

CHILD CARE FOOD PROGRAM

INFANT MEAL PATTERN

2018-2019

BIRTH THROUGH FIVE MONTHS		SIX THROUGH ELEVEN MONTHS	
BREAKFAST, LUNCH, AND SUPPER	4 TO 6 FLUID (FL) OUNCES (OZ) BREAST MILK ¹ OR FORMULA ²	6 TO 8 FL OZ 0 TO 4 TABLESPOONS (TBSP) 0 TO 2 OZ 0 TO 4 OZ (½ CUP) 0 TO 2 TBSP	BREAST MILK ¹ OR FORMULA ² AND INFANT CEREAL, ^{2,3} OR MEAT, FISH, POULTRY, WHOLE EGG, COOKED DRY BEANS OR PEAS OR CHEESE OR YOGURT ⁴ OR COMBINATION OF THE ABOVE ⁵ AND FRUIT, VEGETABLE, OR COMBINATION OF BOTH ^{5,6}
	4 TO 6 FL OZ BREAST MILK ¹ OR FORMULA ²	2 TO 4 FL OZ 0 TO ½ SLICE 0 TO 2 0 TO 4 TBSP 0 TO 2 TBSP	BREAST MILK ¹ OR FORMULA ² AND BREAD ^{3,7} OR CRACKERS ^{3,7} OR INFANT CEREAL ^{2,3,7} OR READY-TO-EAT BREAKFAST CEREAL ^{3,5,7,8} AND FRUIT, VEGETABLE, OR COMBINATION OF BOTH ^{5,6}

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 Beginning October 1, 2019, oz equivalents (eq) are used to determine the quantity of creditable grains.

4 Yogurt must contain no more than 23 grams (g) of total sugars per 6 oz.

5 A serving of this component is required when the infant is developmentally ready to accept it.

6 Fruit and vegetable juices must not be served.

7 A serving of grains must be whole grain-rich (WGR), enriched meal, or enriched flour.

8 Breakfast cereals must contain no more than 6 g of sugar per dry oz (no more than 21 g sucrose and other sugars per 100 g of dry cereal).

This institution is an equal opportunity provider.

Claiming Infants

The CACFP has specific requirements for infant meals being claimed for reimbursement. Up until the day a child turns one, he/she is claimed as an infant and the child's meals must meet the Meal Pattern requirements set for infants. Providers are reimbursed at the same rates for infant meals as for older children.

Federal Non Discrimination Policy Regarding Infants

- You must offer the Child Care Food Program to each child in your care regardless of age.
- You must offer at least one brand of approved iron-fortified infant formula for enrolled infants.

Formula Requirements

Only breast milk or iron-fortified formula that is FDA approved should be offered to an infant during the first year. Whole cow milk should *NOT* be served to infants under one year of age and cannot be claimed for reimbursement without a **CDA Medical Statement** having been filled out by that child's physician. Some types of specialized formula also require a CDA Medical Statement to be filled out by a child's physician. Additionally, if a child must remain on formula after he/she turns one, a CDA Medical Statement filled out by the child's physician is required. If any of the above situations occur, you will not be able to receive reimbursement for that child's meals until we receive the signed medical statement. To acquire a CDA Medical Statement, you must call the office.

Infant Formulas Requiring a Medical Statement*

- Abbott Nutrition Elecare
- Mead Johnson Enfagrow Toddler Next Step
- Mead Johnson Nutramigen (all types)
- Mead Johnson Pregestimil
- Mead Johnson Enfamil Premature
- Mead Johnson Enfamil Enfacare
- Gerber Good Start Premature Formulas
- Gerber Good Start Nourish
- Parent's Choice - NeoCare Powder Infant Formula (for low birth-weight infants 0 - 12 months)
- Similac Expert Care Alimentum
- Similac Expert Care for Diarrhea
- Similac Expert Care NeoSure
- Similac Special Care
- Similac PM 60/40

**This list is not inclusive as new infant formula products are continually being developed. If you are unsure about a formula, please call the office.*

Infant Meal Pattern

The Infant Meal Pattern lists the requirements for each meal. You must record whether you served breast milk or formula, and whether you or the parent provided the formula. You must record the type of cereals, meats, fruits and vegetables you serve. Infant cereals must be FDA approved and they must be iron fortified. Solid foods should not be introduced until the child is developmentally ready.

Claiming Own Infant

A provider who income qualifies may claim her own enrolled infant for breastmilk only meals and/or snacks as long as at least one other enrolled, nonresident child is present during the meal service.

Infant Mealtimes

Infants eat on demand and meals may be served during a time span consistent with the infant's normal eating times, but must be claimed for the meal corresponding to the actual time the child is eating.

Example: An infant eats his/her first meal at your home at 9:15am. This meal must be claimed as an *AM SNACK* because any meal served between 9am and 10:59am is considered an AM Snack.

Infant Food Safety

Breastmilk Storage

- Fresh breastmilk must be labeled with the date of expression (the day the mother collected it) and the infant's name. It must be stored in a refrigerator kept at 39°F for a maximum of 72 hours. After that time, the milk must be thrown out.
- Breastmilk can be stored in the freezer in air-tight containers (hard plastic bottles are recommended) for up to 3 months from the date it was expressed by the mother. The freezer temperature must remain at 0°F or below. If there is a power outage or the freezer is not working correctly, frozen breastmilk may thaw and spoil before 3 months and the milk should be thrown out.
- Always rotate frozen breastmilk, using the oldest milk first. Once the breastmilk is removed from the freezer and thawed, refrigerate it at 39°F or below and use within 24 hours. **Do not refreeze it.**
- *Always check breastmilk for spoilage before serving it to the infant, regardless of the date.*

Bottle Feeding

- Look for an infant's hunger cues. Feed them at the earliest cue; don't wait until they're crying from hunger.
- Before preparing a bottle for an infant, ensure that the bottle is clean and sanitary.
- Do not let bottles of breastmilk or formula sit out at room temperature. Keep them refrigerated until ready to use and then warm them by running the bottle under or setting them in a bowl of warm water. **Not hot.**
- **Never use a microwave to heat a bottle.** The milk can get too hot and since microwaves heat unevenly, the milk may be much hotter than it feels.
- Shake the bottle of breastmilk gently before feeding because breastmilk separates when stored.
- Never put cereal or other foods in a bottle. This can inhibit the development of the child's motor skills necessary for self-feeding as they grow.
- Always throw out unused breastmilk or formula left in a bottle and wash immediately with soap and hot water. Clean and sterilize bottles before reusing them.

Home-Made Infant Food

- Wash all bowls, knives, utensils, cutting boards, pots/pans, blender, food processor, other equipment you may use, the sink, and counters with hot soapy water, rinse and sanitize. Allow to air dry.
- **To prepare infant produce**, use fresh fruits and vegetables. Wash well and remove parts that shouldn't be eaten (the seeds, core, peels, pits, etc.) before cooking.
- Cook them only if necessary, and then only until tender as over-cooking destroys valuable nutrients.
- Do not add salt, sugar, butter, oil, cream, etc.
- If liquid is needed to get an appropriate consistency, add liquid leftover from cooking a small amount at a time, then mash, blend or grind foods to appropriate consistency.
- Once food is prepared, place in air-tight containers and place in the refrigerator until ready to use.
- Prepared fruits and vegetables should be used within 2 days.
- **To prepare infant meats**, remove bones, fat, and gristle from beef, poultry, fish, and other meats.

- Baking, boiling, poaching, broiling, and steaming are all acceptable methods for cooking infant meats.
- All infant meats, including fish, poultry and eggs, should be well cooked.
- Once the meats are thoroughly cooked and tender, puree, mash, or grind to reach the appropriate texture.
- When the foods that you are serving the older children are appropriate for an infant, you can prepare the same foods for the infant.
- You can also prepare infant foods ahead of time and freeze them. For example, prepared vegetables and meats can be frozen in ice cube trays and defrosted when needed.
- All foods are to be of the texture and consistency appropriate for the age group.

Commercially Prepared Infant Food*

Always check the ingredient label before purchasing infant food. Some commercially prepared infant foods are reimbursable, however many are not.

The following commercial infant products are ***NOT reimbursable***:

- Any commercial infant foods listing water as the first ingredient
- Combination dinners (**ex:** sweet potatoes & chicken; **ex:** beef & noodles)
- Any meat, fruit, or vegetable dish that lists water as the *first* ingredient
- Any meat, fruit, or vegetable dish that contains any type of flour, gums, or sugar
- Any commercial infant foods in the ***jarred cereal with fruit*** category
- Any commercial infant foods in the ***dessert or pudding*** category
- Any commercial infant fruit or vegetable containing DHA
- Any “meat sticks” or finger “sticks,” including fish sticks and other breaded/battered fish or seafood products, and any canned fish with bones.
- Iron-fortified dry infant cereals containing fruit or formula
- Commercial jarred baby food cereals (wet)

Other Non-Reimbursable Foods*

- Juice may not be claimed for infants under one year of age. Juice is very high in sugar and, as a best practice, we recommend that juice is not served in your child care facility to children of any age.
- Peanut butter and other nuts or nut products may not be claimed for infants. These foods should not be served to infants due to high risk of allergic reaction and choking hazard.
- Strawberries (unless approved by the parent), grapes, raisins, and popcorn may not be claimed for infants
- Honey may not be claimed for and should never be served to an infant under one year of age.
- Hot dogs and sausages
- Breadsticks, hard pretzels, tortilla chips, granola bars, doughnuts, cakes and brownies, etc.

**These lists are not inclusive. When in doubt as to whether a certain food is reimbursable and/or safe for an infant, please call the office.*

Basic Principles for Feeding Solid Foods

Introducing Solid Foods: Starting out

- Talk with the parents before introducing solid foods. Only introduce solid foods when babies are developmentally ready for them.
- Coordinate with each baby's parents so that the same new foods and textures are introduced at the same time at home.
- Do not serve solid foods to a baby younger than 4 months of age without a doctor's written instructions.

How to Feed When Baby is Ready for Solid Foods

- Sit directly in front of the baby to encourage them. Offer the spoon. Wait for the baby's mouth to open before attempting to feed. If babies are not ready to eat from a spoon, they are not ready to eat solid foods.
- In feeding solid foods, use a small spoon and place a tiny amount of food between the baby's lips. At first, much of it may slide out of the mouth, but gradually the baby will learn to move the food to the back of the mouth for swallowing.
- Do not force the baby to finish the serving. Babies are the best judge of how much food they need. Let them decide how much to eat. Feed until the baby indicates fullness by:
 - Not opening the mouth,
 - Pulling away from the spoon,
 - Turning away,
 - Pushing food or spoon out of the mouth, or
 - Throwing the food on the floor.
- Be calm and friendly; not overwhelming. Follow the baby's lead on when to feed and how much to feed.
- Do not put cereal or any other solid food in a bottle or infant feeder. Use a spoon for feeding instead. Babies fed food from a bottle or infant feeder are forced to eat the food, can choke, and may not learn to eat foods properly.
- **Any special equipment needed for feeding children with disabilities should be used. Consult with the parents on how to feed babies with special needs.**
- Make the texture of the food appropriate for the baby's stage of development.



Feeding Safety

- Test the temperature of foods before feeding them to make sure they are not too hot.
- Seat babies in highchairs appropriate for their age and development. Fasten the baby into the highchair with safety straps before feeding. Keep the highchair away from a table, counter, wall, or other surface so the baby cannot push off from those surfaces.
- Babies being fed and older babies learning to feed themselves should be closely supervised by an adult seated at the same table or next to the baby's highchair. Make sure that the baby does not eat while crying, talking, or laughing. The adult should also watch for "squirreling," or keeping several pieces of food in the mouth without swallowing, which can cause choking.
- To prevent choking, make sure that babies (and children) are not eating while they are talking, crying, laughing, crawling, walking, running, playing, laying down, or riding in a vehicle.
- Use a small spoon that easily fits into the baby's mouth. Do not use plastic utensils. Place food in a clean, small, unbreakable bowl or dish with edges that are not sharp.
- Keep hot liquids or foods out of reach of babies and children, away from the edge of a counter or table, or on a tablecloth that could be pulled down. Make sure that staff do not consume hot liquids near babies or children who can be accidentally burned by hot liquids or foods tipped over.

Drinking Water

- A baby's doctor may recommend feeding a small amount of sterile water in a cup when solid foods are introduced. Consult with the parents about feeding water.

Basic Principles for Feeding Solid Foods



Watching for Reactions

- Reinforce the introduction of new foods by offering the same foods the parents are serving their baby. Wait at least one week between introducing new foods to watch for reactions such as diarrhea, rashes, vomiting, coughing, wheezing, general irritability, hives, stomach pain, etc.
- If a baby seems to be having a severe reaction –hives, difficulty breathing, or shock– contact Emergency Medical Services (call 911) and the baby’s parents immediately.
- If a baby doesn’t like the taste of a new food at first, you can try offering it again 3 or 4 weeks later after discussing this with the parents.

Do Not Feed Babies These Foods:

- Cow’s milk—it does not have the right nutrients for and may cause anemia in babies. Breastmilk or infant formula are best for the first year of life.
- Hard pieces of raw vegetables or fruits—they can cause choking and be difficult to digest.
- Home-prepared beets, carrots, collard greens, spinach, and turnips before 6 months of age.
- Peanut butter and other nut and seed butters (i.e., soy nut, almond, cashew, or sunflower seed butters). These foods can cause choking and may cause an allergic reaction.
- Commercially prepared infant desserts or commercial cakes, cookies, candies, and sweet pastries. These foods tend to be high in sugar and lower in important nutrients that babies need.
- Chocolate and cocoa—these may cause allergic reactions in babies.
- Sugar, maple syrup, corn syrup, molasses, glucose, sweetened condensed milk, or other syrups added to foods and beverages.
- Foods, beverages, or powders containing artificial sweeteners. Babies should not be fed low-calorie foods or drinks.
- Any other foods that could cause choking.

Check With Parents Before Feeding These Foods:

- Egg whites, yolks, or whole eggs, shellfish (shrimp, lobster, oysters, clams, scallops, crawfish). These foods may cause allergic reactions in babies.
- Shark, swordfish, king mackerel, or tilefish—these fish may contain high levels of harmful mercury.
- Citrus (i.e., oranges, tangerines, grapefruit, lemons, limes) or pineapple, or tomato foods/juices before 6 months of age. These foods may cause allergic reactions in babies.

Never Feed Babies These Foods:

- Honey and products containing honey, including sources used in cooking or baking (such as honey in graham crackers), should never be fed to babies. Honey is often contaminated with *Clostridium botulinum*, a bacteria which can cause serious illness and death in infants because their immune system is not yet fully developed.
- Raw milk—raw cow’s or goat’s milk could be contaminated with harmful substances which could make a baby very sick. Only pasteurized milk products should be used once milk is introduced at 12 months.
- Raw or undercooked eggs, meat, poultry, or fish. When raw or undercooked these foods can contain harmful bacteria, parasites, and other harmful substances that can make a baby very sick.
- Home-canned foods—these foods may contain harmful bacteria if improperly canned.



Infant Hunger and Satiety Cues

Approximate Age	Hunger Cues	Satiety Cues
Birth through 5 months	<ul style="list-style-type: none"> • Wakes and tosses • Sucks on fist • Cries or fusses • Opens mouth while feeding to indicate wanting more 	<ul style="list-style-type: none"> • Seals lips together • Turns head away • Decreases or stops sucking • Spits out the nipple or falls asleep when full
4 months through 6 months	<ul style="list-style-type: none"> • Cries or fusses • Smiles, gazes at caregiver, or coos during feeding to indicate wanting more • Moves head toward spoon or try to swipe food towards mouth 	<ul style="list-style-type: none"> • Decreases rate of sucking or stops sucking when full • Spits out the nipple • Turns head away • May be distracted or pays attention to surroundings more
5 months through 9 months	<ul style="list-style-type: none"> • Reaches for spoon or food • Points to food 	<ul style="list-style-type: none"> • Eating slows down • Clenches mouth shut or pushes food away
8 months through 11 months	<ul style="list-style-type: none"> • Reaches for food • Points to food • Gets excited when food is presented 	<ul style="list-style-type: none"> • Eating slows down • Pushes food away
10 months through 12 months	<ul style="list-style-type: none"> • Expresses desire for specific food with words or sounds 	<ul style="list-style-type: none"> • Shakes head to “say no more”

Source: WIC Infant Nutrition and Feeding Guide, 2007.

FIGURE 7.1 WHAT YOUR BABY CAN DO AND HOW AND WHAT TO FEED HIM

In making feeding decisions for your baby, go by what he can do, not by how old he is. The ages in this figure are given in ranges, and even then		they are ball-park estimates. Your baby is the only one who can really say when he's ready!	
Age	Feeding capabilities	Manner of feeding	Suggested foods
Birth to 6 months	Cuddles Roots for nipple Sucks Swallows liquids	Cuddling and nipple-feeding from breast or bottle	Breastmilk and/or iron-fortified infant formula
5 to 7 months	Sits supported or alone Keeps head straight when sitting Follows food with eyes Opens for spoon Closes lips over spoon Moves semisolid food to back of tongue Swallows semisolids	Spoon-feeding of smooth semisolid food Cuddling and nipple-feeding from breast or bottle	Iron-fortified rice or barley cereal mixed with breastmilk or iron-fortified formula Breastmilk and/or iron-fortified formula
6 to 8 months	Sits alone Keeps food in mouth to munch Pushes food to jaws with tongue Munches, mashes food with up-and-down movement Palms food (palmar grasp) Scrapes food from hand into mouth Drinks from a cup but loses a lot	Spoon-feeding of thicker and lumpier food Finger-feeding of thicker, lumpier food: "If it hangs together, it's a finger food." Cup drinking Cuddling and nipple-feeding from breast or bottle	Well-cooked, mashed, or milled vegetables and fruits Mashed potatoes Sticky rice Wheat-free dry cereal like Cheerios or Corn Chex Breastmilk and/or iron-fortified formula
7 to 10 months	Sits alone easily Bites off food Chews with rotary motion Moves food side-to-side in mouth, pausing with food on the center of the tongue Begins curving lip around cup Palmar changing to pincer grasp (thumb and forefinger)	Finger-feeding of lumpy food and pieces of soft food Cup drinking Cuddling and nipple-feeding from breast or bottle	Chopped cooked vegetables Chopped canned or cooked fruits Cheese Mashed cooked dried beans Strips of bread, toast, tortilla Crackers and dry cereals containing wheat Breastmilk and/or iron-fortified formula
9 to 12 months	Getting better at picking up small pieces of food (pincer grasp) Curves lip around cup Getting better at controlling food in mouth Getting better at chewing	Finger-feeding of soft table foods Drinking by himself from a covered toddler cup Cuddling and nipple-feeding, away from mealtime	Cut-up soft cooked foods Cut-up soft raw food (like bananas or peaches) Tender chopped meats Casseroles with noodles cut up Dry cereal Toast and crackers Eggs and cheese Breastmilk and/or iron-fortified formula
12 months and beyond	Becomes more skillful with hands Finger-feeds Improves chewing Improves cup-drinking Is interested in food Becomes a part of the family with respect to eating	Finger-feeding soft table foods Cup-drinking by himself Nipple-feeding only at snack time, not at mealtime Begins to use spoon	Everything from the family table that is soft Avoid smooth pieces that can choke: whole grapes, hot dog rounds Cut up meat finely All right to change to whole pasteurized milk

Adapted with permission from EM Satter and PB Sharkey. Montana Feeding Relationship Training Package. Madison, Wis.: Ellyn Satter Associates, 1997.

For more information about Ellyn Satter's other books and teaching materials, see www.ellynsatter.com or call 800-808-7976.