

Feeding Infants in the Child Care Food Program

Guidance for Child Care Providers



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**Web site: www.floridahealth.gov/ccfp
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Welcome

Human beings experience the fastest growth rate of their lives during the first year of life. A baby's weight can triple and their length can double during their first year. In addition to this rapid and dramatic growth rate, infants learn to communicate, walk, eat, drink, and play on their own, and make their wants and needs known. Infants are not miniature adults – they need the right nutrition at the right time to support healthy growth and development.

Good communication between parents and child care providers is a vital link in meeting the unique nutritional needs of infants. Communicating frequently with parents will provide consistency between the baby's mealtime experiences at home and at the child care facility and ensure the best nutritional care for the baby.

This workshop will provide you with the knowledge and tools necessary to confidently serve reimbursable infant meals in the Child Care Food Program (CCFP).

Feeding Infants in the CCFP

Agenda

Introduction

Best Practices for Infants in Child Care

Baby Cues and General Infant Feeding Principles

Creditable Infant Foods in the CCFP

CCFP Infant Feeding Policy and Menu Planning

Evaluation

Best Practices for Infants in Child Care



Best Practices for Infant Feeding in Child Care

- √ **Support breastfeeding**
- √ **Feed infants by a consistent caregiver**
- √ **Train staff on preparing, feeding, and storing breast milk and formula**
- √ **Practice responsive feeding**
 - Timing
 - Amount
- √ **Introduce solid foods to infants when developmentally ready**
 - No earlier than 4 months
 - Preferably by about 6 months
 - By spoon only, no bottles
 - Develop a feeding plan with the infant's parents
- √ **Encourage self-feeding when infant is developmentally ready**
 - Supervise and assist children learning to feed themselves
- √ **Promote appropriate physical activity**



Florida Early Care and Education Recognition Program

"The Healthy Choice is the Easy Choice"

Early care and education providers across Florida are joining the movement to integrate best practices into their programs.

About the Recognition Program

We are pleased to announce the Florida Early Care and Education (ECE) Recognition Program. The goal is to encourage early child care programs to take proactive, voluntary steps to improve program practices and policies related to:

- Healthy Child Nutrition
- Healthy Beverages
- Supporting Infant Feeding Practices
- Physical Activity
- Limited Screen Time



Eligibility

The Florida ECE Recognition Program is open to early care and education centers that are licensed in the state of Florida.

Reasons to earn the Florida Early Care and Education Recognition:

- Show parents your center is committed to providing high-quality care
- Stand out from other centers
- Free marketing on the ECE website
- Receive a certificate of recognition
- Discounts on supplies

Benefits to earning the Florida Early Care and Education Recognition:

- Prevent childhood obesity
- Improve self-discipline
- Establish healthy habits
- Prevent the incidence of chronic diseases

Send inquiries to info@FLeceaward.org



Learn more about the
Florida Early Care and Education Recognition Program at:
www.FLeceaward.org

INFANT FEEDING BENCHMARK MENU



CHILD BENCHMARKS	15 PTS	10 PTS	5 PTS
<input type="checkbox"/> Encourage mothers to breastfeed their infants at the facility, if the parent desires			
<input type="checkbox"/> Have sufficient refrigerator and freezer space to store expressed breastmilk			
<input type="checkbox"/> Feed all babies on demand and not on a schedule			
<input type="checkbox"/> Display positive and culturally appropriate breastfeeding support materials (e.g. pictures, posters, brochures, and pamphlets) at the facility			
<input type="checkbox"/> Have lesson plans, learning and/or play materials (e.g. books that contain pictures of breastfeeding, baby dolls that are nursing) that normalize breastfeeding			
FAMILY AND STAFF BENCHMARKS			
<input type="checkbox"/> Invite community organizations and guest speakers to train staff on the benefits of breastfeeding			
<input type="checkbox"/> Offer training to staff at least twice per year on age-appropriate infant feeding practices, including safe storage/handling of breastmilk			
<input type="checkbox"/> Promote breastfeeding by having staff provide education and positive support to mothers			
PROGRAM ENVIRONMENT AND POLICY BENCHMARKS			
<input type="checkbox"/> Provide a quiet space (for parents and staff to breastfeed or pump) that is always available, has appropriate seating, provides complete privacy and has an electrical outlet, with a sink nearby (mothers are made aware that they have the right to breastfeed at any location in the program, not strictly in the lactation room)			
<input type="checkbox"/> Develop and implement a written policy supporting breastfeeding at the child care facility			
<input type="checkbox"/> Communicate the facility's breastfeeding policy to all parents and assure that a written form of the policy is always available to expectant mothers, families with infants, and visitors			
<input type="checkbox"/> Host an event at your site for World Breastfeeding week/National Breastfeeding month. Visit www.worldbreastfeedingweek.org (proof of event registration or attendance required).			
<input type="checkbox"/> Apply for the Breastfeeding Friendly Designation from Florida Department of Health and display decal at program entrance			

Breastfeeding

Helping to support and encourage breastfeeding is a best practice due to the numerous benefits for baby, mom, and society.

Did you know?

- The World Health Organization (WHO) recommends breastfeeding for *at least* two years
- Human milk changes to meet the needs of the infant – throughout: a feeding, the day, and the baby's first year of life
- Breastmilk is easily digested and almost completely utilized by the baby's body
- A mom can directly nurse her baby as part of a reimbursable meal
- Breastmilk can be served to children of any age

Low-income women are more likely than their higher-income counterparts to return to work earlier and to be engaged in jobs making it a challenge for them to continue providing breastmilk for their baby.

When child care settings become strong partners and advocates in encouraging mothers to continue to breastfeed, the benefits to families are enormous. Child care settings themselves also benefit from the improved health status of the children in their care.

Child care providers can support a mother's choice to breastfeed by encouraging mothers to breastfeed at the facility and offer a private, comfortable place to nurse or pump their milk.



Child care providers play a vital role in supporting a mother's continuation of breastfeeding.

Supporting Breastfeeding Mothers and Infants in Child Care



Some mothers may wish to continue breastfeeding while their children are in child care. They may choose to adjust their work schedules so they can come and nurse the baby at your facility, they may collect and store breast milk for you to use while they are away, or they may have you feed the baby formula during the day but continue nursing at home. The following information about breastfeeding babies can help child care providers be better informed and support nursing mothers and their babies.

Ways Child Care Programs Can Support Nursing Moms

- **Be supportive and understanding.** Breastfeeding is an important way for mothers to bond with their babies and provides many benefits to mothers, infants, and caregivers. Breastfed babies usually:
 - get sick less often
 - spit up less
 - have less constipation
 - have less odor in stools
- **Create a quiet, comfortable space for nursing mothers in your child care setting.** Some mothers may choose to come to child care and nurse the baby at mealtime. They may also wish to nurse their baby before they go home. Some breastfeeding mothers may feel comfortable nursing the baby while visiting with you and the other children, while others may prefer a quiet corner or another room.

Preparing and Storing Breast Milk in Child Care

- **Breast milk does not look like cow's milk or formula.** In spite of its thin appearance and blue color, breast milk is rich and nutritious. Thawed milk often has small pieces of fat floating in it that makes it look curdled. This is normal. Warming and swirling the breast milk gently will help fat dissolve.
- **Breast milk can be stored up to 72 hours in the refrigerator.** Label all bottles with the baby's name and date. Be sure milk is labeled with name and date. Use older milk first. *(Be sure to check with local licensing for storage requirements that may be more strict.)*
- **Gently swirl bottles of breast milk that have been refrigerated or frozen and thawed.** Breast milk is not homogenized, and the cream separates out and rises to the top.
- **Warm bottles** in warm water for 5 minutes; temperature should not exceed 120° F.

Feeding Breastfed Babies in Child Care

- **Breastfed babies need to eat frequently.** Breast milk is digested more quickly than formula, so breastfed babies may get hungry more often. Expect to feed infants approximately every two to three hours.
- **Occasionally, breastfed babies may have trouble accepting the bottle.** This may be because babies suck the breast nipple and the bottle nipple in different ways. A breast-shaped nipple may help solve this problem. A long, soft nipple may help the younger baby get more milk from the bottle. An older baby may drink from a sippy cup with a narrow plastic spout on the lid.
- **Watch for six to eight wet diapers during the day.** This indicates that baby is getting enough food. If the baby is not wet often enough, offer bottles more frequently.
- **Frequent, loose daily stools are normal for breastfed babies in the first two months.** Stools may look like cottage cheese and mustard.

See: http://www.extension.org/child_care for more information.

Breast Milk Storage Guidelines – *for the Child Care Facility*

Location	Temperature	Storage Time	Comments
Refrigerator – fresh milk	39° or below	*72 hours	Store milk towards the back of the refrigerator.
Refrigerator – previously frozen milk	39° or below	24 hours	Do not re-freeze.
Freezer	0° or below	3 months	Store towards the back of the freezer.

. *(Be sure to check with local licensing for storage requirements that may be more strict.)

- Breast milk is considered a *food* – no special precautions are needed.
- Refrigerate bottles immediately when brought to the facility.
- Use the oldest milk first.
- Thaw frozen breast milk in the refrigerator or under cold running water
- Warm milk by placing in a container of warm (not hot) water or under warm running water.
- Throw out any unused milk left in the bottle after a feeding or within 1 hour.
- Ask the parents if they would like any leftover milk sent home.

Feeding Tips for Breastfed Babies in Child Care Facilities



www.floridahealth.gov/ccfp/ • www.flbreastfeeding.org

Handling Breast Milk

- Store milk in small amounts (1–4 ounces) in back of refrigerator or freezer, labeled with baby's name and date collected
- Thaw milk in refrigerator or in a bowl of warm water
- Warm milk by using warm—not hot—water (never microwave)
- Breast milk may separate; swirl gently to mix (never shake)
- Use oldest milk first; never refreeze thawed milk
- Breast milk is food. No special precautions are needed.

Breast Milk Freezer Storage	Breast Milk Refrigerator Storage
Freezer inside refrigerator: 5° F for 2 weeks	Refrigerator, thawed milk: 32–39° F for 24 hours
Freezer with separate door: 0° F for 3–6 months	Refrigerator, fresh milk: 32–39° F for 48 hours
Deep Freezer: –4° F for 6–12 months	


Florida Breastfeeding Coalition, Inc.

Feeding the Breastfed Baby

- Breast milk is easily digested, so babies may eat more often (every 1.5–3 hours)
- Feed small amounts of milk, adding more as needed
- Watch for hunger cues: turning head from side to side, sucking, hand movements toward face, smacking lips
- Crying is a late hunger cue
- Milk remaining in the bottle must be discarded (or returned home) within one hour after serving the infant
- Feed slowly with frequent pauses
- Slow flow nipples are recommended
- Never put solid food (cereal) in a bottle

Sources: Florida Administrative Code, Child Care Standards, 2013, and the Academy of Breastfeeding Medicine, 2010

Is Your Facility Breastfeeding Friendly?

A facility that is Breastfeeding Friendly:

- Provides an atmosphere that welcomes and promotes breastfeeding as a normal method of feeding infants
- Helps mothers continue to breastfeed when they return to work or school
- Makes breastfeeding resources available to parents
- Feeds infants on cue and coordinates feeding times with parent's schedule
- Trains staff so they are able to support breastfeeding parents
- Has a written breastfeeding policy

If you think your center or home is Breastfeeding Friendly, complete the following information and the self-assessment on the back. Mail this completed form and a copy of your breastfeeding policy to the address below. Facilities that answer "Yes" to all six standards and whose policy supports breastfeeding will be designated as a Breastfeeding Friendly Child Care Facility. Facilities will be awarded a certificate and window cling to display at the center or home. The certificate expires after 2 years and you will need to complete another self-assessment at that time.

If your facility is not ready to apply yet and you would like more information on becoming a Breastfeeding Friendly Child Care Facility, contact us at the address below.

CCFP Authorization Number: _____

Facility Name: _____

Sponsor Name (if applicable): _____

Facility Address: _____

City: _____ State: _____ Zip: _____

Number of infants (under 12 months of age) currently in care: ____

Contact Information:

Krista Schoen
Florida Department of Health
Bureau of Child Care Food Programs
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Breastfeeding Friendly Self-Assessment

1. *Our facility provides an atmosphere that welcomes and promotes breastfeeding.* Yes___ No___

The facility encourages mothers to visit and breastfeed during the day, if their schedules permit. Facility employees are also encouraged to breastfeed their infants in care. There are breastfeeding posters on display and learning/play materials that promote breastfeeding (e.g. books that contain pictures of babies or animals nursing).

2. *Our facility helps mothers continue to breastfeed their babies when they return to work or school.* Yes___ No___

Parents are told about the facility's policies and services regarding breastfeeding. The facility's information packet for new families includes information on breastfeeding that is not provided by or produced by formula companies. There is a quiet comfortable place that mothers can feed their babies or express breast milk.

3. *Our facility has accurate written materials on breastfeeding topics available for all parents.* Yes___ No___

Staff is familiar with written materials and available community resources (support groups, La Leche League, lactation consultants, and local WIC agency) and refers moms as appropriate.

4. *Our facility feeds infants on cue and coordinates feeding times with the mother's normal schedule.* Yes___ No___

Breastfed babies do not receive food or drink (other than breast milk) unless indicated. Parents are asked what they want the facility to do if mom will be late and their baby is hungry or the supply of breast milk is gone.

5. *Our facility trains all staff so they are able to support breastfeeding.* Yes___ No___

Facility staff convey a positive attitude that moms can return to work and continue to breastfeed and that the facility can help them. Staff is trained about the benefits and normalcy of breastfeeding; the preparation, storage, and feeding of breast milk; and resources available for staff and parents.

6. *Our facility has a written policy that reflects the facility's commitment to breastfeeding.* Yes___ No___

Staff is familiar with the policy and it is available so that staff can refer to it.

Enclosed is a copy of our facility's Breastfeeding Policy.

Name of Facility Director: _____ Signature: _____

Phone: _____ E-mail: _____

SAMPLE Child Care Center Breastfeeding Policy

The *ABC Child Care Center* is committed to providing a breastfeeding friendly environment for our enrolled children and staff. The *ABC Child Care Center* subscribes to the following policy:

Breastfeeding mothers shall be provided a place to breastfeed or express their milk.

Breastfeeding mothers, including employees, shall be provided a private and sanitary place (other than a bathroom) to breastfeed their babies or express milk. This area has an electric outlet, comfortable chair, and nearby access to running water. Mothers are also welcome to breastfeed in front of others if they wish.

A refrigerator will be made available for storage of expressed breast milk.

Breastfeeding mothers and employees may store their expressed breast milk in the center refrigerator. Mothers should provide their own containers, clearly labeled with name and date.

Sensitivity will be shown to breastfeeding mothers and their babies.

The center is committed to providing ongoing support to breastfeeding mothers, including providing an opportunity to breastfeed their baby in the morning and evening, and holding off giving a bottle, if possible, when mom is due to arrive. Infant formula and solid foods will not be provided unless requested by the mother. Babies will be held closely when feeding.

Staff shall be trained in handling breast milk.

All center staff will be trained in the proper storage and handling of breast milk, as well as ways to support breastfeeding mothers. The center will follow human milk storage guidelines from the American Academy of Pediatrics and Centers for Disease Control and Prevention to avoid waste and prevent food borne illness.

Breastfeeding employees shall be provided flexible breaks to accommodate breastfeeding or milk expression.

Breastfeeding employees shall be provided a flexible schedule for breastfeeding or pumping to provide breast milk for their children. The time allowed would not exceed the normal time allowed to other employees for lunch and breaks. For time above and beyond normal lunch and breaks, sick/annual leave may be used, or the employee can come in earlier or leave later to make up the time.

Breastfeeding promotion information will be displayed.

The center will provide information on breastfeeding, including the names of area resources should questions or problems arise. In addition, positive promotion of breastfeeding will be on display in the center.

Baby Cues and General Infant Feeding Principles



Infant Feeding Guidelines

Feeding time is more than just satisfying a baby's hunger; it is a time to establish warm relationships that will allow babies to grow and develop healthy habits for life. Child care providers and parents are responsible for providing positive feeding experiences and offering the right foods to the baby.

Nutrition and Brain Development

At birth, a baby's brain is about one-fourth the size of an adult brain and *triples in size during the first year*. Brain growth depends on many things including genes and environment. Every baby is born with a unique set of genes that come from its mother and father. This is what makes each of us different. The environment around the baby affects everything from intelligence and behavior to growth.

Activities that promote positive development:

- Talking to babies
- Playing music
- Playing with toys
- Holding and feeding babies

A baby's nutrition has the biggest impact on brain development between mid-gestation and age two. Children who do not receive enough calories and protein in their diet throughout this period may not adequately grow, both physically and mentally.

General infant feeding guidelines:

Hold infants in your arms or sitting up on your lap while feeding until they are ready for a high chair. Do not prop a bottle.

- Allowing an infant to lie down alone with a bottle is dangerous. It may lead to choking, ear infections, or dental problems.

Allow infants to self-regulate their intake.

- Babies will eat when they are hungry and stop when they are full.
- Look for signs of hunger and fullness to determine when to offer food and when to stop feeding.
- Never force infants to finish bottles or containers of food.

No food or drink other than breast milk or formula should be served in a bottle.

- Food added to a bottle, such as infant cereal, does not help infants sleep.
- Babies do not learn how to regulate food intake when solid foods are added to a bottle.
- Babies have a greater chance of choking
- May contribute to tooth decay

At birth, babies are still developing and brain growth depends significantly on the quality of an infant's nutrition.

General infant feeding guidelines, *continued*:

Communicate with parents when and how to start age-appropriate solid foods.

- Offer foods only after parents have introduced the food first with no problems.
- The American Academy of Pediatrics (AAP) now recommends not introducing solid food before about 6 months of age, because it may lead to a decrease in the intake of breastmilk or formula and may cause choking and digestive problems.
- However, the AAP recommends not waiting much longer than 6 months to introduce solid foods, because it may lead to an inability to accept different food textures, reduced motor development (e.g., chewing), and decreased nutrient intake.

Introduce single-ingredient solid foods to infants one at a time, with each food provided for a few days before introducing another new food.

- Gives infants time to get used to each new flavor and texture.
- Helps identify if there are any adverse reactions, such as food allergies or intolerances.

Serve foods that are texture appropriate for the developmental readiness of the infant

- To prevent choking, foods should be pureed, ground, mashed, or finely chopped.
- Do not serve large chunks of food.

When developmentally ready, support self-feeding skills, such as finger-feeding foods served in the appropriate size and texture and being introduced to cups, forks, and spoons

- Self-feeding helps a child explore different sensory experiences, such as different sounds, smells, and tastes.
- A child practicing and learning self-feeding skills is also improving back, arm, and hand strength, arm and hand coordination, and hand-eye coordination.
- Using forks, spoons, and cups are opportunities for a child to learn how to use tools.

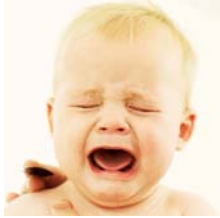
Have infants eat with other children when possible.

- Mealtime is a social experience and infants learn from other children.



INFANT STATES

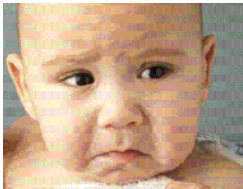
BIRTH to 6 MONTHS



CRYING

- Tears
- Jerky movements
- Color changes
- Muscle tension
- Rapid breathing
- Generally doesn't respond quickly

Most Intense



IRRITABLE

- Lots of movement
- Irregular breathing
- Eyes open, not focused
- Sometimes fussy
- Sensitive to body and surroundings
- Common before feeding



QUIET ALERT

- Little body movement
- Eyes wide open
- Steady, regular breathing
- Very responsive
- Wants to play and interact
- Requires energy and can make babies tired



DROWSY

- Variable movement
- Irregular breathing
- Opens and closes eyes
- Tired eyes
- Delayed reaction time



LIGHT SLEEP (Active Sleep)

- Some movement
- Irregular breathing
- Facial movement
- Rapid eye movement (REM)
- Easily awakened and startled



DEEP SLEEP (Quiet Sleep)

- No body movement
- Regular breathing
- Bursts of sucking
- Not easily awakened

Least Intense

Infant **CUES**



ENGAGEMENT

"I want to be near you"

ENGAGEMENT CUES

- Eyes open
- Looks intently at your face
- Follows your voice and face
- Smiles
- Relaxes face
- Smooth body movements
- Feeding sounds
- rooting

PARENT/CAREGIVER RESPONSE

Time to play!
(or feed if baby shows hunger cues)

Remember, playing is hard work
for baby and baby tires easily



DISENGAGEMENT

"I want something to be different"

DISENGAGEMENT CUES

- Turns or looks away
- Pushes away or arches back
- Cries
- Coughs
- Extends fingers with a stiff hand
- Yawns or falls asleep
- Grimaces
- Has a glazed look

PARENT/CAREGIVER RESPONSE

Play detective and follow the cues to
figure out what needs to be different

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	<ul style="list-style-type: none"> Only suck and swallow 	Liquids Only <ul style="list-style-type: none"> Breastmilk Iron-fortified infant formula
Around 6 months through 8 months	<ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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

A handout from *Feeding Infants in the Child and Adult Care Food Program*

<https://teamnutrition.usda.gov> • FNS 786F • March 2019

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Infant Feeding Policies

One of the main goals of the Child Care Food Program (CCFP) is to safely serve nutritious meals and snacks that meet program meal pattern requirements and are appetizing to children. To help achieve this goal, there are two main policies regarding infants that child care providers must meet when participating in the CCFP.

POLICY I

Child care providers participating in the Child Care Food Program must offer program meals to all children, including infants, who are enrolled for child care.

By agreeing to participate in the CCFP, you are obligated to offer program meals to ***all children including infants***. Offering program meals to infants must be based on whether the baby is enrolled for care – not whether the baby is enrolled for the CCFP.

As long as the baby is in care during the meal service period, you are obligated to offer the baby a meal that meets CCFP requirements.

To comply with Policy I, **child care providers must:**

- Require parents to complete the “Infant Feeding Form” (see sample on the following page). If you use anything other than the sample provided, you must have prior written approval by the Department of Health. The “Infant Feeding Form” must be kept on file at the child care facility. *Please note: Head Start/Early Head Start facilities are not required to provide this form to parents. Head Start facilities are required to participate in the CCFP and have more comprehensive requirements and forms.*
- Select at a minimum, one approved iron-fortified **milk-based** formula **and** one approved iron-fortified **soy-based** formula to offer formula fed babies from the Approved Formula List.

IMPORTANT

Refer to the Approved Formula List on our website under ‘Nutrition and Menu Planning’, ‘Feeding Infants’ at: www.flhealth.gov/ccfp

PLEASE NOTE: Head Start/Early Head Start facilities provide infants with the brand of formula they currently use at home.

Also, parents may prefer to supply their own formula.

Child Care Food Program Infant Feeding Form

Child care facility: Please fill in facility name and formulas offered before distributing to parents.	
Child Care Facility Name:	
*Formulas offered at this facility:	
Milk-based:	
Soy-based:	

This child care facility participates in the Child Care Food Program (CCFP) and is required to offer infant formula and food to your baby. The CCFP provides reimbursement for healthy meals provided and served to your baby while in our care. Our child care staff have been trained in infant feeding practices and offer age appropriate foods for your baby.

We welcome breastfed babies and support and encourage moms to continue breastfeeding when returning to work or school. For formula fed infants, we offer the iron-fortified infant formulas listed above to babies in our care.

To qualify for reimbursement, infant meals and snacks must include, at a minimum, the following food components at appropriate age and developmental stages:

- ~ Breastmilk or iron-fortified infant formula (or a combination of both)
- ~ Iron-fortified infant cereal
- ~ A variety of texture-appropriate vegetables and fruits such as sweet potato, banana, and peas
- ~ A variety of texture-appropriate meat and meat alternates such as chicken, yogurt, and cheese
- ~ Bread, crackers, Florida WIC-approved ready-to-eat cold cereals

Please be aware this child care facility:

- ~ Will offer all food components to each infant that is developmentally ready to accept them. Parents do not have to bring in any foods for their children.
- ~ Can feed solid foods to infants in a bottle only when a medical statement is provided.
- ~ May request parents to supply clean, sanitized and labeled bottles on a daily basis.
- ~ Requires the parent to label bottles of breastmilk or formula and containers of food that they provide with baby's name, date, and time of bottle or food preparation.

Parents please complete the following:

Baby's full name: Baby Lulu Date of Birth: 00/00/00

Please check ☒ this box ☒ if your baby is breastfed. Please check if you plan to do one or both:

Provide pumped breastmilk in a bottle ☒ Visit facility to nurse ☒

I understand that this child care facility will supply the above iron-fortified formulas for formula-fed infants up to 12 months of age and infant cereal and baby food for infants 6 months and older, according to the CCFP requirements.

I prefer to supply my own formula (write in name of *formula): _____

This facility has not requested or required me to provide infant formula or food.

Parent Signature: Baby Lulu's Mommy Date: 10-1-18

Printed Name of Parent: Baby Lulu's Mommy

*Please note: Early Head Start facilities provide the brand of formula you currently give your infant as well as all age-appropriate food

POLICY II

Child care providers must ensure that each meal served to infants (birth through 11 months) meets requirements for the appropriate age group as stated in the CCFP Meal Pattern for Infants.

The CCFP Meal Pattern for Infants assures well balanced meals that supply the kinds and amounts of foods that babies require to help meet their daily nutrient and energy needs. Infant meals must contain the food components in the amounts indicated for each age group of the infant meal pattern to qualify for reimbursement.

Babies should be fed when they are hungry, not by a strict schedule. An infant meal (breakfast, lunch or supper, and snack) is reimbursable as long as the required food components and amounts are offered to the baby during the course of the day that the baby is in child care.

Solid foods should be introduced around 6 months of age.

To comply with Policy II, **child care providers must:**

- Purchase and supply all food components of the infant meal pattern with the exception of parent-provided component:
 - ✓ Parent may supply *one* component (breastmilk or formula or solid food)
- Offer the following food components according to the meal types and age groups required by the CCFP Meal Pattern for Infants:
 - ✓ Breastmilk or iron-fortified infant formula, or a combination of both
 - ✓ Iron-fortified infant cereal
 - ✓ Bread and/or crackers and ready-to-eat cereal with 6 grams of sugar/ounce or less
 - ✓ Vegetable and/or fruit (*juice is not creditable*)
 - ✓ Meat, fish, poultry or meat alternates (whole eggs, cooked dry beans or peas, cheese, cottage cheese, yogurt – must not be more than 23 grams of sugar per 6 ounces)
- Offer solid foods:
 - ✓ To infants who are developmentally ready to accept them (see bullets below)
 - ✓ Of an appropriate texture and consistency
 - ✓ After consulting with parents

Signs Baby is Ready for Solids (based on the American Academy of Pediatrics):

- Infant is able to sit in a high chair or infant seat with good head control;
- Infant opens his or her mouth when food comes his or her way. He or she may watch others eat, reach for food, and seem eager to be fed;
- Infant can move food from a spoon into his or her throat; and
- Infant has doubled his or her birth weight and weighs 13 pounds or more.

****IMPORTANT****

Remember you can only be reimbursed for 2 meals and 1 snack *or* 2 snacks and 1 meal per child in the CCFP.

To be reimbursable, a meal and/or snack must contain the required food components and minimum amounts.

Child Care Food Program Meal Pattern for Infants

The Child Care Food Program (CCFP) provides aid to child care institutions and family day care homes for the provision of nutritious foods that contribute to the wellness, healthy growth, and development of young children. Child care providers have a powerful opportunity to demonstrate healthy habits at an early age that can serve children throughout life.

To comply with CCFP regulations, the Infant Meal Pattern lists the amount of food to be offered to children from birth through the 11th month (their 1st birthday). **To support and encourage moms who breastfeed, meals containing breastmilk have different guidelines for reimbursement than meals containing formula.** Food within the meal pattern should be the texture and consistency appropriate for the age of the infant and may be served during a span of time consistent with the infant's eating habits. The infant meal must contain each of the following components in the amounts indicated for the appropriate age group in order to qualify for reimbursement.

Infant Meal Pattern Food Components:		Age Group and Serving Size:	
		Birth – 5 months:	6 – 11 months:
Breakfast and Lunch/Supper	Breastmilk ¹ or formula ²	4-6 fl. oz.	6-8 fl. oz.
	<i>*And one or more of the following:</i>		
	Infant cereal ^{2,3,5} , meat, fish, poultry, whole egg, cooked dry beans/peas		*0-4 Tbsp.
	Cheese		*0-2 oz.
	Cottage cheese		*0-4 oz. (volume)
	Yogurt ⁴		*0-8 oz. (1 cup)
	<i>*And:</i>		
	Vegetable or fruit, or a combination of both ⁷		*0-2 Tbsp.
Snack	Breastmilk ¹ or formula ²	4-6 fl. oz.	2-4 fl. oz.
	<i>*And one or more of the following:</i>		
	Bread ^{3,5}		*0-1/2 slice
	Crackers ^{3,5}		*0-2
	Infant cereal ^{2,3,5} or ready-to-eat cereal ^{3,5,6}		*0-4 Tbsp.
	<i>*And:</i>		
	Vegetable or fruit, or a combination of both ⁷		*0-2 Tbsp.
*NOTE: A SERVING OF THIS COMPONENT(S) IS REQUIRED WHEN THE INFANT IS DEVELOPMENTALLY READY TO ACCEPT IT.			

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, ounce equivalents are used to determine the quantity of creditable grains.
4. Yogurt must contain no more than 23 grams of total sugars per 6 ounces.
5. A serving of grains must be whole grain, whole-grain rich, enriched meal, or enriched flour.
6. Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21 grams of sucrose and other sugars per 100 grams of dry cereal).
7. Fruit and vegetable juices must not be served.

CCFP Meal Pattern for Infants

Guidelines to Follow

Breastmilk and/or Infant Formula:

- Breastmilk or iron-fortified infant formula, or portions of both, must be served to infants birth through 11 months of age.
- Breastmilk is recommended 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. Additional breastmilk must be offered at a later time if the infant will consume more.
- Infant formula must be iron-fortified. Facilities must offer at least two infant formulas; one milk-based and one soy-based (Refer to the *CCFP Approved Formula List*).
- When a parent or guardian chooses to provide breastmilk or iron-fortified infant formula and the infant is consuming solid foods, the institution or facility must supply *all other required meal components* in order for the meal to be reimbursable.
- Meals in which a mother directly breastfeeds her infant at the institution or facility are eligible for reimbursement.

Fruits/vegetables:

- Fruit and vegetable juices must not be served.
- A vegetable, fruit, or combination of both must be served at snack to 6-11 month old developmentally ready infants.

Grain/bread foods:

- Grain/bread items (bread, soft tortilla, crackers, teething biscuit, ready-to-eat breakfast cereals) must be whole grain, enriched, or made from whole grain or enriched meal or flour.
- Only ready-to-eat breakfast cereals containing 6 grams of sugar or less per dry ounce may be served (Refer to the *Florida WIC Approved Cereal List*).

Solid foods:

- The gradual introduction of solid foods may begin at 6 months of age, or before or after 6 months of age if it is developmentally appropriate for the infant and in accordance with USDA/FNS guidance.
- Once an infant is developmentally ready to accept solid foods, the institution or facility is required to offer them to the infant.
- Must be of an appropriate texture and consistency and should only be introduced after consulting with the infant's parent or guardian.
- Parents or guardians should request in writing when an institution or facility should start serving solid foods to their infant.
- Can be either home-prepared baby foods or commercially prepared baby foods.
- Infant cereal must be iron-fortified.
- Do not serve honey or food that contains honey to infants less than one year of age - honey may contain botulinum spores, which can be harmful to infants.

Creditable Infant Foods in the CCFP



Creditable Infant Foods: Ages 0 – 5 months

Serve these:

❖ **Breast milk**

- ✓ Expressed by the baby's mom and labeled appropriately

Why?

- ✓ Meets all of the nutritional needs of an infant and promotes health and development
- ✓ Protects infants from many illnesses and diseases, including diarrhea, respiratory disease, SIDS, allergies, and infections
- ✓ Reduces the risk of childhood obesity
- ✓ Is associated with improved mental development

AND/OR

❖ **Iron-fortified infant formula**

- ✓ Can be either milk-based or soy-based
- ✓ Approved Formula List: see website: www.flhealth.gov/ccfp, click "Nutrition and Menu Planning", "Feeding Infants in the Child Care Food Program", "Approved Formula List"

Why?

- ✓ Is an acceptable alternative to breast milk and is specially formulated to have the right balance of nutrients
- ✓ Includes iron, a very important nutrient during an infant's first year
- ✓ Does not protect infants against illness and disease as well as breast milk

The following foods are not creditable:

- × **Do not serve cow's milk, goat's milk, nondairy beverages (such as soy or rice milk), and other breastmilk and formula substitutes until 1st birthday**

Why?

- ✓ Cow's milk, goat's milk, soy milk, rice milk, and other breastmilk and formula substitutes do not have the right amounts of nutrients infants need and can harm their health
- ✓ A medical statement from the baby's health care provider must document any substitutes to breastmilk or approved iron-fortified infant formulas

- × **Fruit juices or drinks, vegetable juices, or fruit/vegetable blends or cocktails**

Why?

- ✓ The American Academy of Pediatrics (AAP) recommends exclusive consumption of breast milk for at least the first six months of life. In addition, breast milk is the best source of milk for infants for *at least* the first 12 months.
- ✓ Not creditable for any age infant

Although solid foods are not a part of the 0-5 month age group, if a baby is developmentally ready for solids before 6 months of age, the child care provider must offer that infant a developmentally appropriate meal/snack.

Creditable Infant Foods: Ages 6 – 11 months

Serve these when the infant is developmentally ready to accept:

❖ **Iron-fortified infant cereal**

- ✓ Must be dry, plain, single-grain
- ✓ Mix with breast milk or formula to a smooth consistency
- ✓ Rice cereal is traditionally offered as the first solid (but not required to be the first)
- ✓ Oat, barley, and wheat cereals can be added at 1-week intervals. Check with parents first about what is introduced at home.

❖ **Ready-to-Eat Cereal with no more than 6 grams sugar/ounce**

- ✓ Creditable at snack only

❖ **Commercially prepared baby vegetables and fruits**

- ✓ First ingredient should be a vegetable or a fruit
- ✓ Can be either a single vegetable or fruit or multiple vegetables and/or fruit

Why?

- ✓ Baby fruits and vegetables usually do not contain sweeteners or salt

AND/OR

❖ **Fresh, frozen, or canned vegetables or fruits**

- ✓ Canned fruits should be packed in their natural juices or water
- ✓ Canned vegetables should have no added salt
- ✓ Cook, if necessary, without added salt or other seasonings; puree or mash to an appropriate consistency

❖ **Commercial jars of plain meat or poultry**

- ✓ First ingredient should be meat or poultry

❖ **Self-prepared lean protein sources, such as beef, pork, skinless chicken or turkey, or boneless fin fish**

- ✓ Cook meat and poultry without added salt or other seasonings
- ✓ Texture progresses from pureed → ground → finely chopped → small tender pieces

❖ **Meat alternates, such as egg; dried beans and peas; natural cheese; cottage cheese; or yogurt**

- ✓ Eggs should be hard-boiled (or scrambled)
- ✓ Cook dried beans and peas without salt or other seasonings. If using canned, drain and rinse thoroughly to remove salt.
- ✓ Puree or mash cooked, dried beans and peas to an appropriate consistency
- ✓ Natural cheeses should be sliced thin and served in strips to avoid choking
- ✓ Yogurt must contain no more than 23 grams sugar/6 oz or (15 g/4 oz or 3.8 g/oz)

❖ **Age-appropriate bread and crackers**

- ✓ Creditable at snack only
- ✓ Small strips or pieces of dry bread or toast, low salt crackers without seeds or nuts
- ✓ Small pieces of soft tortilla or soft pita bread
- ✓ Teething biscuits
- ✓ Animal crackers

NON-Creditable Infant Foods

The following foods are not creditable:

× **Low-iron infant cereals**

Why?

- Iron helps blood cells carry oxygen from the lungs to the rest of the body. If infants do not get enough iron, it can delay their growth and development.

× **Ready-to-Eat Cereal with more than 6 grams sugar/ounce**

× **Commercial jars of baby food with “dessert” or “pudding” on the label**

Why?

- Foods with added fat, salt, sugars, and other sweeteners are not needed in infant diets and can prevent infants from developing a liking for the natural flavor of foods

× **Honey graham crackers or other baked goods containing honey**

Why?

- Infants less than 1 year should never be fed honey or foods prepared with honey because honey may contain botulism spores that can cause a serious foodborne illness

× **Sweetened grains/baked goods, such as cookies, cakes, muffins, granola bars**

× **Do not serve *self-prepared* spinach, beets, turnips, carrots or collard greens for infants less than 6 months**

Why?

- May potentially contain enough nitrates to cause “blue baby syndrome”, a condition that causes difficulty in breathing and can lead to death

× **Do not serve peanut butter, nuts, and seeds**

Why?

- Peanut butter, nuts, and seeds can pose a choking hazard to infants

Serve Sparingly, if at all:

× **Processed meats, such as meat sticks, hot dogs, sausages, and fried or pre-fried breaded meats, such as fish sticks, chicken nuggets, or corn dogs**





Choking Prevention







Choking is a major cause of death in infants and young children. Babies have poor chewing and swallowing abilities, which puts them at high risk for choking. Do not feed infants foods or pieces of food that are the size and shape of a marble. Foods this size can be swallowed whole and lodge in the child's throat, causing choking.




Food Component	Choking Hazards	Best Practices
Infant Beverages	<ul style="list-style-type: none"> • Propping a bottle • Allowing an infant to lie down with a bottle • Adding food to a bottle • Enlarging holes in bottle nipples 	<ul style="list-style-type: none"> • Always hold infants in your arms or sitting up in your lap while feeding • No food or drink other than breast milk or formula should be served in a bottle • Make sure holes are not too large in bottle nipples • After 8 months of age, serve juice from a cup (not creditable)
Meat/ Meat Alternate	<ul style="list-style-type: none"> • Tough meat or large chunks of meat • Chunks of cheese • Fish with bones • Hot dogs, sausages, or toddler hot dogs • Peanuts or other nuts and seeds • Peanut butter or other nut/seed butters 	<ul style="list-style-type: none"> • Provide infants with mashed hamburger or tender-cooked meat that is pureed or ground to the right consistency for the developmental readiness of the child • Slice cheese into thin strips • Serve only boneless fish • Avoid hot dogs, sausages, nuts, seeds, and nut/seed butters to infants
Fruit/Vegetable	<ul style="list-style-type: none"> • Hard pieces of raw fruit, such as apple, pear, or melon • Raw vegetable pieces or hard pieces of partially cooked vegetables • Whole pieces of canned fruit • Whole beans or peas • Whole grapes, berries, cherries, and cherry or grape tomatoes • Dried fruits and vegetables 	<ul style="list-style-type: none"> • Cook or steam hard fruits and vegetables until soft • Puree or mash all fruits and vegetables to the right consistency for the developmental readiness of the child • Do not serve dried fruits and vegetables to infants
Grain/Bread	<ul style="list-style-type: none"> • Cookies, granola bars, or some adult cereals • Crackers or breads with seeds, nut pieces, or whole grain kernels • Whole kernels of cooked rice or barley • Potato or corn chips, pretzels, or cheese twists 	<ul style="list-style-type: none"> • Serve infant cereals or adult cereals that do not contain nuts/seeds or other choking hazards • Serve only age-appropriate breads and crackers that do not contain seeds, nuts, or whole grain kernels

Activity: Are These Foods Creditable?

Note: Products listed below are for informational purposes only; the Florida Department of Health does not endorse any particular brand of food.

Baby Food	Creditable?	Why or why not?
 <p>Banana Apple Yogurt</p>		
 <p>Bread</p>		
 <p>Chicken Casserole</p>		
 <p>Cottage Cheese</p>		
 <p>Fruit Splashers</p>		
 <p>Meat</p>		

Baby Food	Creditable?	Why or why not?
 <p>Multigrain Cereal</p>		
 <p>Yogurt Melts</p>		
 <p>Peach Puffs</p>		
 <p>Pureed Fruits and Vegetables</p>		
 <p>Peas</p>		
 <p>Vegetable Juice</p>		

Baby Food	Creditable?	Why or why not?
 <p>Cheerios</p>		
 <p>Ravioli</p>		
 <p>Spaghetti</p>		
 <p>Center-Prepared Grilled Cheese Sandwich</p>		
 <p>Center-Prepared Chicken and Rice</p>		

Special Needs Meals in the CCFP

Meal Modifications due to Disability or Preference

Reasonable modifications **must** be made for children with disabilities that restrict their diet. Section 504 of the Rehabilitation Act of 1973 defines a person with a disability as any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such a disability, or is regarded as having such a disability. Major life activities are broadly defined and include, but are not limited to, eating, digestion, and feeding skills.

Most physical and mental impairments will constitute a disability. Examples of a disability may include diabetes, food allergy or intolerance, developmental delay, or autism.

A physical or mental impairment does not need to be life-threatening to constitute a disability. For example, a food allergy does not need to cause anaphylaxis to be considered a disability. A non-life-threatening allergy may be considered a disability and require a meal modification, if it impacts a major bodily function or other major life activity.

A child's impairment also may be considered a disability even if medication or other mitigating measures reduce the impact of the impairment.

CCFP institution/facilities that fail to make appropriate meal modifications for children with disabilities could be found in violation of Federal civil rights laws.

CCFP institution/facilities must make reasonable modifications due to disability regardless of whether the participating facility prepares meals on site or receives catered meals.

When substitutions are made and the meal pattern is *not* met, a medical statement is required and must be signed by a physician, physician's assistant (PA), or nurse practitioner (ARNP). Please note, institutions/facilities may not unduly delay providing the modification while awaiting the medical statement, but should begin providing a reasonable modification to keep the child safe.

Meals with substitutions that meet all meal pattern requirements are reimbursable and no medical statement is needed. A note from the parent/guardian should be on file. CCFP institutions/facilities are not required, but strongly encouraged, to make meal modifications due to parent or child preference.

Modifications Outside of the Meal Pattern

When substitutions are made and the meal pattern is not met, a medical statement is required. In this situation, the medical statement must include the following:

- ☒ Description of the child's physical or mental impairment that restricts diet.
- ☒ An explanation of what must be done to accommodate the disability, e.g., listing food(s) to be omitted and the food(s) to be substituted or any necessary adaptive feeding equipment.
- ☒ Signature of a licensed physician, physician's assistant (PA), or nurse practitioner (ARNP).

A parent/guardian may supply *one or more* components of the reimbursable meal as long as the child care institution/facility provides at least one required meal component.

Institution/facilities *cannot require* parents to bring in the substitute(s).

Special Needs Meals in the CCFP

Meal Modifications due to Disability or Preference

Modifications Within the Meal Pattern

Meals with substitutions that meet all meal pattern requirements are reimbursable and no medical statement is needed. A note from the parent/guardian should be on file. CCFP institution/facilities are not required, but strongly encouraged, to make meal modifications due to parent or child preference.

Requests for modifications can be made due to preference (e.g. religious preference or vegetarianism). Institution/facilities are strongly encouraged to accommodate requests due to preference, but are not required to do so. For example, the child care institution/facility can substitute lactose-free milk in place of “regular” cow’s milk or substitute meat alternates for a child who does not eat meat.

A parent/guardian may supply *only one* component of the reimbursable meal as long as the child care institution/facility provides all other required components. Any parent-provided component must be creditable.

Institution/facilities *cannot require* parents to bring in a food substitute.

Milk substitutions due to preference - soy milk:

Child care institution/facilities *or* parents may provide a soy milk that is nutritionally equivalent to the fluid milk component of the meal pattern. For the meal to be reimbursable, the beverage must be listed on the current *CCFP Approved Milk Substitution List for Children Ages 1 and Older* on the CCFP website under Nutrition and Menu Planning/Special Dietary Needs at: www.flhealth.gov/ccfp/

The following must be maintained on file:

- ☒ A letter from the parent/guardian requesting a nutritionally equivalent soy milk is required if no medical statement is on file. The letter must state whether the parent/guardian or the center will provide the milk substitute.

If parent/guardian *prefers* to provide the approved soy milk, it must be in the original container and labeled with the child’s name. Institution/facilities cannot require parents to bring in the substitute.

All other milk substitutes (e.g., almond milk, rice milk, coconut milk): These milks are not nutritionally equivalent to fluid cow’s milk and require a medical statement to be served as part of a reimbursable meal.

Institution/facilities are encouraged to contact the nutrition section at the state office at 850-245-4323 for assistance with meal modifications due to disability or preference.

**Child Care Food Program
Sample Medical Statement for Meal Modifications**

Child care facility staff must complete the following information.

Child's Name: _____ Date: _____

Name of Child Care Facility: _____

Facility Address: _____ Phone Number: _____

Child Care Facility Director Name: _____

Dear Parent/Guardian and Recognized Medical Authority:

Reasonable modifications *must* be made for children with disabilities that restrict their diet. A person with a disability means any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such a disability, or is regarded as having such a disability. Major life activities are broadly defined and include, but are not limited to, eating, digestion, and feeding skills. A physical or mental impairment does not need to be life threatening to constitute a disability. Examples of a disability may include diabetes, food allergy or intolerance, developmental delay, or autism.

When substitutions are made and the meal pattern is not met, a medical statement is required and must be signed by a physician, physician's assistant (PA), or nurse practitioner (ARNP). Please return this completed form to the child care center. If you have any questions, please contact the facility.

A recognized medical authority must complete the following information.

Describe the physical or mental impairment that restricts the child's diet:

Foods to be Omitted:	Foods to be Substituted:
_____	_____
_____	_____
_____	_____

Describe any textural modification, adaptive equipment, or other modifications required:

_____ Signature of Physician or Recognized Medical Authority (For a disability – a Physician, PA, or ARNP must sign)	_____ Date
_____ Printed Name	_____ Phone Number

A parent or guardian must complete the following information.

☐ Check box if request is regarding a religious or dietary *preference only* (medical authority signature not required)

This facility has not requested or required me to provide special food(s) for my child. I understand that my child care facility *is required* to provide special food(s) for children with disabilities. Requests for modifications due solely to preference are encouraged but not required.

Parent Signature: _____ Date: _____

Printed Name of Parent: _____ Parent Phone Number: _____

Infant Menus

Child care providers must maintain menus for infants, as with older children.

Menus must contain at a minimum:

- ✓ Name of child care provider
- ✓ Date
- ✓ Menu type (breakfast, lunch or supper, and snack)
- ✓ Menu items

The Standard Infant Menu on the following page can be used in lieu of Weekly Menu Planning Worksheets for Infants (if sponsored, this must be approved by your sponsoring organization).

Parents will want to know what their baby has eaten each day along with other daily events. Child care providers are encouraged to communicate regularly with parents on how their baby's day went. A sample daily infant report has also been provided.



****IMPORTANT****

Meals served to infants must be recorded on a meal count form within one hour after feeding the baby (day care homes have until the end of the day).

Remember, infants should be fed on demand, not according to a schedule.

Name of Child Care Facility: _____

Standard Infant Menu

The following iron-fortified infant formulas are offered at this facility:

Milk-based: _____ Soy-based: _____

Note: Breastmilk offered when provided by parent.

Birth to 5 Months																								
Breakfast, Lunch/Supper, and Snack: <u>Breastmilk and/or iron-fortified infant formula</u>																								
6 to 11 Months																								
Breakfast and Lunch/Supper: <u>Breastmilk and/or iron-fortified infant formula</u> * <u>One or more of the following:</u> Infant cereal (dry infant cereal mixed with breastmilk and/or formula) Variety of meats and poultry (cooked plain or from jar) Fish (cooked plain, boneless) Whole egg Cooked dry beans/peas (cooked plain) Cheese regular (plain, sliced thin or thin strips) Cottage cheese Yogurt * <u>A variety of vegetables and/or fruits:</u> <table border="0"><tbody><tr><td>Carrots</td><td>Applesauce</td></tr><tr><td>Green Beans</td><td>Bananas</td></tr><tr><td>Mixed vegetables</td><td>Mixed fruits</td></tr><tr><td>Peas</td><td>Peaches</td></tr><tr><td>Potatoes/sweet potatoes</td><td>Pears</td></tr><tr><td>Squash</td><td></td></tr></tbody></table> Snack: <u>Breastmilk and/or iron-fortified infant formula</u> * <u>One or more of the following:</u> Bread (small pieces of bread or toast) Crackers (small pieces of unsalted plain crackers or teething biscuits) Infant cereal (dry infant cereal mixed with breastmilk and/or formula) Ready-to-eat cereal (e.g. Cheerios, Chex) * <u>A variety of vegetables and/or fruits:</u> <table border="0"><tbody><tr><td>Carrots</td><td>Applesauce</td></tr><tr><td>Green Beans</td><td>Bananas</td></tr><tr><td>Mixed vegetables</td><td>Mixed fruits</td></tr><tr><td>Peas</td><td>Peaches</td></tr><tr><td>Potatoes/sweet potatoes</td><td>Pears</td></tr><tr><td>Squash</td><td></td></tr></tbody></table>	Carrots	Applesauce	Green Beans	Bananas	Mixed vegetables	Mixed fruits	Peas	Peaches	Potatoes/sweet potatoes	Pears	Squash		Carrots	Applesauce	Green Beans	Bananas	Mixed vegetables	Mixed fruits	Peas	Peaches	Potatoes/sweet potatoes	Pears	Squash	
Carrots	Applesauce																							
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Green Beans	Bananas																							
Mixed vegetables	Mixed fruits																							
Peas	Peaches																							
Potatoes/sweet potatoes	Pears																							
Squash																								

*A serving of this component(s) is required when the infant is developmentally ready to accept it.

Note: This menu is based on the NEW *Meal Pattern for Infants*.

Menu Planning Worksheet for Infants
For each day of the week, write down the menus for the meal served.

Name of Child Care Facility: _____ ✓Menu Planning Age Group(s): ___0-5 mos ___6-11 mos Week of _____20___

	Infant meal pattern food components:	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
BREAKFAST	Breastmilk and/or Formula					
	Vegetable and/or Fruit					
	Infant Cereal and/or Meat/Meat Alternate					
LUNCH	Breastmilk and/or Formula					
	Vegetable and/or Fruit					
	Cereal and/or Meat/Meat Alternate					
SNACK	Breastmilk and/or Formula					
	Vegetable and/or Fruit					
	Bread, Crackers, Infant Cereal, and/or Ready-to-eat Cereal					

Refer to Meal Pattern for Infants for serving size and appropriate foods when planning menus. MENUS MUST BE POSTED AND MAINTAINED ON FILE!

I-117-01

Baby's Daily Report

Thank you for trusting us with the privilege of caring for your baby each day. Listed below are your baby's activities today. Please let us know if you should have any questions or concerns. Together we can build healthy habits for your baby that will last a lifetime.

Baby's Name: _____ **Today's Date:** _____

What Baby had to Eat, How Much and When		
Eating Times: _____ AM _____ AM _____ AM _____ AM _____ PM _____ PM _____ PM	Amount of Breastmilk/Formula _____ OZ. _____ OZ. _____ OZ. _____ OZ. _____ OZ. _____ OZ. _____ OZ.	Solid Foods:
Number of Wet Diapers:	Number of Soiled Diapers:	
Baby Slept During the Following Times: _____ AM to _____ AM _____ AM to _____ AM _____ AM to _____ AM _____ AM to _____ PM _____ PM to _____ PM _____ PM to _____ PM		
Other Events in Baby's Day:		



Check Your Infant Meal Pattern Knowledge

Study below each sample menu by meal type and age group. Identify which infant meal is reimbursable. If not reimbursable, explain why. If necessary, refer to the meal pattern for infants on the previous pages.

Meal Type/Age Group	Reimbursable? Yes/No/Maybe	If No or Maybe - why?
Breakfast/Birth – 5 months		
1. 4 oz. formula furnished by parent		
2. 4 oz. breastmilk and 2 tsp. cereal furnished by provider		
Breakfast/6 – 11 months		
3. 4 oz. breastmilk fed to baby by provider		
4. 6 oz. formula furnished by parent, 2 Tbsp. cereal and 1 Tbsp. applesauce furnished by provider		
Lunch/Birth – 5 months		
5. Breastmilk fed to baby by mom who dropped by child care facility to nurse baby		
6. 4 oz. of formula furnished by parent and 1 Tbsp. cereal furnished by provider		
Lunch/6 – 11 months		
7. 4 oz. breastmilk furnished by parent, 2 Tbsp. chicken, 1 Tbsp. green beans furnished by provider		
8. 4 oz. formula furnished by parent, 2 Tbsp. cereal, 2 Tbsp. applesauce furnished by provider		
Snack/Birth – 5 months		
9. 2 oz. apple juice furnished by provider		
10. Teething biscuit furnished by provider		
Snack/8 – 11 months		
11. 4 oz of breastmilk and 3 saltines furnished by parent		
12. 6 oz of formula, 2 Tbsp dry Cheerios, and 2 Tbsp. chopped banana all furnished by provider		

Food Service Inspection Documentation

Child Care Food Program (CCFP) regulations require child care facilities to have a current health/sanitation inspection or satisfactory food service inspection report issued by a local authority at least yearly. Centers must provide a copy of their current food service inspection documentation during a CCFP monitoring review. Food service inspection documentation is valid for one year from date of issuance or until the expiration date on the document, whichever date is earlier. Check with your local licensing authority regarding local ordinances pertaining to infant formula and food preparation. These agencies have the final authority over safe food handling practices.

Foodborne Illness

Babies are more vulnerable to foodborne illness (food poisoning) than adults or older children because their digestive and immune systems are not fully developed. Also, babies produce less acid in their stomachs, which makes it easier for harmful bacteria to attack their delicate systems.

Keep the following *general food safety tips* in mind:

- Wash hands frequently with hot soapy water in a separate hand washing sink.
- Throw away leftover breastmilk or formula after feeding or after 1 hour unrefrigerated.
- Do not give babies honey or foods that contain honey before age one – it could cause botulism, a type of food poisoning. The typical symptoms of food poisoning include nausea, vomiting, and diarrhea, which sound common enough but can lead to dehydration, kidney failure, meningitis, and even death.
- Prevent baby bottle tooth decay:
 - ✓ Do not put a baby to bed with a bottle of *anything*
 - ✓ Start babies drinking from a cup at approximately 6 months and wean from a bottle by 14 months
 - ✓ Offer juice only from a cup, not a bottle
 - ✓ Do not let a baby crawl or walk around with a bottle or sippy cup during the day
- Prevent choking:
 - ✓ Do not leave babies alone when they are eating
 - ✓ Hold or have babies sit upright while eating
 - ✓ Solid foods should only be served when the infant is developmentally ready to accept them and must be of an appropriate texture and consistency
- Prevent allergic reactions in babies:
 - ✓ Consider avoiding egg whites, whole eggs, shellfish, chocolate, and cocoa
 - ✓ Introduce new foods one at a time at one week intervals

Food Safety Guidelines for Breastmilk and Infant Formula

- Wash hands with hot soapy water in a separate hand washing sink
 - ✓ Before, during, and after bottle preparation
 - ✓ Before and after feeding infants
- Wash, rinse, and sterilize bottles, caps, and nipples using one of the following methods:
 - ✓ Use dishwasher with a sanitizer cycle or thermostat set at 160°F or higher
 - ✓ Boil for at least 30 seconds (or longer) in 170°F water
 - ✓ If using chemical sanitizer (in 3 compartment sink), follow manufacturer's directions
- If using powdered or infant formula from concentrate, the water source must be approved by local county health department
 - ✓ Sterilize water by bringing cold water to a rolling boil for 1 to 2 minutes and allow to cool before mixing with formula
- Refrigerate prepared formula immediately
 - ✓ Use within time stated on formula package/label or within 48 hours
 - ✓ Refrigerate or freeze breastmilk promptly
 - ✓ Thaw frozen breastmilk in refrigerator or under cool or warm (not hot) running water
 - ✓ Use within 24 hours after thawing
- Warm bottles of breastmilk and formula in warm water for 5 minutes
 - ✓ If using a slow cooker (like a crock pot): Water temperature should not exceed 120°F; empty, wash, and refill with fresh water daily
 - ✓ Gently stir or swirl breastmilk before feeding the baby
 - ✓ Never use a microwave to heat bottles
- Use bottles only once
 - ✓ Label each bottle with baby's name, contents, date, and time received/prepared
 - ✓ Provide a protective cover over the bottle nipple at all times except during feeding
- Throw out unused breastmilk or formula left in bottle after feeding or after 1 hour unrefrigerated

Food Safety Guidelines for Infant Foods

- Wash hands frequently with hot soapy water in a separate hand washing sink
 - ✓ Before, during, and after food preparation
 - ✓ Before and after feeding infants
 - ✓ After changing diapers, bathroom, coughing, sneezing, and when hands become soiled
- Clean and sanitize eating and kitchen surfaces and counters
 - ✓ After cleaning, use sanitizer or unscented chlorine bleach-water mix (check with licensing authority on concentration)
 - ✓ Wipe with disposable paper towels
 - ✓ Separate cleaning supplies from food
- Wash, rinse, and sterilize dishes and other equipment used for infant meal preparation using one of the following methods:
 - ✓ Use dishwasher with sanitizer cycle or thermostat set at 160° F or higher **or**
 - ✓ Boil for at least 30 seconds (or longer) in 170° F water
 - ✓ If using chemical sanitizer (in 3 compartment sink), follow manufacturer's directions
- Wash and rinse lids and jars of baby food before opening
- If needed, warm baby food on a stove, food warmer, or in a microwave
 - ✓ Remove enough food for one feeding from jar before warming; **do not** heat jars in microwave
 - ✓ If microwave is used to warm food, let dish sit a few minutes, stir food and test temperature before serving
- Serve baby food from a dish, not the jar
 - ✓ Use a clean spoon to get more food from the jar
- Refrigerate and date open jars of baby food
 - ✓ Use within 2 days

If Self-Preparing Baby Foods:

- Rinse (and scrub if necessary) all fresh fruits and vegetables with water before preparation (do not use soap, it will leave a residue)
- Refrigerate meat, poultry, and fish in a leak-proof dish; store on bottom shelf away from bottles and other foods
- Defrost frozen meat, poultry, and fish in the refrigerator or microwave – not on the counter
- Use separate cutting boards for raw meat, vegetables, and fruits. Look for color-coded cutting boards – such as green for vegetables and fruits and red for meat
- Wash hands, then clean and sanitize surfaces and any equipment after contact with raw meat, poultry, or fish
- Use a sanitized meat thermometer to be sure meat, poultry, fish, and eggs are cooked to proper internal temperatures

135°F Fruits, vegetables, grains, legumes

145 °F Roasts (fresh beef, pork, and lamb); include a 3 minute rest time

145 °F Fish

Cook until firm Eggs

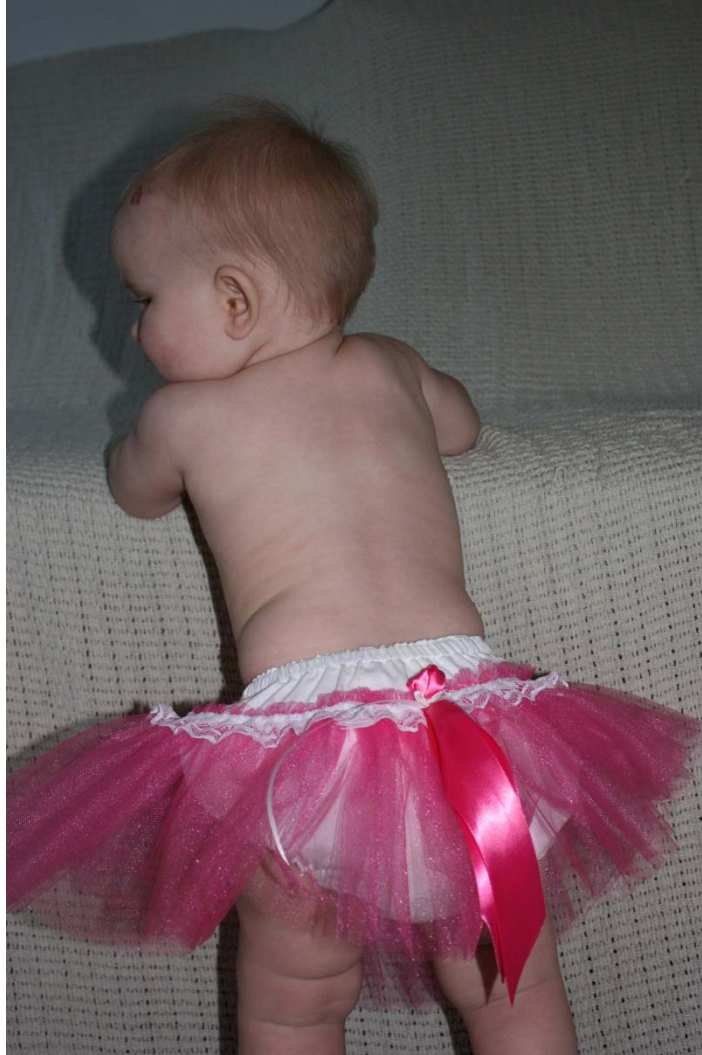
160 °F Egg dishes

160 °F Ground meats (beef, pork, lamb) and fresh ham (raw)

165 °F Poultry, leftovers, casseroles, sauces/soups/gravy, foods cooked in microwave

- Keep hot foods hot and cold foods cold
 - ✓ Temperature danger zone for bacteria growth is 41° F to 135° F
 - ✓ Do not let foods stay in danger zone for more than 2 hours

Appendix



Frequently Asked Questions

1. When an infant receives both breastmilk and formula, is the meal eligible for reimbursement?

Yes, a meal served to an infant 12 months of age and under which contains some amount of breastmilk (and some amount of formula) is reimbursable as long as the total number of ounces offered to the infant meets, or exceeds, the minimum amount for the "infant milk" component as specified in the CCFP infant meal pattern.

2. Are meals served to children 12 months and older reimbursable if they contain breastmilk?

Yes. Mothers who wish to continue providing breastmilk for their children older than 12 months of age can do so without having to submit a medical statement. Breastmilk is a substitute for cow's milk in the meal pattern for children.

3. Are meals served to children 12 months and older reimbursable if they contain infant formula?

Yes, for a period of one month, when a child is weaning from infant formula to whole cow's milk (i.e., transitioning), meals that contain infant formula may be reimbursable. When a child is weaned from formula (or breastmilk) to cow's milk, it is a common practice to provide the infant with both foods at the same meal service, to gradually ease the infant to accepting some of the new food. However, unlike breastmilk, infant formula is not an alternative type of milk, which can be substituted to meet the fluid milk requirement for the CCFP meal pattern for children over the age of one year. Thus, for a child 13 months of age and older, a statement from a recognized medical authority is needed for a meal containing infant formula to be eligible for reimbursement.

4. If a physician prescribes whole cow's milk as a substitute for breastmilk for an infant less than 12 months of age, is the meal reimbursable?

Yes, a meal or snack containing whole fluid cow's milk and served to an infant less than 12 months of age is eligible for reimbursement *if* the substitution is authorized, in writing, by the infant's physician. Similarly, if a physician prescribes a formula such as low-iron formula, which is not currently listed as a formula for CCFP, the meal is eligible for reimbursement.

We have always recognized the unique dietary needs of infants and that decisions concerning diet, during this first year of life, are for the infant's health care provider and parents or guardians to make together. Therefore, to support the request, a medical statement, that explains the food substitution or modification, is needed. The statement must be submitted and kept on file by the child care facility.

- 5. A mother would like her 5-month old infant to receive breastmilk that she provides, and solid foods, which are now listed as “required only when the infant is developmentally ready” in the meal pattern. Because the infant is developmentally ready for solid foods, whose responsibility is it to provide them?**

If an infant is developmentally ready for one or more solid food items and the parent or guardian requests that the infant be served solid foods, the child care provider is responsible for purchasing and serving them to the infant.

The CCFP infant meal pattern takes into consideration that infants develop at different paces. Some food items such as fruit and cereal are listed as options in the infant meal pattern to account for an infant’s “readiness” to accept these foods (i.e., some infants are developmentally ready for solid foods earlier than others). Therefore, if a child is developmentally ready for these solid foods, and the parent or guardian requests that the infant is served solid foods, the components are no longer considered as options and should be served to the infant to provide her with the optimal nutrition she needs to develop and grow.

- 6. Is a meal reimbursable if the parent or guardian provides the majority of the meal components for infants older than three months?**

No. Parents may supply only one component of the reimbursable meal. If the infant has a disability that affects her diet, then the parent may supply one or more components and the provider must supply at least one component. Because we recognize that parents or guardians are often most in touch with their child’s individual dietary preferences, we believe the CCFP infant meal pattern can accommodate these preferences. The child care facility needs to ensure that the parent or guardian is truly choosing to provide the preferred component(s), and that the child care provider has not requested or required the parent or guardian to provide the components in order to complete the meal and reduce cost to the facility.

- 7. If a mother comes to the day care home or center to nurse her infant, is the meal reimbursable?**

Yes.

- 8. Can a center (or home) be reimbursed for a staff member breastfeeding her own infant?**

Yes. A center may claim the meal provided to a breastfed infant when provided by the staff member who nurses her own infant. The infant must be enrolled for care, and the meal would be claimed in the mother’s (center staff member) eligibility category.

- 9. Is yogurt an allowable meat alternate in the infant meal pattern?**

Yes. It can be served to developmentally ready infants at breakfast and lunch/supper. Yogurt must be traditional “cold” yogurt and contain no more than 23 grams of sugar per 6 ounces.

10. Are combination jar baby foods that include a vegetable, fruit or pasta and meat an allowable meat/meat alternate in the infant meal pattern?

Yes.

11. Is enriched farina, regular oatmeal, and corn grits allowable substitutes for cereal in the infant meal pattern?

No. These hot cereals are not reimbursable as a substitute for iron-fortified infant cereal. Only plain dry iron-fortified infant cereals (which are then mixed with formula or breastmilk) are reimbursable in the infant meal pattern. Reimbursable infant cereals include rice, oat, barley, wheat, and mixed-grain.

12. Is food prepared at the child care facility allowable in the infant meal pattern?

Yes. Preparing baby food at the child care facility can be equally nutritious and more economical than commercially prepared baby foods. Care must be taken to prepare and store foods safely. Foods prepared at the child care facility must be of an appropriate texture and consistency. Cooking methods used to prepare foods must conserve nutrients and avoid adding unnecessary ingredients such as sugar and salt.

*The following questions are specific to child care centers
and do not apply to day care home providers:*

13. Can I charge disposable plastic bag inserts for bottles to the CCFP?

Yes. An item that helps serve the food, or in this case, the formula, to an eligible participant is allowable. Other items include baby-sized flatware and serving plates, bottle-warmers, and microwave-safe dishware.

14. Can I charge bottled drinking water to the CCFP?

Yes. Purified bottled drinking water is an allowable expense when used to mix concentrate or powdered formula in preparing infant bottles.

15. Do Head Start centers need to document a parent's decision to decline an offered formula?

Because Head Start has more comprehensive infant formula requirements than CCFP, Head Start centers do not need to document a parent's decision to decline offered formula. However, in order for the infant meal to be reimbursable, it must meet the CCFP meal pattern requirements.

Child Care Food Program Infant Feeding Form

Child care facility: Please fill in facility name and formulas offered before distributing to parents.	
Child Care Facility Name:	
*Formulas offered at this facility:	
Milk-based:	
Soy-based:	

This child care facility participates in the Child Care Food Program (CCFP) and is required to offer infant formula and food to your baby. The CCFP provides reimbursement for healthy meals provided and served to your baby while in our care. Our child care staff have been trained in infant feeding practices and offer age appropriate foods for your baby.

We welcome breastfed babies and support and encourage moms to continue breastfeeding when returning to work or school. For formula fed infants, we offer the iron-fortified infant formulas listed above to babies in our care.

To qualify for reimbursement, infant meals and snacks must include, at a minimum, the following food components at appropriate age and developmental stages:

- ~ Breastmilk or iron-fortified infant formula (or a combination of both)
- ~ Iron-fortified infant cereal
- ~ A variety of texture-appropriate vegetables and fruits such as sweet potato, banana, and peas
- ~ A variety of texture-appropriate meat and meat alternates such as chicken, yogurt, and cheese
- ~ Bread, crackers, Florida WIC-approved ready-to-eat cold cereals

Please be aware this child care facility:

- ~ Will offer all food components to each infant that is developmentally ready to accept them. Parents do not have to bring in any foods for their children.
- ~ Can feed solid foods to infants in a bottle only when a medical statement is provided.
- ~ May request parents to supply clean, sanitized and labeled bottles on a daily basis.
- ~ Requires the parent to label bottles of breastmilk or formula and containers of food that they provide with baby's name, date, and time of bottle or food preparation.

Parents please complete the following:

Baby's full name: _____ Date of Birth: _____

Please check ☒ this box ☐ if your baby is breastfed. Please check if you plan to do one or both:

Provide pumped breastmilk in a bottle ☐ Visit facility to nurse ☐

I understand that this child care facility will supply the above iron-fortified formulas for formula-fed infants up to 12 months of age and infant cereal and baby food for infants 6 months and older, according to the CCFP requirements.

I prefer to supply my own formula (write in name of *formula): _____

This facility has not requested or required me to provide infant formula or food.

Parent Signature: _____ Date: _____

Printed Name of Parent: _____

*Please note: Early Head Start facilities provide the brand of formula you currently give your infant as well as all age-appropriate food

Action Plan for Implementing Best Practices

Directions: Use the results of the ECE Infant Feeding Benchmark Menu to prioritize areas to improve. Select just two or three areas to work on. Once you have selected your priority areas, fill in the action plan below. Record the date that the action plan is developed and the date(s) it is reviewed for ongoing progress.

Date developed: _____ Date(s) reviewed: _____

Opportunity for Improvement	Action Steps	Resources Needed and Persons Involved	Timeline/ Benchmarks	Measurement	Comments

Answer Key

Are These Foods Creditable? Pages

Food	Creditable?	Why?
Banana Apple Yogurt	No	Not a creditable "cold" yogurt
Bread	Yes	Creditable at snack only
Chicken Casserole	Maybe	Only the creditable food items can count towards a reimbursable meal.
Cottage Cheese	Yes	
Fruit Splashes	No	Juice is not creditable.
Meat	Yes	
Multigrain Cereal	Yes	It is iron fortified and dry.
Yogurt Melts	No	Freeze-dried yogurt is not creditable.
Peach Puffs	Maybe	Is not enriched and has added fruit.
Pureed Fruits and Veggies	Yes	Does not contain any other food component.
Peas	Yes	Does not contain any other food component.
Vegetable Juice	No	Vegetable juice is not creditable for infants.
Cheerios	Yes	Meets sugar limit.
Ravioli	Maybe	Ravioli filling <i>may</i> be creditable, pasta can be served as an extra.
Spaghetti	No	Pasta is not creditable for infants, can be served as an extra.
Grilled Cheese Sandwich	Maybe	Bread is only creditable at snack (cheese could be an extra). Cheese is creditable at lunch (bread could be an extra).
Chicken and Rice	Maybe	The chicken and veggies are creditable, rice is an extra.

Check Your Infant Meal Pattern Knowledge Page

1. Yes – Formula-only meals are reimbursable when supplied by either the parent or the child care provider.
2. Yes – Solids can be served earlier than 6 months if the child is developmentally ready.
3. Yes – Note: For breastfed infants who regularly consume less than the recommended amount, a serving of less than the minimum may be offered.
4. Yes
5. Yes
6. No – Not enough formula, needs 4-8 oz.
7. Yes – See breastmilk note under #3.
8. No – Not enough formula, needs 4-8 oz.
9. No – Juice is not creditable.
10. No – All snacks must contain breastmilk, formula, or portions of both.
11. No – Parent can only provide one component of reimbursable meal.
12. Yes

Websites of Interest

1. Centers for Disease Control's (CDC) Learn the Signs, Act Early Initiative.
Website: www.cdc.gov/ncbddd/actearly/
2. Florida Women, Infants and Children (WIC). Website: www.floridawic.org/
3. Zero to Three: National Center for Infants, Toddlers, and Families.
Website: www.zerotothree.org/
4. World Health Organization: Nutrition. Website: www.who.int/topics/nutrition/en/
5. American Academy of Pediatrics. Website: www.aap.org/
6. National Resource Center for Health and Safety in Child Care and Early Education:
<http://nrckids.org/>
7. Caring For Our Children: National Health and Safety Performance Standards Guidelines for Early Care and Education Programs. Website: <http://nrckids.org/CFOC>
8. La Leche League International. Website: www.llli.org/
9. Child Care Licensing Contacts : <https://www.myflfamilies.com/service-programs/child-care/contacts.shtml>
10. Gold Seal Quality Care.
Website: <https://www.myflfamilies.com/service-programs/child-care/goldseal.shtml>
11. Healthy Kids, Healthy Future. Website: www.healthykidshealthyfuture.org
12. The Academy of Nutrition and Dietetics. Kids Eat Right.
Website: www.eatright.org/resources/for-kids



**Florida Department of Health
Bureau of Child Nutrition Programs
4052 Bald Cypress Way, Bin #A-17
Tallahassee, Florida 32399-1727
Phone: 850.245.4323
Fax: 850.414.1622**

Web site: www.floridahealth.gov/ccfp