of the food before feeding to make sure it is not too hot.
- After being introduced to several different foods, offer a variety of each type.
- If using commercial baby food, remove the food from the jar before feeding it to the baby. Discard any remaining food on the plate or bowl. Do not put food back into the jar.
- To prevent choking, make sure that babies are not eating while they are talking, crying, laughing, crawling, playing, or lying down.

Foods to Avoid:

- Cow's milk
- Hard pieces of raw fruits and vegetables
- Egg white
- Citrus foods (orange, pineapple, etc)
- Peanut butter, nut and seed butters, and nuts and seeds.
- Honey and honey products
- Home-canned foods

Using Commercially Prepared Baby Food

When you buy baby foods:

- Look at the “use-by” date on baby food jars. If the date has passed, do not buy or use the food.
- Buy baby food jars that are clean on the outside and do not have a broken vacuum seal. The seal is broken if the button on the center of the lid is popped out.



When you serve baby food in jars:

- Wash the lid and jar of baby food before opening.
- Make sure the jar lid is sealed and has not been broken before opening it.
- If the seal has not been broken, you should hear a “pop” noise when you open the lid of the jar.
- Remove enough food from the jar for one feeding. Place the food in a dish for feeding so the baby’s saliva on the spoon will not spoil the leftover food in the jar. If additional food is needed, use a clean spoon.
- If needed, warm the baby food on a stove or in a food warmer. Stir the food and test its temperature before feeding. Do not leave baby food in jars to heat in a microwave—the food can get very hot and could burn the baby’s mouth.
- Throw away any leftover food in the dish. Do not put it back in the jar.

When you store baby food in jars:

- Store unopened jars in a cool dry place like a kitchen cabinet or pantry (not in the refrigerator, car, garage, or outdoors).
- Rotate the stored jars so that you use the food previously purchased prior to newly purchased food.
- After opening a jar and removing some food, replace the lid and place it in the refrigerator. Label the jar with the child’s name and the date and time that it was opened. Use the food within 2 days, except for baby food meats and egg yolks which should be used within 24 hours. Throw out foods not used within those times.



Using Provider-Prepared Baby Foods

Keep the baby's food clean to keep it safe. Remember to wash your hands before handling any food.

Before preparing food:

- Wash all bowls, utensils, pots and pans, and equipment (such as a blender, food mill, food processor, baby food grinder, cutting board).

When you prepare baby food:

- Prepare foods for a baby immediately before use.
- Wash fruits and vegetables well and remove parts not to be eaten (peels, seeds, pits) before cooking.
- Do not feed provider-prepared spinach, beets, turnips, carrots, or collard greens to babies under 6 months old.
- Remove bones, fat, and gristle from meats and poultry. Meats, poultry, dried beans or peas, and egg yolks should be well cooked. Baking, boiling, broiling, poaching, and steaming are good cooking methods.
- Cook foods until they are soft and tender. Food can be pureed to the right texture using a blender or food processor, a fine mesh strainer, baby food grinder, or food mill. For older babies, foods can be mashed with a fork or chopped finely. Water can be added to give pureed food a thinner consistency.
- Do not add salt, butter, margarine, lard, oil, cream, sugar, syrups, gravy, sauces, or fat drippings to the baby's food. *Never add honey to the baby's food.*
- Do not use home-canned food, food from dented, rusted, bulging or leaking cans or jars, or from cans or jars without labels.

When you store provider-prepared baby food:

- Immediately after cooking, refrigerate or freeze freshly cooked food to be stored. Label the food with the date and time it was prepared. Do not let the food sit at room temperature because harmful germs can grow in the food at that temperature. Throw out foods left at room temperature for 2 hours or more including serving time.
- Use refrigerated foods within 2 days (except for meats, poultry, fish, and egg yolks, which must be used within 24 hours). Throw out foods not used within those times.

- To freeze baby food, either pour cooked food into sections of a clean ice cube tray or place 1 to 2 tablespoons of pureed food in spots on a clean cookie sheet. Cover the food with plastic wrap or foil. When frozen, place the food pieces into a covered freezer container or tightly closed plastic bag in the freezer. Label and date the containers or bags. Use frozen foods within 1 month.

When you serve provider-prepared baby food:

- Serve freshly cooked food to a baby as soon as the food cools to lukewarm. Stir the food and test its temperature before feeding.
- Throw away any leftover food in the baby's dish. Do not put it back in the refrigerator or freezer.

When you reheat provider-prepared baby food:

- Completely reheat refrigerated or frozen home-prepared baby food to at least 165° F before feeding. Allow food to cool to lukewarm. Stir the food and test its temperature to make sure it is not too hot or cold before serving to baby.
- Thaw frozen foods in the refrigerator, under cold running water, or through the process of reheating the food. Never defrost baby foods by setting them out at room temperature or in a bowl of standing water. Germs grow in food sitting at room temperature.
- Throw out leftover food remaining in the dish that the baby does not eat.
- Do not refreeze baby food that has thawed. Label food with the date and time it was removed from the freezer. Store thawed food in the refrigerator and use it within 2 days or throw it out (except for meats, poultry, or fish which should be thrown out after 24 hours).



Figure 4

You Can Help Prevent Choking

Babies and young children are at the highest risk of choking on food and remain at high risk until they can chew and swallow better, around age 4.

Watch Babies and Children During Meals and Snacks to Make Sure They:

- Sit quietly for all feedings.
- Eat slowly.
- Chew food well before swallowing.
- Eat small portions and only one bite at a time.

Prepare Food To Make It Easy to Chew:

- Grind up tough foods.
- Cut soft food into small pieces or thin slices.
- Cut soft round foods, like cooked carrots, into short strips rather than round pieces.
- Remove all bones from chicken and meat before cooking.
- Cook food until it is soft.
- Remove seeds and pits from fruit.



Foods That Can Cause Choking and Should Not be Fed to Babies and Young Children:

Firm, smooth, or slippery foods that slide down the throat before chewing, such as:

- Hot dogs, sausages, or toddler hot dogs
- Peanuts and other nuts
- Hard candy, jelly beans
- Whole beans
- Whole grapes, berries, cherries, melon balls, or cherry and grape tomatoes
- Fish with bones
- Whole pieces of canned fruit
- Cheese chunks

Small, dry, or hard foods that are difficult to chew and easy to swallow whole, such as:

- Popcorn
- Peanuts, nuts and seeds (like sunflower or pumpkin seeds)
- Whole grain kernels (like rice and wheat berries)
- Small pieces of raw carrots or other raw or partially cooked hard vegetables or fruits
- Pretzels
- Cooked or raw whole kernel corn
- Potato and corn chips

Sticky or tough foods that do not break apart easily are hard to remove from the airway, such as:

- Peanut butter or other nut or seed butters
- Raisins and other dried fruit
- Tough meat or large chunks of meat
- Marshmallows
- Chewing gum
- Caramels or other chewy candy

CACFP INFANT MEAL OFFER FORM

Facility or Provider Name: _____

Iron-Fortified Infant Formula Offered: _____

Please note: This form must be completed for each infant enrolled for care. Revise this form whenever the mother discontinues breastfeeding, the facility or provider changes the brand of formula provided, the parent changes decision about provision of formula, or the infant is ready to begin semi-solid/solid foods. Remember low iron formula supplied by the facility or provider cannot be reimbursed without a medical statement, and cow's milk is not allowed under 1 year of age without a medical statement.

Infant Name: _____ Date of Birth: _____

Check one of the options below for formula (formula must be listed above before completing):

- I **accept** the above named formula for my infant.
- I **decline** the above named formula for my infant and I will provide the formula.
- I **decline** the above named formula for my infant and I will provide breast milk.
- I **accept** the above named formula to supplement breast milk.
- I **decline** the above named formula to supplement breast milk and I will provide the formula.

Parent's Signature

Date

Check one of the options below for infant starting on semi-solid/solid foods:

My infant is developmentally ready to be served semi-solid/solid foods, starting at _____.
(list age or date to begin)

- I **accept** the semi-solid/solid foods for my infant.
- I **decline** the semi-solid/solid foods for my infant and I will provide the semi-solid/solid foods for my infant.

Parent's Signature

Date

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (866) 632-9992 (voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through Federal Relay Service (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

Day Care Home Providers

CACFP Infant Meal Documentation Form: _____ New _____ Revised

Provider Name: _____

Infant Name: _____ Date of Birth: _____

Formula Offered by Provider: _____

Check one:

_____ I **accept** the above named formula for my infant.

_____ I **decline** the above named formula for my infant.
I will provide the formula.

_____ I **decline** the above named formula for my infant.
I will provide breastmilk.

_____ I **accept** the above named formula to supplement with.

_____ I **decline** the above named formula to supplement with.
I will provide the formula.

Solids:

Check one:

_____ My infant is developmentally ready to be served solid foods,
starting _____ (list age or date to begin).

_____ I **decline** and will provide the solid foods for my infant.

Parent's Signature

Date

Note to Provider: Complete this form with each infant enrolled for care. Revise this form whenever the mother discontinues breastfeeding, the brand of formula changes, the person providing the formula changes, or the infant is ready to begin solids. Remember low iron formula cannot be reimbursed without a medical statement, and cow's milk is not allowed under 1 year of age. Mail the top copy to your sponsor; keep the bottom copy for your records.

This institution is an equal opportunity provider.

Top copy – sponsor

Bottom copy – provider

Day Care Home Providers

CACFP Infant Meal Documentation Form: _____ New _____ Revised

Provider Name: _____

Infant Name: _____ Date of Birth: _____

Formula Offered by Provider: _____

Check one:

_____ I **accept** the above named formula for my infant.

_____ I **decline** the above named formula for my infant.
I will provide the formula.

_____ I **decline** the above named formula for my infant.
I will provide breastmilk.

_____ I **accept** the above named formula to supplement with.

_____ I **decline** the above named formula to supplement with.
I will provide the formula.

Solids:

Check one:

_____ My infant is developmentally ready to be served solid foods,
starting _____ (list age or date to begin).

_____ I **decline** and will provide the solid foods for my infant.

Parent's Signature

Date

Note to Provider: Complete this form with each infant enrolled for care. Revise this form whenever the mother discontinues breastfeeding, the brand of formula changes, the person providing the formula changes, or the infant is ready to begin solids. Remember low iron formula cannot be reimbursed without a medical statement, and cow's milk is not allowed under 1 year of age. Mail the top copy to your sponsor; keep the bottom copy for your records.

This institution is an equal opportunity provider.

Top copy – sponsor

Bottom copy – provider

CHILD AND ADULT CARE FOOD PROGRAM DAILY INFANT MEAL RECORD

Date: _____

Instructions:

- Write the full names of the infants eating the meal.
- Record who is providing formula
PF – Parent provides formula
BM – Breast milk
CF – Caregiver providing formula
- Record the amounts and types of food (rice cereal, peas, etc.) offered to each infant.
- Check the box if the meal is reimbursable.
(only three meals per child per day)
- Total reimbursable meal counts

NAMES: Birth through 3 months	PF BM CF	BREAKFAST Formula* or Breast Milk 4-6 oz.		AM SNACK Formula* or Breast Milk 4-6 oz.		LUNCH Formula* or Breast Milk 4-6 oz.		PM SNACK Formula* or Breast Milk 4-6 oz.	

NAMES: 4 through 7 months	PF BM CF	BREAKFAST		AM SNACK	LUNCH			PM SNACK
		Formula* or Breast Milk 4-8 oz.	Infant Cereal** 0-3 T. (optional)	Formula* or Breast Milk 4-6 oz.	Formula* or Breast Milk 4-8 oz.	Fruit/Vegetable 0-3 T. (optional)	Infant Cereal** 0-3 T. (optional)	Formula* or Breast Milk 4-6 oz.

NAMES: 8 through 11 months	PF BM CF	BREAKFAST			AM SNACK		LUNCH			PM SNACK	
		Formula* or Breast Milk 6-8 oz.	Infant Cereal** 2-4 T.	Fruit/veg. 1-4 T.	Formula* or Breast Milk or Juice*** 2-4 oz.	0-1/2 slice Bread or 1-2 Crackers (optional)	Formula* or Breast Milk 6-8 oz.	Fruit/Veg. 1-4 T.	Infant Cereal** 2-4 T. and/or Meat 1-4 T.	Formula* or Breast Milk or Juice*** 2-4 oz.	0-1/2 slice Bread or 1-2 Crackers (optional)

* Iron-fortified infant formula

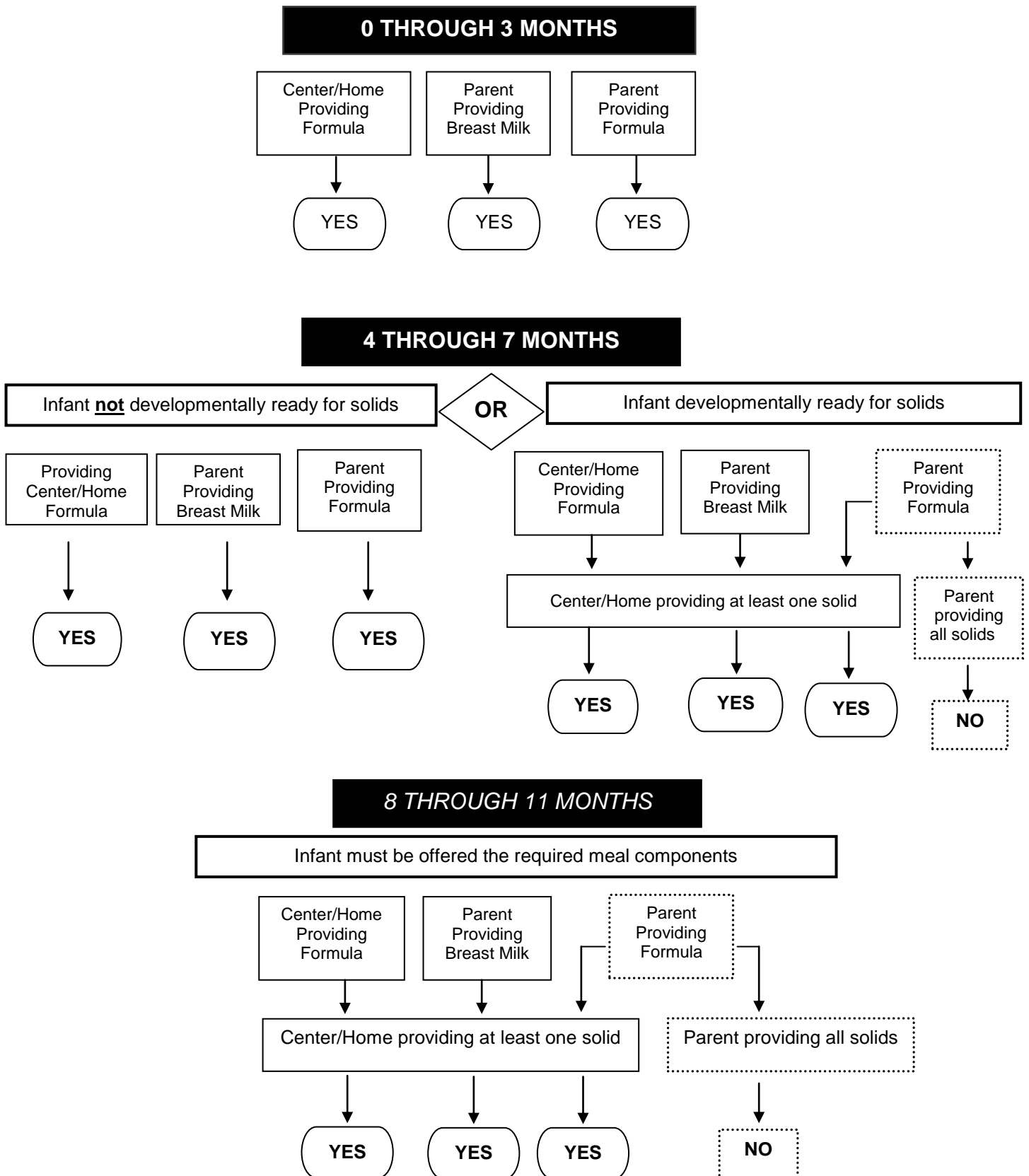
** Infant cereal must be iron fortified infant dry cereal

*** Full-strength juice may be served as a snack **only** for infants, 8 months of age or older

Daily Totals: count only those meals which are reimbursable

Breakfast _____ AM Snack _____ Lunch _____ PM Snack _____

Claiming Infant Meals in CACFP



When formula or breast milk is the only required component (i.e. 0-3 all meals, 4-7 all meals, 8-11 snacks), meals may be reimbursable. Solid components (i.e. infant cereals, fruits, vegetables, etc.) are required when the child is developmentally ready.