

Feeding Infants in the Child Care Food Program

Guidance for Child Care Providers



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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

Introductions

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

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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 children learning to feed themselves

- √ **Promote appropriate physical activity**

NAP-SACC Assessments

NAP SACC stands for Nutrition and Physical Activity Self-Assessment for Child Care. Go NAP SACC provides early care and education programs with quality, evidence-informed materials. The Go NAP SACC self-assessments help early care and education programs compare their nutrition and physical activity practices to best practice standards. The assessments employ the most up-to-date research on how early care and education programs can help children ages 0 to 5 develop healthy eating and activity habits. In doing so, programs can help reduce childhood obesity. For more information, visit the Go NAP SACC website at gonapsacc.org.

The following pages have information about how to use the self-assessments and two assessments related to infants.



Go NAP SACC

Using the Self-Assessment Instruments



Taking a self-assessment is step one in Go NAP SACC's five steps to healthy change. The self-assessments cover five focus areas: *Breastfeeding & Infant Feeding*, *Child Nutrition*, *Infant & Child Physical Activity*, *Outdoor Play & Learning*, and *Screen Time*. Each is important for helping children build healthy eating and physical activity habits. We know that five areas can seem like a lot, and you may be wondering, "Where do I start?" The suggestions below will help you use the self-assessments in the way that works best for you.

Where should I start?

- We suggest taking one or two self-assessments at a time—not all five. After you take one self-assessment, you can start planning for healthy changes in that specific area. This will give you a strong focus to help you succeed.
- When deciding where to start, consider the tips below:
 - Try to identify the focus areas that best fit your program's mission and overall goals.
 - Think about which areas you, your teachers, staff, and family members are most interested in improving. The enthusiasm and support of the group will help you reach your nutrition and physical activity goals.
 - *Child Nutrition* and *Infant & Child Physical Activity* are the core areas of the original NAP SACC. If you are new to making these kinds of changes, start with these areas to build a strong foundation.

What should I do when I finish?

Once you complete the self-assessment, you will see your program's strengths and areas for improvement. This information will help you plan which improvements you want to make. Here are some tips on taking action:

- Before you start setting goals for change, take a moment to recognize and celebrate your strengths!
- Each self-assessment question represents a best practice that your program can strive to meet. To start, choose just 3-6 best practices as goals. Once you meet these, choose more.
- It's usually best to start with goals that will be easier to meet and will have the support of teachers, staff, and families. After you have successfully made some changes, you can move on to more challenging goals.
- After you choose your goals, set a date by which you want to reach them. Also, think about the people in your program and in your community who might be able to help you with this work.
- After you reach your goals, take the self-assessment again to see how you have improved. At this point, you can either keep working on the best practices you have not met, or start a self-assessment in a new area.





Go NAP SACC

Self-Assessment Instrument

Date: _____

Your Name: _____

Child Care Program Name: _____



Breastfeeding & Infant Feeding

Go NAP SACC is based on a set of best practices that stem from the latest research and guidelines in the field. After completing this assessment, you will be able to see your program's strengths and areas for improvement, and use this information to plan healthy changes.

For this self-assessment, **breastfeeding and infant feeding** topics include teacher practices, program policies, and other program offerings related to supporting breastfeeding and feeding infants. All of these questions refer to children ages 0–12 months.

Before you begin:

- ✓ Gather staff manuals, parent handbooks, and other documents that state your policies and guidelines about breastfeeding and infant feeding.
- ✓ Recruit the help of key teachers and staff members who are familiar with day-to-day practices.

As you assess:

- ✓ Definitions of key words are marked by asterisks (*).
- ✓ Answer each question as best you can, thinking about your general practices. If none of the answer choices seem quite right, just pick the closest fit. If a question does not apply to your program, move to the next question.

Understanding your results:

- ✓ The answer choices in the right-hand column represent the best practice recommendations in this area. To interpret your results, compare your responses to these best practice recommendations. This will show you your strengths and the areas in which your program can improve.



Breastfeeding Environment

1. A quiet and comfortable space,* set aside for mothers to breastfeed or express breast milk, is available:

- Rarely or never Sometimes Often Always

* This is a space other than a bathroom.

2. The following are available to mothers in the space set aside for breastfeeding or expressing breast milk:

See list and mark response below.

- Privacy
- An electrical outlet
- Comfortable seating
- Sink with running water in the room or nearby

- None 1 feature 2–3 features 4 features

3. Enough refrigerator and/or freezer space is available to allow all breastfeeding mothers to store expressed breast milk:

- Rarely or never Sometimes Often Always

4. Posters, brochures, children’s books, and other materials that promote breastfeeding are displayed in the following areas of our building:

See list and mark response below.

- The entrance or other public spaces
- Infant classrooms
- Toddler and/or preschool classrooms
- The space set aside for breastfeeding

- None 1 area 2 areas 3–4 areas

Breastfeeding Support Practices

5. Teachers and staff promote breastfeeding and support mothers who provide breast milk for their infants by:

See list and mark response below.

- Talking with families about the benefits of breastfeeding
- Telling families about the ways our program supports breastfeeding
- Telling families about community organizations* that provide breastfeeding support
- Giving families educational materials†
- Showing positive attitudes about breastfeeding

- None 1 topic 2–3 topics 4–5 topics

* Community organizations that provide breastfeeding support can include the local public health department, hospital, or local La Leche League group.

† Educational materials can include brochures, tip sheets, and links to trusted websites.



Breastfeeding Education & Professional Development

6. Teachers and staff receive professional development* on promoting and supporting breastfeeding:

- Never Less than 1 time per year 1 time per year 2 times per year or more

* Professional development can include taking in-person or online training for contact hours or continuing education credits. It can also include information presented at staff meetings.

7. Professional development for current staff on promoting and supporting breastfeeding has included the following topics:

See list and mark response below.

- Proper storage and handling of breast milk
- Bottle-feeding a breastfed baby
- Benefits of breastfeeding for mother and baby
- Promoting breastfeeding and supporting breastfeeding mothers
- Community organizations that support breastfeeding
- Our program's policies on promoting and supporting breastfeeding

- None 1–2 topics 3–4 topics 5–6 topics

8. Expectant families and families with infants are offered educational materials on breastfeeding:

- Rarely or never Only when families ask When families ask and at 1 set time during the year When families ask, at 1 set time during the year, and we tell prospective families about our breastfeeding policies and practices

Breastfeeding Policy

9. Our written policy* on promoting and supporting breastfeeding includes the following topics:

See list and mark response below.

- Providing space for mothers to breastfeed or express breast milk
- Providing refrigerator and/or freezer space to store expressed breast milk
- Professional development on breastfeeding
- Educational materials for families on breastfeeding
- Breastfeeding support for employees[†]

- No written policy or policy does not include these topics 1 topic 2–3 topics 4–5 topics

* A written policy can include any written guidelines about your program's operations or expectations for teachers, staff, children, and families. Policies can be included in parent handbooks, staff manuals, and other documents.

† Support can include practices like allowing teachers and staff to breastfeed or express breast milk on their breaks.



Infant Foods

10. When our program purchases cereal or formula for infants, it is iron rich:

- Rarely or never Sometimes Often Always

11. When our program purchases or prepares mashed or pureed meats or vegetables for infants, these foods contain added salt:

- Always Often Sometimes Rarely or never

12. Our program purchases baby food desserts* for infants that contain added sugar:

- Always Often Sometimes Rarely or never

* Desserts are sweet mashed or pureed foods that are made with added sugar.

Infant Feeding Practices

13. With permission from families, the timing of infant feedings in our program is:

- Feedings are only at fixed, scheduled times Somewhat flexible to infants showing they are hungry,* but feedings are mostly at fixed times Mostly flexible to infants showing they are hungry,* but feedings are sometimes at fixed times Fully flexible[†] to infants showing they are hungry*

* Younger infants may show that they are hungry by rooting, sucking on their fingers, licking their lips, making excited movements, or fussing and crying. Older infants may reach for or point at food, open their mouths wide for food, or feed themselves when hungry.

† The child may grow into his or her own schedule, but being fully flexible means the teacher always follows the child's lead in feedings.

14. Teachers end infant feedings based on:*

- Only the amount of breast milk, formula, or food left Mostly the amount of food left, but partly on infants showing they are full[†] Mostly on infants showing they are full,[†] but partly on the amount of food left Only on infants showing they are full[†]

* This question refers to cases in which teachers have permission from families to decide when to end infant feedings.

† Infants show they are full by slowing the pace of eating, turning away, becoming fussy, and spitting out or refusing more food.

15. When feeding infants, teachers use responsive feeding techniques:*

- Rarely or never Sometimes Often Always

* Responsive feeding techniques include making eye contact, talking, responding to infants' reactions during feedings or their signs of hunger and fullness, not propping feeding bottles, and feeding only one infant at a time.



16. During meal times, teachers praise and give hands-on help* to guide older infants as they learn to feed themselves:

- Rarely or never Sometimes Often Always

* Praise and hands-on help includes encouraging finger-feeding, praising children for feeding themselves, and helping children use cups or other utensils.

17. Teachers inform families about what, when, and how much their infants eat each day through:

- Teachers do not inform families of daily infant feeding A written report or a verbal report Some days through both a written and verbal report, but usually one or the other Both a written and verbal report each day

18. The written infant feeding plan that families complete for our program includes the following information:

See list and mark response below.

- Infants' food intolerances, allergies, and preferences
- Instructions for introducing solid foods and new foods to infants while in child care
- Permission for teachers to feed infants when they show they are hungry and end feedings when they show they are full
- Instructions* for feeding infants who are breastfed or fed expressed breast milk

- None 1 topic 2–3 topics 4 topics

* Instructions can include what to feed infants if there is no expressed breast milk available, and scheduling to avoid large feedings before mothers plan to breastfeed.

Infant Feeding Education & Professional Development

19. Teachers and staff receive professional development on infant feeding and nutrition:

- Never Less than 1 time per year 1 time per year 2 times per year or more

20. Professional development for current staff on infant feeding and nutrition has included the following topics:

See list and mark response below.

- Using responsive feeding techniques
- Introducing solid foods and new foods
- Infant development* related to feeding and nutrition
- Communicating with families about infant feeding and nutrition
- Our program's policies on infant feeding and nutrition

- None 1–2 topics 3–4 topics 5 topics

* Developmental milestones related to feeding include infants starting solid foods, feeding themselves finger foods, and using spoons and cups.



21. Families are offered education* on infant feeding and nutrition:

- Rarely or never Only when families ask When families ask and at 1 set time during the year When families ask, at 1 set time during the year, and at other times as infants reach developmental milestones

* Education can be offered through in-person educational sessions, brochures, tip sheets, or your program’s newsletter, website, or bulletin boards.

22. Education for families on infant feeding and nutrition includes the following topics:

See list and mark response below.

- Using responsive feeding techniques
- Not propping feeding bottles
- Introducing solid foods and new foods
- Infant development related to feeding and nutrition
- Our program’s policies on infant feeding and nutrition

- None 1 topic 2–3 topics 4–5 topics

Infant Feeding Policy

23. Our written policy on infant feeding and nutrition includes the following topics:

See list and mark response below.

- Foods provided to infants
- Infant feeding practices
- Information included on written infant feeding plans
- Professional development on infant feeding and nutrition
- Education for families on infant feeding and nutrition

- No written policy or policy does not include these topics 1 topic 2–3 topics 4–5 topics





Go NAP SACC

Self-Assessment Instrument

Date: _____

Your Name: _____

Child Care Program Name: _____



Infant & Child Physical Activity

Go NAP SACC is based on a set of best practices that stem from the latest research and guidelines in the field. After completing this assessment, you will be able to see your program's strengths and areas for improvement, and use this information to plan healthy changes.

For this self-assessment, **physical activity** is any movement of the body that increases heart rate and breathing above what it would be if a child was sitting or resting. These questions relate to opportunities for both children with special needs and typically developing children.

Before you begin:

- ✓ Gather staff manuals, parent handbooks, and other documents that state your policies and guidelines about physical activity.
- ✓ Recruit the help of key teachers and staff members who are familiar with day-to-day practices.

As you assess:

- ✓ Answer choices in parentheses () are for half-day programs. Full-day programs should use the answer choices without parentheses.
- ✓ Definitions of key words are marked by asterisks (*).
- ✓ Answer each question as best you can. If none of the answer choices seem quite right, just pick the closest fit. If a question does not apply to your program, move to the next question.

Understanding your results:

- ✓ The answer choices in the right-hand column represent the best practice recommendations in this area. To interpret your results, compare your responses to these best practice recommendations. This will show you your strengths and the areas in which your program can improve.



Time Provided

1. The amount of time provided to preschool children* for indoor and outdoor physical activity[†] each day is:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Less than 60 minutes
(Half-day: Less than 30 minutes) | <input type="checkbox"/> 60–89 minutes
(Half-day: 30–44 minutes) | <input type="checkbox"/> 90–119 minutes
(Half-day: 45–59 minutes) | <input type="checkbox"/> 120 minutes or more
(Half-day: 60 minutes or more) |
|---|---|--|--|

* For Go NAP SACC, preschool children are children ages 2-5 years.

† Physical activity is any movement of the body that increases heart rate and breathing above what it would be if a child was sitting or resting. Examples include walking, running, crawling, climbing, jumping, and dancing.

2. The amount of time provided to toddlers* for indoor and outdoor physical activity each day is:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Less than 60 minutes
(Half-day: Less than 15 minutes) | <input type="checkbox"/> 60–74 minutes
(Half-day: 15–29 minutes) | <input type="checkbox"/> 75–89 minutes
(Half-day: 30–44 minutes) | <input type="checkbox"/> 90 minutes or more
(Half-day: 45 minutes or more) |
|---|---|---|---|

* For Go NAP SACC, toddlers are children ages 13-24 months.

3. Our program offers tummy time* to non-crawling infants: [†]

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> 1 time per day or less
(Half-day: 3 times per week or less) | <input type="checkbox"/> 2 times per day
(Half-day: 4 times per week) | <input type="checkbox"/> 3 times per day
(Half-day: 1 time per day) | <input type="checkbox"/> 4 times per day or more
(Half-day: 2 times per day or more) |
|---|--|--|---|

* Tummy time is supervised time when an infant is awake and alert, lying on her/his belly. Opportunities for tummy time should last as long as possible to help infants learn to enjoy it and build their strength. For infants who are not used to it or do not enjoy it, each period of tummy time can start at 1–2 minutes, and build up to 5-10 minutes over time.

† For Go NAP SACC, infants are children ages 0–12 months.

4. The amount of adult-led* physical activity our program provides to preschool children each day is:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Less than 30 minutes
(Half-day: Less than 10 minutes) | <input type="checkbox"/> 30–44 minutes
(Half-day: 10–19 minutes) | <input type="checkbox"/> 45–59 minutes
(Half-day: 20–29 minutes) | <input type="checkbox"/> 60 minutes or more
(Half-day: 30 minutes or more) |
|---|---|---|---|

* Adult-led activities and lessons can be led by teachers or outside presenters. Examples include dancing, music and movement, motor development lessons, physically active games, and tumbling. The total amount of adult-led activity time may include multiple short activities added up over the course of the day.

5. Outside of nap and meal times, the longest that preschool children and toddlers are expected to remain seated at any one time is:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> 30 minutes or more | <input type="checkbox"/> 20–29 minutes | <input type="checkbox"/> 15–19 minutes | <input type="checkbox"/> Less than 15 minutes |
|---|--|--|---|

6. Outside of nap and meal times, the longest that infants spend in seats, swings, or ExerSaucers at any one time is:

- | | | | |
|---|--|---------------------------------------|--|
| <input type="checkbox"/> 30 minutes or more | <input type="checkbox"/> 15–29 minutes | <input type="checkbox"/> 1–14 minutes | <input type="checkbox"/> Infants are never placed in seats, swings, or ExerSaucers |
|---|--|---------------------------------------|--|



Indoor Play Environment

7. Our program offers the following in the indoor play space:

See list and mark response below.

- Space for all activities, including jumping, running, and rolling
- Separate play areas for each age group
- Areas that allow play for individuals, pairs, small groups, and large groups
- Full access for children with special needs

None 1 feature 2 features 3–4 features

8. Our program has the following portable play equipment* available and in good condition for children to use indoors:

See list and mark response below.

- Jumping toys: jump ropes, jumping balls
- Push-pull toys: big dump trucks, corn poppers, push and ride cars
- Twirling toys: ribbons, scarves, batons, hula hoops, parachute
- Throwing, catching, and striking toys: balls, pom poms, bean bags, noodles, rackets
- Balance toys: balance beams, plastic “river stones”
- Crawling or tumbling equipment: mats, portable tunnels

None 1–2 types 3–4 types 5–6 types

- * Portable play equipment includes any toys that children can carry, throw, push, pull, etc. to help them build gross motor skills. This does not include equipment fixed into the floor or the walls, but does include fabric tunnels, mats, and other larger items that teachers can easily move and switch out. Portable play equipment can be homemade or store bought.

9. Teachers offer portable play equipment to preschool children and toddlers during indoor free play time:*

Rarely or never Sometimes Often At least a few items are always available to encourage physical activity

- * Indoor free play time includes free choice activities during center time. It can also include activities in a gym, multi-purpose room, or other space that allows children to move freely.

10. Teachers offer developmentally appropriate portable play equipment to infants during tummy time and other indoor activities:

Rarely or never Sometimes Often Always

- * Portable play equipment for infants includes balls, soft blocks, and rattles.

11. Our program’s collection of posters, books, and other learning materials that promote physical activity includes:

Few or no materials Some materials with limited variety A variety of materials A large variety of materials with items, added or rotated seasonally



Teacher Practices

12. To manage challenging behaviors, teachers take away time for physical activity or remove preschool children or toddlers from physically active playtime for longer than 5 minutes:

- Always Often Sometimes Never
-

13. Teachers take the following role during preschool children’s physically active playtime:

- They supervise only They supervise and verbally encourage physical activity They supervise, verbally encourage, and sometimes join in to increase children’s physical activity They supervise, verbally encourage, and often join in to increase children’s physical activity
-

14. During tummy time and other activities, teachers interact with infants to help them build motor skills:*

- Rarely or never Sometimes Often Always

* Motor skills are physical abilities and muscle control that children develop as they grow. Motor skills for infants include lifting and turning the head, rolling over, sitting up, and reaching for and grasping toys.

15. Teachers incorporate physical activity into classroom routines, transitions, and planned activities:*

- Rarely or never Sometimes Often Each time they see an opportunity

* Physical activity during routines, transitions, and planned activities can include playing Simon Says or other movement games while children wait in line or transition between activities, or using movement during circle time or story time.

Education & Professional Development

16. Preschool children and toddlers participate in planned lessons focused on building gross motor skills:*

- Rarely or never 1 time per month 2-3 times per month 1 time per week or more

* Gross motor skills are physical abilities and large muscle control that children develop as they grow. Lessons to build gross motor skills may focus on children practicing skipping, jumping, throwing, catching, kicking, balancing, stretching, or other specific skills.

17. Teachers talk with children informally about the importance of physical activity:

- Rarely or never Sometimes Often Each time they see an opportunity
-

18. Teachers and staff receive professional development* on children’s physical activity:

- Never Less than 1 time per year 1 time per year 2 times per year or more

* For this assessment, professional development on children’s physical activity does not include training on playground safety. Professional development can include taking in-person or online training for contact hours or continuing education credits. It can also include information presented at staff meetings.



19. Professional development for current staff on children’s physical activity has included the following topics:

See list and mark response below.

- Recommended amounts of daily physical activity for young children
- Encouraging children’s physical activity
- Limiting long periods of seated time for children
- Children’s motor skill development
- Communicating with families about encouraging children’s physical activity
- Our program’s policies on physical activity

None 1–2 topics 3–4 topics 5–6 topics

20. Families are offered education* on children’s physical activity:

Never Less than 1 time per year 1 time per year 2 times per year or more

* Education can be offered through in-person educational sessions, brochures, tip sheets, or your program’s newsletter, website, or bulletin boards.

21. Education for families on children’s physical activity includes the following topics:

See list and mark response below.

- Recommended amounts of daily physical activity for young children
- Encouraging children’s physical activity
- Limiting long periods of seated time for children
- Children’s motor skill development
- Our program’s policies on physical activity

None 1 topic 2–3 topics 4–5 topics

Policy

22. Our written policy* on physical activity includes the following topics:

See list and mark response below.

- Amount of time provided each day for indoor and outdoor physical activity
- Limiting long periods of seated time for children
- Shoes and clothes that allow children and teachers to actively participate in physical activity
- Teacher practices that encourage physical activity
- Not taking away physical activity time or removing children from long periods of physically active playtime in order to manage challenging behaviors
- Planned and informal physical activity education
- Professional development on children’s physical activity
- Education for families on children’s physical activity

No written policy or policy does not include these topics 1–3 topics 4–6 topics 7–8 topics

* A written policy can include any written guidelines about your program’s operations or expectations for teachers, staff, children, and families. Policies can be included in parent handbooks, staff manuals, and other documents.



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 care givers. 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.)*
- **Be sure to 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; temp. 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.



Excerpts from:

**Ten Steps to Breastfeeding friendly Child Care Centers
RESOURCE KIT**

Step 1: Designate an individual or group who is responsible for development and implementation of the 10 steps.

Planning is needed to develop and implement the components of a Breastfeeding Friendly Child Care Center program. The following activities offer a manageable process:

Gain support from management and staff

The key to the success of the program is support from all levels of management as well as commitment from staff members. Beginning with key child care managers, provide both verbal and written information on the goals and benefits of this program to the agency and community. The United States Breastfeeding Committee's "Breastfeeding and Child Care" document, www.usbreastfeeding.org/Portals/0/Publications/Child-Care-2002-USBC.pdf provides information to initiate a conversation with key child care center personnel. Use staff meeting time to present the program's concepts and solicit both ideas and volunteers for a planning workgroup.

Assemble a team

The number in the team or workgroup will depend on the size of the child care center and the scope of the program activities. This group could be a subcommittee of an existing wellness team or health promotion committee. It is best if the team includes both management and direct care staff members. Team members can be charged with the responsibility for plans to develop, implement and sustain steps 2-10 within the child care center.

Designate a coordinator

Although the team or workgroup can share the responsibilities of the program, having one enthusiastic, goal-oriented person coordinating efforts increases the likelihood that the program will be well managed and implemented. It is important that a portion of the coordinator's time be dedicated to the program and that those responsibilities are reflected in the person's job description and work plan.

Team meetings

People working on the 10 steps will need to regularly meet and link to community resources (e.g., public health departments, lactation consultants, breastfeeding coalitions and breastfeeding support groups).

Step 1 *continued*:

Planning is key for a quality program

Once the energetic and enthusiastic team is identified, take time to plan the program components before implementation. Start with the Self-Appraisal Questionnaire (www.dhs.wisconsin.gov/publications/P0/P00232.pdf) to identify components that need work. Plan for sustainability to avoid the team / workgroup being overworked and ensure a long-term commitment for the child care center to increase the likelihood for the program's success. Make sure the plans are geared to meet the needs of the families served and the child care center's employees.

Action Plan

Child care centers can develop an action plan to document program components identified from the Self-Appraisal Tool. An action plan provides written guidance toward implementing specific measures in becoming a breastfeeding friendly child care center.

Step 2: Establish a supportive breastfeeding policy and require all staff be aware of and follow the policy.

A breastfeeding policy is designed to assist child care providers in supporting breastfeeding mothers and infants and in protecting the health of breastfed infants. A breastfeeding friendly child care center policy will address a certain standard of care:

- Mothers will be welcome to breastfeed in the center;
- Families will receive accurate information about breastfeeding, and;
- Child care center staff are trained to provide breastfeeding information and support to help mothers continue to breastfeed when they return to work or school.

Step 3: Establish a supportive worksite policy for staff members who are breastfeeding.

A supportive work environment can have a positive influence on breastfeeding mothers as they return to work. It can be an informal support system for breastfeeding mothers. Women need access to supportive individuals and safe environments to breastfeed comfortably in common places where mothers and children go — in work and child care settings. Supporting breastfeeding employees by reducing worksite barriers will relieve stress. Many women choose not to breastfeed or to discontinue breastfeeding because of workplace constraints. Women who do not breastfeed after returning to work miss more work time caring for sick children and their family health care costs are greater. Women whose breastfeeding is supported at work are happier, more productive and less likely to resign.

Step 4: Train all staff so that they are able to carry out breastfeeding promotion and support activities.

All staff are oriented to the breastfeeding policy and appropriately trained within six months of hire.

- Employees identify and promote the location of the room where mothers can breastfeed or express their milk.
- Staff demonstrates safe storage and handling of human milk. Breastmilk is properly labeled. Gloves are not required when handling human milk. Go to www.bfmed.org/Media/Files/Protocols/Protocol%208%20-%20English%20revised%202010.pdf for detailed information.
- Breastfeeding is promoted and encouraged whenever the mother is at the child care center.
- Infant care plans are designed to avoid large feedings prior to mothers scheduled arrival.
- All employees are encouraged to attend a class or continuing education session on breastfeeding once a year to keep current on supportive techniques.

Step 4 *continued*:

Hints to Bottle-Feeding the Breastfed Baby

- Breast milk is digested quickly and easily. Thus breastfed babies usually eat more frequently than formula fed babies. Timing of feedings may range between 1-1/2 to 3 hours. Feed breastfed babies when their cues indicate hunger, not on a time schedule. Early hunger cues include mouth movements, rooting, sucking on hands, and restlessness. Note crying is a late hunger cue.
- Feed the baby in a way that mimics breastfeeding. Hold the baby in an upright position, and never put a baby to bed with a bottle. Switch holding the baby from your right arm to your left arm midway through a feeding. This provides equal eye stimulation and facial muscle development, helps pace feedings, and keeps the baby from developing a preference for one side.
- Let the baby control the start of the feeding. Stroke the baby's lips with the nipple to illicit a rooting response and a wide-open mouth. Allow the infant to gape widely for the bottle nipple (rather than pushing it in). Allow the baby to "accept" or draw in the nipple.
- Feed slowly. Liquid flows out faster out of bottling equipment. Sucking on a bottle nipple may need to be paced. Pause frequently during feedings to burp, switch sides, or talk to the baby, and avoid holding the bottle in a vertical position. Rapid feedings can lead to overfeeding, which puts the mother's milk supply at risk and can cause discomfort in the baby. Infants need time to recognize that they are full.
- Stop feeding when the baby is ready. Do not force a baby to finish "just the last bit" of a bottle. If the baby is drowsing off and releasing the bottle nipple before the bottle is empty, the baby is done. Don't reawaken the baby to take more. If bottles are often left unfinished, ask the mother to send milk in smaller amounts.
- Breastfed babies sometimes eat smaller amounts at each feeding than babies who are formula fed. The amount of milk consumed may or may not increase with the age of the baby. A breastfed baby often consumes higher quantities when at the breast at other times within the 24 hours.

Verbalize and Initiate support

Staff that have responsibility for care of infants and children provide breastfeeding information and support to help mothers continue breastfeeding when working or going to school.

- Recognize that mothers may have strong feelings about continuing to breastfeed when they are separated from their babies. Providing breastfeeding support may increase their confidence in you as their child care provider.
- Put mothers in touch with other mothers who have successfully combined breastfeeding and working or going to school.
- Encourage mothers to breastfeed onsite when baby is dropped off or picked up, as well as during the day if mother can leave work site.
- Share written and web based resources about successfully combining breastfeeding and returning to work or school with the mother.

Infant Care Plans

Staff work with family members to develop babies' individual breastfeeding support plans and regularly update their plans.

- Ensure that the mother clarifies what she wants you to do if her baby is hungry and she is late, or her supply of expressed breast milk is gone.
- Encourage nursing mothers to come and breastfeed and/or express milk comfortably and at their convenience.

Provide Information on Introduction of Baby Foods

Staff promote exclusive breastfeeding until babies are about six months old with continued breastfeeding to one year and beyond.

- Educate the mother that the only food her baby needs for the first six months of life is breast milk.
- Infant formula and solid foods will not be provided at the center unless prescribed by the infant's medical provider.

Step 5: Create a culturally appropriate breastfeeding friendly environment.

Child care centers can create a culturally appropriate breastfeeding friendly environment by:

- Mentioning breastfeeding first in all written and verbal communication when educating families regarding infant feeding.
- Limiting the visibility of infant formula and related materials.
- Storing supplies of baby bottles and infant formula out of view of families.
- Excluding the use of materials with pictures of baby bottles or those supplied by infant formula manufacturers.
- Displaying posters and pictures of racially and ethnically diverse breastfeeding families.
- Using culturally diverse breastfeeding educational materials (see Steps 7 and 10).
- Monitoring child care center staff interactions with families regarding infant feeding decisions and breastfeeding support. Provide additional staff training as needed.

Step 6: Inform expectant and new families and visitors about your center's breastfeeding friendly policies.

One of the most-often-cited barriers to breastfeeding reported by mothers is embarrassment and perceived lack of a supportive environment. A clear message that the child care setting sees breastfeeding as the normal and accepted way to feed babies and that efforts are made to provide a comfortable and welcoming environment for breastfeeding is an important message for all families, children, staff and visitors who use the facility.

- 1) Include information on the Center's supportive breastfeeding policies in informational handouts for prospective families.
- 2) Point out supports for breastfeeding, such as a comfortable chair for nursing, refrigerator space for storing milk and a listing of local breastfeeding resources, when giving tours of the facility.
- 3) Have available information on local (city, county and state) laws protecting the rights of mothers to breastfeed in public. Inform staff about how to deal with questions or concerns raised by visitors or others who may object to seeing a mother breastfeed. (See Step 8)
- 4) Consider posting "Breastfeeding is welcome here" messages or posters. The international breastfeeding icon can be downloaded from the website at www.mothering.com/sections/action_alerts/iconcontest/icon-winner.html.

Step 7: Stimulate participatory learning experiences with the children, related to breastfeeding.

Exposing children to breastfeeding women is an important way to teach about natural infant feeding. Provide appropriate learning activities for children to learn about breastfeeding, including how mammals provide species-specific milk for their young.

Step 8: Provide a comfortable place for mothers to breastfeed or pump their milk in privacy, if desired.

Educate families and staff that a mother may breastfeed her child wherever they have a legal right to be. Providing a welcoming breastfeeding friendly atmosphere in a child care center encourages mothers to continue breastfeeding after returning to work or school. Mothers may prefer a quiet, private, clean space with a comfortable chair to breastfeed. At times, they may wish to breastfeed in the presence of others. A private space for safe expression of breast milk is also advisable. A breast pumping area provides mothers the opportunity to pump at the center. Labeled expressed mother's milk can be left at the center for feedings when mother is not available to breastfeed. Employees can also use this pumping area. A toilet stall in a restroom is not suitable as a lactation space.

Step 9: Establish and maintain connections with local breastfeeding coalition or community breastfeeding resources.

Explore how your agency can support breastfeeding promotional campaigns within your community. Join breastfeeding advocacy groups, coalitions, councils or networks. Share with other businesses your employee and client policies to extend breastfeeding duration of working mothers. Support legislation, fund raising projects and health fairs to further breastfeeding education of the general public.

Step 10: Maintain an updated resource file of community breastfeeding services and resources kept in an accessible area for families.

A breastfeeding information resource file can be a great asset to a lactating mother. Stock this file with contact names and numbers of local breastfeeding professionals and breastfeeding peer support groups, pamphlets and a phone. A computer with Internet access and posted website resources is also an option. Child care center employees can direct families to this information and also have personal access.

Selected resources:

Children's books that can be used as part of learning experiences that normalize breastfeeding. Books are available at libraries, bookstores or order from the web:

Mama's Milk by Michael Elsohn Ross. Illustrations by Ashley Wolff. Tricycle Press, 2007. Beautiful illustrations of 17 different mammals nursing as well as human mothers and babies from three different ethnic groups accompany a simple, rhyming text. The final pages give some facts about nursing. Includes cosleeping, nursing in the park, carrying baby in a sling. (ages 2 - 5)

Mama, Daddy, Baby and Me by Lisa Gewing. Illustrated by Donna Larimer. Spirit Press, 1989. The very simple, rhymed text and appealing illustrations show a family welcoming a new baby, told from the toddler sibling's point of view. One picture of the mother and baby nursing. (ages 2 - 4)

Websites:

La Leche League International: www.lalecheleague.org

The Business Case for Breastfeeding. Steps for Creating a Breastfeeding Friendly Worksite: Bottom Line Benefits [Kit], U.S. Department of Health and Human Services, <http://ask.hrsa.gov> or call 1.888.ASK.HRSA

Excerpted from Ten Steps to Breastfeeding Friendly Child Care Centers Resource Kit, Wisconsin Department of Health Services, Wisconsin Nutrition, Physical Activity and Obesity Prevention Program. Website: www.dhs.wisconsin.gov/health/physicalactivity/

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
4052 Bald Cypress Way, Bin A-17
Tallahassee, FL 32399
krista.schoen@flhealth.gov
Phone: 850-245-4323 FAX: 850-414-1622



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. A baby's birth weight and brain size depend on the quality of the birth mother's nutrition during pregnancy.

However, at birth, babies are still developing and brain growth depends significantly on the quality of an infant's nutrition. Children who do not receive enough calories and protein in their diet throughout this period do not adequately grow, either physically or mentally.

Here are some 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

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.



Figure 1: Sequence of Development and Feeding Skills in Healthy, Full-Term Infants

Infant's Approximate Age	Mouth Patterns	Hand and Body Skills	Feeding Skills or Abilities	Hunger and Satiety (Fullness) Cues
Birth through 5 months	<ul style="list-style-type: none"> • Suck/swallow reflex • Tongue thrust reflex • Rooting reflex • Gag reflex 	<ul style="list-style-type: none"> • Poor control of head, neck, trunk • Needs head support • Brings hands to mouth around 3 months 	<ul style="list-style-type: none"> • Swallows liquids but pushes most solid objects from the mouth • Coordinates suck-swallow-breathe while breast or bottle feeding • Moves tongue forward and back to suck 	<p>Hunger cues:</p> <ul style="list-style-type: none"> • Wakes and tosses • Sucks on fist • Cries or fusses • Opens mouth while feeding to indicate wanting more <p>Satiety cues:</p> <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"> • Up-and-down munching movement • Transfers food from front to back of tongue to swallow • Draws in upper or lower lip as spoon is removed from mouth • Tongue thrust and rooting reflexes begin to disappear • Gag reflex diminishes • Opens mouth when sees spoon approaching 	<ul style="list-style-type: none"> • Sits with support • Good head control • Uses whole hand to grasp objects (palmer grasp) • Recognizes spoon and holds mouth open as spoon approaches 	<ul style="list-style-type: none"> • Takes in a spoonful of pureed or strained food and swallows without choking • Drinks small amounts from cup when held by another person, with spilling 	<p>Hunger cues:</p> <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 tries to swipe food towards mouth <p>Satiety cues:</p> <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 pay attention to surroundings more
5 months through 9 months	<ul style="list-style-type: none"> • Begins to control the position of food in the mouth • Up-and-down munching movement • Positions food between jaws for chewing 	<ul style="list-style-type: none"> • Begins to sit alone unsupported • Follows food with eyes • Transfers food from one hand to the other • Tries to grasp foods such as toast, crackers, and teething biscuits with all fingers and pull them into the palm. 	<ul style="list-style-type: none"> • Begins to eat mashed foods • Eats from a spoon easily • Drinks from a cup with some spilling • Begins to feed self with hands 	<p>Hunger cues:</p> <ul style="list-style-type: none"> • Reaches for spoon or food • Points to food <p>Satiety cues:</p> <ul style="list-style-type: none"> • Eating slows down • Clenches mouth shut or pushes food away

Infant's Approximate Age	Mouth Patterns	Hand and Body Skills	Feeding Skills or Abilities	Hunger and Satiety (Fullness) Cues
<p>8 months through 11 months</p>	<ul style="list-style-type: none"> Moves food from side to side in mouth Begins to use jaw and tongue to mash food Begins to curve lips around rim of cup Begins to chew in rotary pattern (diagonal movement of the jaw as food is moved to the side or center of the mouth) 	<ul style="list-style-type: none"> Sits alone easily Transfers objects from hand to mouth Begins to use thumb and index finger to pick up objects (pincer grasp) Feeds self finger foods Plays with spoon at mealtimes, but does not spoon- feed yet 	<ul style="list-style-type: none"> Begins to eat ground or finely chopped food and small pieces of soft food Begins to experiment with spoon but prefers to feed self with hands Drinks from a cup with less spilling 	<p>Hunger cues:</p> <ul style="list-style-type: none"> Reaches for food Points to food Gets excited when food is presented <p>Satiety cues:</p> <ul style="list-style-type: none"> Eating slows down Pushes food away
<p>10 months through 12 months</p>	<ul style="list-style-type: none"> Rotary chewing (diagonal movement of the jaw as food is moved to the side or center of the mouth) 	<ul style="list-style-type: none"> Feeds self easily with fingers Begins to put spoon in mouth Dips spoon in food rather than scooping Demands to spoon-feed self Begins to hold cup with two hands Drinks from a straw Good eye-hand-mouth coordination 	<ul style="list-style-type: none"> Begins to eat chopped food and small pieces of soft, cooked table food Begins spoon-feeding self with help Bites through a variety of textures 	<p>Hunger cues:</p> <ul style="list-style-type: none"> Expresses desire for specific food with words or sounds <p>Satiety cues:</p> <ul style="list-style-type: none"> Shakes head to say “no more

***Developmental stages may vary with individual infants. Developed with the use of references 1, 5, 7, 8 and 9.**

Feeding the Baby For the First Year

Babies grow quickly during the first year of life and make many changes in the types of foods and textures of foods they are able to

eat. As babies grow and develop, watch for the following signs which will tell you when they are ready for a new food.

BABIES AGE:

WHEN BABIES CAN:

SERVE:

Birth through 3 Months



- Only suck and swallow

LIQUIDS ONLY

- Breastmilk
- Infant formula with iron

4 months through 7 months



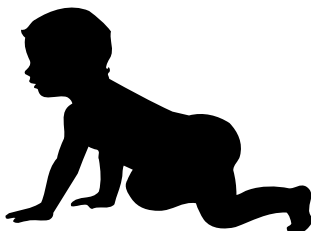
- Draw in upper or lower lip as spoon is removed from mouth
- Move tongue up and down
- Sit up with support
- Swallow semisolid foods without choking
- Open the mouth when they see food
- Drink from a cup with help, with spilling

ADD SEMISOLID FOODS

- Infant cereal with iron
- Strained vegetables*
- Strained fruit*

**may be started later in the age range*

8 months through 11 months



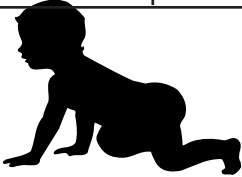


- Move tongue from side to side
- Begin spoon feeding themselves with help
- Begin to chew and have some teeth
- Begin to hold food and use their fingers to feed themselves
- Drink from a cup with help, with less spilling

ADD MODIFIED TABLE FOODS

- Mashed or diced soft fruit
- Mashed or soft cooked vegetables
- Mashed egg yolk
- Strained meat/poultry
- Mashed cooked beans or peas
- Cottage cheese, yogurt, or cheese strips
- Pieces of soft bread
- Crackers
- Breastmilk, iron-fortified formula, or fruit juice in a cup

How the Infant Meal Pattern Corresponds with Food Textures and Feeding Styles

Age of Baby by Month	Birth	1	2	3	4	5	6	7	8	9	10	11	12
Age grouping in Infant Meal Pattern	 Birth through 3 months				 4 months through 7 months				 8 months through 11 months				
Sequence of Introducing Foods in Infant Meal Pattern	Breastmilk or Formula				Infant Cereal Vegetables and/or Fruit				Meat or Meat Alternates Crackers and/or Bread Fruit Juice (only in a cup)				
Texture of Solid Food					Strained/Pureed (thin consistency for cereal)								
					Mashed								
									Ground/Finely Chopped				
									Chopped				
Feeding Style	Breastfeeding or Bottle Feeding												
					Spoon Feeding								
									Cup Feeding				
									Self Feeding/Finger Foods				

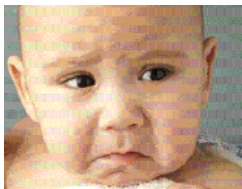
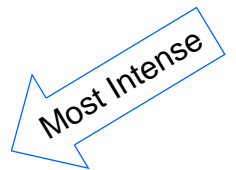
INFANT STATES

BIRTH to 6 MONTHS



CRYING

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



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



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

Creditable Infant Foods in the CCFP



Required Infant Food Components by Meal Type and Age Group:

Birth to 3 Months		
Breakfast	Lunch and Supper	Snack
Breastmilk and/or formula	Breastmilk and/or formula	Breastmilk and/or formula

4 to 7 Months		
Breakfast	Lunch and Supper	Snack
Breastmilk and/or formula	Breastmilk and/or formula	Breastmilk and/or formula
<p><u>And if developmentally ready to accept:</u></p> <ul style="list-style-type: none"> • Iron-fortified infant cereal 	<p><u>And if developmentally ready to accept:</u></p> <ul style="list-style-type: none"> • Iron-fortified infant cereal • Vegetable and/or fruit 	

8 to 11 Months		
Breakfast	Lunch and Supper	Snack
Breastmilk and/or formula <u>and</u> Iron-fortified infant cereal <u>and</u> Vegetable and/or fruit	Breastmilk and/or formula <u>and</u> Vegetable and/or fruit <u>and</u> A choice of one or more of the following: <ul style="list-style-type: none"> • Iron-fortified infant cereal • Meat, fish, or poultry • Meat alternate (egg yolk, cooked dry beans or peas, cheese, cottage cheese, cheese food or cheese spread) 	Breastmilk and/or formula <u>or</u> *Fruit Juice <u>And if developmentally ready to accept:</u> <ul style="list-style-type: none"> • Bread or crackers

**** IMPORTANT ****

Fruit juices cannot be used to meet the vegetable or fruit component for infants.

Creditable Infant Foods: Birth to 3 Months

Birth to 3 Months		
Breakfast	Lunch and Supper	Snack
Breastmilk and/or formula	Breastmilk and/or formula	Breastmilk and/or formula

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
- ✓ See Appendix for 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.

Creditable Infant Foods: 4 - 7 Months

4 to 7 Months		
<p>Breakfast</p> <p>Breastmilk and/or formula</p> <p><u>And if developmentally ready to accept:</u></p> <ul style="list-style-type: none"> • Iron-fortified infant cereal 	<p>Lunch and Supper</p> <p>Breastmilk and/or formula</p> <p><u>And if developmentally ready to accept:</u></p> <ul style="list-style-type: none"> • Iron-fortified infant cereal • Vegetable and/or fruit 	<p>Snack</p> <p>Breastmilk and/or formula</p>

Continue to serve these: (see page 41 for more details)

Breast milk

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

AND/OR

Iron-fortified infant formula

- ✓ Can be either milk-based or soy-based
- ✓ See Appendix for Approved Formula List

Introduce Infant Cereals

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 usually the best choice for a first cereal.
- ✓ Oat, barley, and wheat cereals can be added at 1-week intervals. Check with parents first about what is introduced at home.

Why?

- ✓ Iron-fortified infant cereal is a good first solid food because it is easy to digest and contains the iron that infants need for proper growth and development.

The following foods are not creditable:

Do not serve 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.

Commercially prepared jarred cereals or cereal mixtures with fruit

Hot and cold cereals designed for older children and adults

Why?

- ✓ These foods may contain a food the infant has not tried
- ✓ The vitamins and minerals are in forms or amounts that are not ideal for infants
- ✓ They may contain small, hard pieces of food that could cause choking

Introduce Infant Vegetables and Fruits

Serve these when the infant is developmentally ready to accept:

Commercially prepared baby vegetables and fruits

- ✓ First ingredient must 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
- ✓ They contain fewer ingredients that could cause an allergic reaction
- ✓ They provide more nutrients and fiber than vegetable or fruit juices

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

The following foods are not creditable:

Commercial jars of baby food with “cereal”, “dessert”, “pudding” or “dinner” on the label

Why?

- ✓ Commercially prepared baby foods with “cereal”, “dessert”, “pudding” or “dinner” on the label do not specify the amount of vegetable or fruit in the product and may contain a new food that could cause an allergic reaction
- ✓ 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

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 methemoglobinemia (“blue baby syndrome”), a condition that causes difficulty in breathing and can lead to death

Creditable Infant Foods: 8 - 11 Months

8 to 11 Months		
<p style="text-align: center;">Breakfast</p> <p>Breastmilk and/or formula and Iron-fortified infant cereal and Vegetable and/or fruit</p>	<p style="text-align: center;">Lunch and Supper</p> <p>Breastmilk and/or formula and Vegetable and/or fruit and A choice of one or more of the following:</p> <ul style="list-style-type: none"> • Iron-fortified infant cereal • Meat, fish, or poultry • Meat alternate (egg yolk, cooked dry beans or peas, cheese, cottage cheese, cheese food or cheese spread) 	<p style="text-align: center;">Snack</p> <p>Breastmilk and/or formula or *Fruit Juice</p> <p>And if developmentally ready to accept:</p> <ul style="list-style-type: none"> • Bread or crackers

Continue to serve these: (see pages 41-43 for more details)

Breast milk

- ✓ Expressed by the baby's mom and labeled appropriately
- ✓ Can be fed from a bottle or a cup

AND/OR

Iron-fortified infant formula

- ✓ Can be either milk-based or soy-based
- ✓ See Appendix for Approved Formula List
- ✓ Can be fed from a bottle or a cup

Iron-fortified infant cereal

- ✓ Must be dry, plain; can be single-grain or multi-grain
- ✓ Can be mixed to a thicker consistency

Commercially prepared baby vegetables and fruits

- ✓ First ingredient must be a vegetable or a fruit
- ✓ Can be either a single vegetable or fruit or multiple vegetables and/or fruit
- ✓ Texture can progress from pureed → to mashed → to diced

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
- ✓ Texture can progress from pureed → to mashed → to diced

Introduce Infant Meats and Meat Alternates

Serve these:

Commercial jars of plain meat or poultry

- ✓ First ingredient must 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
- ✓ Cook meat and poultry well and then puree or grind to an appropriate consistency
- ✓ Texture can progress from pureed → ground → finely chopped → small tender pieces
- ✓ Serve fin fish (salmon, tuna, trout, flounder, cod, haddock, perch, tilapia) only after parents have introduced first with no problems

Meat alternates, such as egg yolk; dried beans and peas; natural cheese, cottage cheese, or cheese food

- ✓ Egg yolk should be hard-cooked. Avoid egg whites and whole eggs until after age 1.
- ✓ 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

Why?

- ✓ Eating lean protein may decrease the risk of becoming overweight or obese and help to prevent heart disease, high cholesterol, and high blood pressure
- ✓ Fish is an excellent source of lean protein. Because it contains healthy fats, fish is recommended for growth and development in early infancy and childhood

The following foods are not creditable:

Commercial jars of baby food combinations with “dinner” on the label

Why?

- ✓ Commercially prepared baby foods with “dinner” on the label do not specify the amount of meat in the product and may contain a new food that could cause an allergic reaction

Do not serve fish such as shark, swordfish, king mackerel, or tilefish

Why?

- ✓ These fish contain high levels of mercury which is harmful to infants

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

Why?

- ✓ Processed, fried, or pre-fried breaded meats have more trans fat, saturated fat, calories, and salt than lean protein sources.

Yogurt

Why?

- ✓ Yogurt is not a creditable food for infants on the CCFP

Do not serve peanut butter, nuts, and seeds

Why?

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

Introduce Infant Breads and Crackers

Serve these when the infant is developmentally ready to accept:

Age-appropriate bread and crackers

- ✓ Creditable at snack only
- ✓ Small strips or pieces of dry bread or toast
- ✓ Small pieces of plain, low salt crackers without seeds, nuts, or whole grain kernels
- ✓ Small pieces of soft tortilla or soft pita bread
- ✓ Graham crackers made without honey
- ✓ Teething biscuits

The following foods are not creditable:

Do not serve breads and crackers with nuts and seeds and whole grain kernels

Why?

- ✓ The seeds, nuts, and whole grain kernels can pose a choking hazard to infants

Do not serve 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

Why?

- ✓ These products are high in sugar and fats

Hot and cold cereals designed for older children and adults

Why?

- ✓ These foods may contain a food the infant has not tried
- ✓ The vitamins and minerals are in forms or amounts that are not ideal for infants

Optional: Fruit Juice

Serve at snack only as an occasional alternative to breast milk or formula:

100% fruit juice

- ✓ Must be full-strength (100%), pasteurized, regular or infant fruit juice
- ✓ Must be naturally high in, or fortified with, 100% vitamin C
- ✓ Offer from a cup only, not a bottle – which may cause “baby bottle tooth decay”
- ✓ Limit the amount; too much can spoil baby’s appetite for more nutrient dense foods
- ✓ May not count as the vegetable or fruit component

The following foods are not creditable:

Juice drinks

Vegetable juices

Fruit and vegetable juice blends or cocktails

Why?

- ✓ Juice drinks with added sugar are not needed in infant diets and can prevent infants from developing a liking for the natural flavor of foods
- ✓ Vegetable juices and fruit/vegetable juice blends and cocktails often have added salt and other ingredients that are not needed in infant diets





Making Baby Food

Making your own baby food is a healthy, cheaper choice than buying baby food. It is also very easy to do.

You will need:

- Something to mash or grind the food such as: food grinder, blender, potato masher, or fork.
- Quality food without added sugar, salt, spices, or fat.
- Containers for storage like clean, dry jars, plastic storage containers, or ice cube trays.

What to do:

1. Wash hands and equipment well with hot, soapy water and dry.
2. Wash fruits and vegetables and remove skin and seeds. Remove bones and all visible fat from meat.
3. Bake, boil, or steam food until tender. Be sure meats are cooked to a safe temperature.
4. Use food grinder, blender, potato masher, or fork to mash until smooth. Throw away any lumps or hard pieces.
5. If necessary, add liquid (water, liquid in which the food was cooked, formula, or breast milk) to thin out thick foods.

6. Pour into labeled and dated containers, and store in the refrigerator or freezer until ready to use. If using ice cube trays, cover the tray with plastic wrap. Foil is not recommended because tiny pieces of foil may freeze to the food. Freeze and then pop the frozen cubes into labeled plastic bags to store.
7. To prepare the stored food, thaw by:
 - Placing food in the refrigerator overnight in a closed container.
 - Microwave but be sure to stir food and make sure no pockets of hot food are left. This is important so you do not burn the baby's mouth or throat.
 - Place food in a small bowl and then put the bowl in a larger bowl or pot filled with hot water. Thawing should take 10–20 minutes depending on the size of your food.

Storage Times		
Food	In Refrigerator	In Freezer
Fruits and vegetables	2 to 3 days	6 to 8 months
Meats or egg yolks	1 day	1 to 2 months
Meat and vegetable combinations	1 to 2 days	3 to 4 months

Updated by Julie Shertzer, Program Specialist, Human Nutrition, July 2008.

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Keith L. Smith, Ph.D., Associate Vice President for Agricultural Administration and Director, Ohio State University Extension

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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.

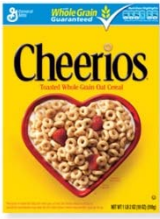



Food Component	Choking Hazards	Best Practices
Infant Beverages	<ul style="list-style-type: none"> • Propping a bottle • Allowing an infant to lie down with a bottle • Adding food to a bottle • Enlarging holes in bottle nipples 	<ul style="list-style-type: none"> • Always hold infants in your arms or 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, always serve juice from a cup
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 • Do not serve hot dogs, sausages, nuts, seeds, or 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 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 only infant cereals, not adult cereals, that have been mixed to the proper consistency • Serve only age-appropriate breads and crackers to infants 8 months and older 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 style="text-align: center;">Banana Apple Yogurt</p>		
 <p style="text-align: center;">Bread</p>		
 <p style="text-align: center;">Chicken Casserole</p>		
 <p style="text-align: center;">Cottage Cheese</p>		
 <p style="text-align: center;">Fruit Splashers</p>		
 <p style="text-align: center;">Meat</p>		

Baby Food	Creditable?	Why or why not?
 <p data-bbox="293 447 548 485">Multigrain Cereal</p>		
 <p data-bbox="212 732 630 770">Oatmeal with Mixed Fruit</p>		
 <p data-bbox="334 1020 508 1058">Peach Puffs</p>		
 <p data-bbox="204 1314 638 1352">Pureed Fruits and Vegetables</p>		
 <p data-bbox="383 1593 456 1631">Peas</p>		
 <p data-bbox="305 1854 542 1892">Vegetable Juice</p>		

Baby Food	Creditable?	Why or why not?
 <p data-bbox="354 491 483 527">Cheerios</p>		
 <p data-bbox="370 911 472 947">Ravioli</p>		
 <p data-bbox="347 1241 493 1276">Spaghetti</p>		
 <p data-bbox="240 1520 602 1591">Center-Prepared Grilled Cheese Sandwich</p>		
 <p data-bbox="293 1839 545 1911">Center-Prepared Chicken and Rice</p>		

CCFP Infant Feeding Policy and Menu Planning



Infant Feeding Policy

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. (Refer to the Appendix for Approved Formula List.)

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

Note: Parents may prefer to supply their own formula.

Child Care Food Program
SAMPLE – Infant Feeding Form – SAMPLE

Child care facility: Please fill in facility name and formulas offered before distributing to parents.	
Child Care Facility Name:	<i>Mae Wright</i>
*Formulas offered at this facility:	<i>Enfamil Infant</i>
Milk based:	<i>Gerber Good Start Soy</i>
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
- ~ A variety of texture appropriate meat and meat alternates
- ~ Bread or crackers
- ~ 100 percent fruit juice

Please be aware this child care facility:

- ~ 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.
- ~ Can feed solid foods to infants younger than 4 months of age only when a medical statement is provided.
- ~ Can feed solid foods to infants in a bottle only when a medical statement is provided.
- ~ Can offer 100 percent fruit juice from a cup – not a bottle.

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 and you plan to provide breastmilk.

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 4 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: 7-17-15

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 foods.

POLICY II

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

The CCFP meal pattern for infants assures that meals offered are well balanced and 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 not be fed to babies younger than 4 months of age unless written instructions to do so are provided by the baby's health care provider.**

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

- Purchase and supply all food components of the infant meal pattern with the exception of:
 - ✓ Breastmilk
 - ✓ Parent-provided formula
- 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
 - ✓ Fruit juice
 - ✓ Iron-fortified infant cereal
 - ✓ Bread or crackers
 - ✓ Vegetable and/or fruit
 - ✓ Meat, fish, poultry or
 - ✓ Meat Alternates: egg yolk, cooked dry beans or peas, cheese, cottage cheese, cheese food or cheese spread
- Offer solid foods:
 - ✓ To infants who are developmentally ready to accept them (4 months and older - see chart on following page)
 - ✓ Of an appropriate texture and consistency
 - ✓ After consulting with parents

****IMPORTANT****

Meals served to infants who are developmentally ready for solids (4 through 7 months) and meals served to infants 8 through 11 months must include at least one food item furnished by the child care provider to count as a reimbursable meal.

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

To comply with the Child Care Food Program regulations, the Infant Meal Pattern lists the amount of food to be offered to children from birth through the 11th month. Breastmilk or iron-fortified infant formula or portions of both must be served for the entire first year. **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 decision to introduce solid foods should be made in consultation with the child's parents. Providers should receive written instruction on introduction of solid foods from the parent or health care provider. 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 – 3 months:	4 – 7 months:	8 – 11 months:
Breakfast	Breastmilk ^{1, 2} or infant formula ³	4-6 fl. oz.	4-8 fl. oz.	6-8 fl. oz.
	Vegetable and/or fruit			1-4 Tbsp.
	Infant cereal ³		*0-3 Tbsp.	2-4 Tbsp.
Lunch/Supper	Breastmilk ^{1, 2} or infant formula ³ and:	4-6 fl. oz.	4-8 fl. oz.	6-8 fl. oz. and:
	Vegetable and/or fruit		*0-3 Tbsp.	1-4 Tbsp.
	In addition for 8-11 months, you must choose one or more of the following:			
	Infant cereal ³		*0-3 Tbsp.	2-4 Tbsp.
	Meat, fish, poultry, egg yolk, or cooked dry beans or peas			1-4 Tbsp.
	Cheese			½ - 2 oz. (weight)
	Cottage cheese			1-4 oz. (volume)
	Cheese food or cheese spread			1-4 oz. (weight)
Snack	Breastmilk ^{1, 2} or infant formula ³ or:	4-6 fl. oz.	4-6 fl. oz.	2-4 fl. oz. or:
	Full strength fruit juice			2-4 fl. oz.
	Bread ⁴ or Crackers ⁴			*0-1/2 slice *0-2
*NOTE: A SERVING OF THIS COMPONENT IS REQUIRED ONLY WHEN THE INFANT IS DEVELOPMENTALLY READY TO ACCEPT IT.				

- Breastmilk or formula or portions of both, may 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 if the infant is still hungry.
- Infant formula and dry infant cereal must be iron-fortified.
- Bread or crackers must be made from whole-grain or enriched meal or flour.

Darker shaded areas are not required for reimbursable infant meals. Lighter shaded areas are required only when the infant is developmentally ready to accept.

CCFP Meal Pattern for Infants

Guidelines to Remember

Breastmilk and/or Infant Formula:

- Breastmilk is recommended in place of formula from birth through 11 months.
- It is normal for breastfed infants to consume smaller amounts of breastmilk at a feeding, but eat more often throughout the day. Therefore, it is acceptable to offer less than the minimum amount of breastmilk according to the infant meal pattern. Offer more breastmilk if the infant is still hungry.
- Infant formula must be iron-fortified. Cow's milk must not be used for infants less than one year of age. (Refer to the DOH Approved Formula List)
- Meals containing **only** breastmilk (expressed by mother and fed by child care provider), **only** formula supplied by either the child care provider or the parent, or **only** a combination of breastmilk and iron-fortified formula for infants birth through 7 months who are not developmentally ready for solids are reimbursable.
- Meals served to infants who are developmentally ready for solids (4 through 7 months) must include at least one food item furnished by the child care provider to count as a reimbursable meal.
- Meals served to infants 8 through 11 months must include at least one food item furnished by the child care provider to be reimbursable.

Fruit juice:

- Is creditable only at snack for babies 8 months and older (and can be served instead of breastmilk or formula at snack).
- At breakfast, lunch and supper - cannot count as the vegetable or fruit component.
 - Must be full-strength (100%), pasteurized, regular or infant fruit juice.
 - Must be naturally high in, or fortified with vitamin C.
 - Must be offered from a cup – not a bottle.
 - Citrus (orange, tangerine, grapefruit), pineapple, and tomato juices served to babies before 6 months of age can cause an allergic reaction (please note tomato and other vegetable juices are not creditable).

Solid foods:

- Are required for infants 4 months of age and older *who are developmentally ready* to accept them.
- Must not be given to babies younger than 4 months of age unless required and documented by a doctor.
- Must be of an appropriate texture and consistency and should only be introduced after consulting with the infant's parent or guardian.
- Can be either home-prepared baby foods or commercially prepared baby foods.
- Infant cereal must be iron-fortified, plain, dry.
- Do not serve honey or food that may contain honey to infants less than one year of age - honey may contain botulinum spores, which can be harmful to infants.

CCFP Policy for Special Needs Meals

INFANTS WITH DISABILITIES

Child care providers are required to provide food component substitutions for individual children who have a disability. A disability means any person who has a documented physical or mental impairment which substantially limits one or more major life activities. Examples of disabilities may include: orthopedic, visual, speech, and hearing impairments; cerebral palsy; epilepsy; muscular dystrophy; multiple sclerosis; cancer; heart disease; metabolic diseases, such as diabetes or phenylketonuria (PKU); and food anaphylaxis (life threatening food allergy). Reading food labels for life threatening food allergen warnings and ingredients is vital. Meals must provide the substitutions or modifications to the meal patterns as specified on the medical statement to be reimbursable.

What is required?

A medical statement is required and must include:

- Child's disability and how it restricts the diet.
- Major life activity(s) affected by the disability.
- Food(s) to be omitted and the food(s) to be substituted.
- Description of any required textural modification(s).
- Signature of a licensed physician, a physician's assistant (PA), or an advanced registered nurse practitioner (ARNP).

Sponsors or child care facilities are encouraged to contact the nutrition section at the state office for assistance with dietary restrictions for children with disabilities.

INFANTS WITH SPECIAL DIETARY CONDITIONS

Child care providers are encouraged but not required to provide food component substitutions for individual children who do not have a disability, but who have a special medical or dietary need. Examples of medical or special dietary conditions may include food allergies (non-life threatening) and food intolerances such as wheat, fish, milk proteins and eggs. Reading food labels for allergen warnings and ingredients is very important.

Meals with substitutions that meet all meal pattern requirements are reimbursable. For example, the child care provider can substitute chicken for fish or bananas for oranges. A medical statement is *not needed* in this case; however a parent note should be on file.

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:

A medical statement is required and must include:

- Identification of the medical or special dietary condition that restricts the child's diet.
- Food(s) to be omitted and the food(s) to be substituted.
- Signature of a recognized medical authority (such as: physician, physician's assistant, nurse practitioner, registered dietitian).
- Sponsors or child care facilities are encouraged to contact the nutrition section at the state office for assistance with dietary restrictions for children with special dietary conditions.*



**Child Care Food Program
Medical Statement for Children with
Disabilities
and Special Dietary Conditions
SAMPLE**

Child's Name: _____

Date: 5-21-15

Name and Address of Child Care Center: Eat Wright Child Care
Vegetable Way FL

Dear Parent/Guardian and Recognized Medical Authority:

This child care center participates in the Child Care Food Program (CCFP) and must serve meals and snacks meeting the CCFP requirements. Food substitutions must be made for children with a physical or mental disability when supported by a statement signed by a physician, physician's assistant (PA), or nurse practitioner (ARNP). Food substitutions may also be made for children with special dietary conditions (unrelated to a disability) when supported by a statement signed by a physician, physician's assistant, nurse practitioner (ARNP), or registered dietitian. When supported by this documentation, the meal is not required to meet the meal pattern. Please return this completed form to the child care center. If you have any questions, please contact me at 123-456-7890.

Child Care Center Phone Number

Sincerely: Mae Wright
Child Care Center Director

A recognized medical authority must complete the following information.

1. Does the child identified above have a disability? A disability is defined as a physical or mental impairment which substantially limits one or more major life activities.

- Yes **If yes:**
- a. State and describe the disability. _____
 - b. How does the disability restrict the diet? _____
 - c. What major life activity is affected? _____

No **If no:**
Identify the medical condition (unrelated to a disability) that restricts the child's diet.
Colicky

2. List any food(s) to be omitted from the child's diet.
Milk-based formula

3. List any food(s) to be substituted.
Nutramigen formula

4. Describe any textural modification required.

Signature of Physician or Recognized Medical Authority
(For a disability, a physician must sign)
Ima Lean
Printed Name

6-8-15
Date
555-333-4444
Phone Number

Infant Menu

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 Provider: _____

Standard Infant Menu

Milk-based iron-fortified infant formula: _____

Soy-based iron-fortified infant formula: _____

Note: Breastmilk offered when provided by parent.

Birth to 3 Months	
Breakfast, Lunch or Supper, and Snack: Milk- or soy-based iron-fortified infant formula	
4 to 7 Months	
Breakfast: Milk- or soy-based iron-fortified infant formula For babies eating solid foods: Iron-fortified infant cereal	Snack: Milk- or soy-based iron-fortified infant formula
Lunch or Supper: Milk- or soy-based iron-fortified infant formula For babies eating solid foods: Iron-fortified infant cereal A variety of pureed vegetables and fruits:	
<ul style="list-style-type: none"> • Green beans • Carrots • Squash • Peas • Potatoes • Sweet Potatoes 	<ul style="list-style-type: none"> • Applesauce • Pears • Bananas • Peaches • Prunes
8 to 11 Months	
Breakfast: Milk- or soy-based iron-fortified infant formula Iron-fortified infant cereal A variety of fruits and vegetables of an appropriate texture and consistency	Snack: Milk- or soy-based iron-fortified infant formula or 100% Fruit Juice For babies eating bread products: Small strips or pieces of dry bread or toast or Small pieces of plain low salt crackers or Graham crackers made without honey or Small pieces of soft tortilla or soft pita bread or Teething biscuits
Lunch or Supper Milk- or soy-based iron-fortified infant formula	
A variety of vegetables and fruits:	Choice of infant cereal OR meat/meat alternates:
<ul style="list-style-type: none"> • Green beans • Carrots • Squash • Peas • Potatoes • Sweet potatoes • Assorted mixed • vegetables 	<ul style="list-style-type: none"> • Applesauce • Pears • Bananas • Peaches • Prunes • Assorted mixed fruits • Variety of meats, poultry (cooked plain or from a jar) • Fish – cooked plain, boneless • Egg yolk – hard cooked • Dry beans and peas – cooked plain • Cheese, regular plain – sliced thin or thin strips • Cottage cheese

Effective January 2003

Menu Planning Worksheet for Infants

Name of Child Care Provider: _____ Age Group(s): _____ Week of: _____ 20__

BREAKFAST	Infant meal pattern food components:	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
	Breastmilk/Formula					
	Vegetable/Fruit					
	Infant cereal					
LUNCH/SUPPER	Breastmilk/Formula					
	Infant cereal					
	Meat/Meat Alternate					
	Vegetable/Fruit					
SNACK	Breastmilk/Formula					
	Fruit Juice					
	Bread/Crackers					

Refer to Meal Pattern for Infants for age group and appropriate serving size when planning menus.


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:	Amount of Breastmilk/Formula	Solid Foods:
_____AM	_____OZ.	
_____AM	_____OZ.	
_____AM	_____OZ.	
_____AM	_____OZ.	
_____PM	_____OZ.	
_____PM	_____OZ.	
_____PM	_____OZ.	

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	If No, why?
Breakfast/Birth – 3 months		
1. 3 oz. breastmilk fed to baby by provider		
2. 4 oz. formula furnished by parent		
Breakfast/4 – 7 months		
3. 4 oz. breastmilk and 2 tsp. cereal furnished by provider		
4. 3 oz. formula furnished by provider		
5. 4 oz. formula furnished by provider (baby developmentally ready for solids)		
Breakfast/8 – 11 months		
6. 4 oz. breastmilk fed to baby by provider		
7. 6 oz. formula furnished by parent, 2 Tbsp. cereal and 1 Tbsp. applesauce furnished by provider		
Lunch/4 – 7 months		
8. 4 oz. breastmilk fed to baby by provider		
9. Breastmilk fed to baby by mom who dropped by child care facility to nurse baby		
10. 4 oz. of formula furnished by parent and 1 Tbsp. cereal furnished by provider		
Lunch/8 – 11 months		
11. 4 oz. breastmilk furnished by parent, 2 Tbsp. chicken, 1 Tbsp. green beans furnished by provider		
12. 4 oz. formula furnished by parent, 2 Tbsp. cereal, 2 Tbsp. applesauce furnished by provider		
Snack/8 – 11 months		
13. 2 oz. apple juice furnished by provider		
14. Teething biscuit furnished by provider		

General Food Safety Tips for Feeding Infants

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 **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
- 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
- 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 1 Tbsp unscented 5% chlorine bleach in 1 gallon water; mix fresh daily or follow manufacturer's directions
 - ✓ 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
- 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 yolk and white firm Eggs

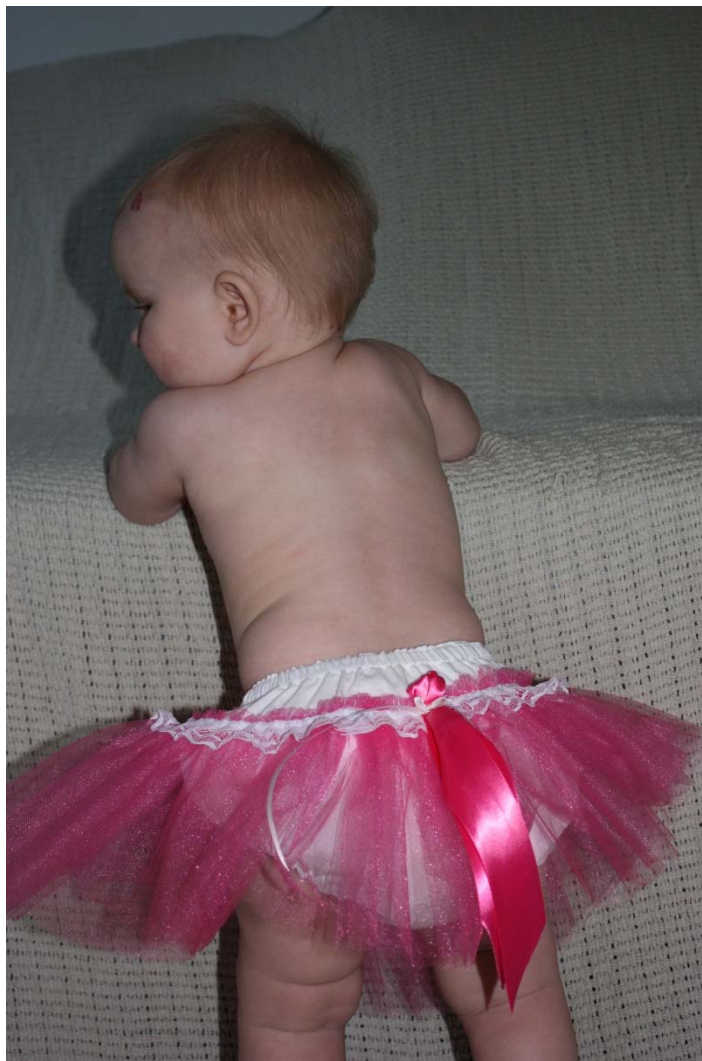
160 °F Egg dishes

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). This occurs in the breakfast and lunch/supper meal service for infants 4-7 months of age, and for the snack meal service for infants 8-11 months of age. A child care provider must serve a complete meal to every infant or child enrolled in the meal service. 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?

In addition to medical or special dietary needs, parents may choose to provide one or more of the meal components of the CCFP infant meal pattern for infants older than three months, as long as this is in compliance with local health codes. 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. In such a case, the child care provider would still be required to provide at least one of the components in at least the minimum quantity specified in the meal pattern in order for the meal to be reimbursable. 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?

No. Although we strongly support all efforts for mothers to breastfeed their infants, we believe that the caregiver must provide some type of service in order to be reimbursed for a meal. CCFP reimburses child care facilities for the cost of preparing and serving nutritious meals and snacks to infants and children receiving day care. In the case of breastfed infants, CCFP reimburses the facility for the cost of preparing the bottle and feeding the infant. When a parent nurses her own child, the services for which the child care facility would receive reimbursement are not being performed.

However, the meal would be reimbursable for infants over 3 months of age who are developmentally ready for solid foods, if at least one other component is furnished by the child care provider. For example, if a mother comes to the child care facility for lunch meal service to breastfeed her 5 month old infant and the provider supplies a serving of vegetables (listed as options in infant meal pattern for lunch for infants aged 4-7 months), the meal is reimbursable.

8. Can a center 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. Cottage cheese is a meat alternate in the lunch and supper meal pattern for infants aged 8 through 11 months. How much cottage cheese must be offered to fulfill the meat/meat alternate meal pattern requirement?

Cottage cheese, cheese food, and cheese spread are acceptable meat alternates in the CCFP infant meal pattern. The correct amount, which may be offered as a meat alternate to infants, aged 8 through 11 months, is 1 to 4 ounces volume of cottage cheese and 1 to 4 ounces weight of cheese food and cheese spread.

10. Is yogurt an allowable meat alternate in the infant meal pattern?

No.

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. Infant cereals that are pre-mixed with ingredients such as formula, fruit, or yogurt are not allowable.

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

No. Only commercial baby food meats with meat or poultry as the first ingredient in the ingredient listing are reimbursable as a meat/meat alternate in the infant meal pattern. Commercially prepared baby food combination dinners are not reimbursable including those that list meat as the first ingredient. These dinners include but are not limited to: Chicken Lasagna, Macaroni and Beef, or Broccoli and Turkey.

13. If fruit or vegetable is the first ingredient listed on a jar of baby food cereal or dessert, is it allowable in the infant meal pattern?

No. Commercially prepared baby food vegetables and fruits are reimbursable only if vegetable or fruit is listed as the first ingredient in the ingredient listing on the label of single item vegetables and fruits or multiple vegetables and fruits. Jar baby foods with cereal, dessert, or pudding on the label are not reimbursable.

Also, vegetable or fruit jar baby food with a label stating that the first ingredient is water is not reimbursable.

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

Yes. For babies 8 months and older, 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:

15. 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.

16. 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.

17. 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.

18. Can a day care home provider be reimbursed for breastfeeding her own child?

Yes. A day care provider who nurses her own infant may claim reimbursement for the meal as long as she is eligible to claim reimbursement for meals and snacks served to her own child.

CCFP Approved Formula List*

- *If formula is served to infants 13 months of age and older, a medical statement is required for reimbursement.
- * Please note breast milk is encouraged and reimbursable until any age the mother/child are ready to be weaned.

In order to approve an Infant Formula, it must meet the following three criteria:

1. Infant formula must be iron-fortified. This means it contains at least 1 milligram (mg) iron per 100 kilocalorie (calorie) serving, when prepared in accordance with label directions.
2. Infant formula must be regulated by and meet the nutrient specifications set by the FDA. This means that formula purchased outside the U.S., is not likely to be regulated by the FDA and is therefore not creditable.
3. Infant formula must not be found on the "[FDA Exempt Infant Formula List](#)". If found on this list, the formula will only be allowed with a medical statement signed by a licensed physician.

The following iron-fortified infant formulas are approved and do not require a medical statement.

Infant Formulas

Milk-based

Earth's Best Organic

Earth's Best Organic Sensitivity

Enfamil AR

Enfamil Gentlease

Enfamil Infant

Enfamil Newborn

Enfamil Reguline

Enfamil for Supplementing

Enfamil Enfagrow Toddler Transitions (9-18 months)

Enfamil Enfagrow Toddler Transitions Gentlease
(9+months)

Gerber Good Start Gentle

Gerber Good Start Gentle for Supplementing

Gerber Good Start Soothe

Gerber Graduates Gentle (9-24 months)

Similac Advance stage 1 (0-12 months)

Similac Advance Non-GMO stage 1 (0-12 months)

Similac Advance stage 2 (6-12 months)

Similac Advance Organic

Similac Sensitive stage 1 (0-12months)

Similac Sensitive Non-GMO stage 1 (0-12 months)

Similac Sensitive stage 2 (6-12 months)

Similac for Spit-up

Similac for Supplementation

Similac Total Comfort

Infant Formulas

Soy-based

Earth's Best Organic Soy

Enfamil ProSobee

Enfamil Enfagrow Toddler Transitions (9-18 months)

Gerber Good Start Soy

Gerber Graduates Soy (9-24 months)

Similac Soy Isomil

Store Brand Infant Formulas

Milk-based

AAFES/NEX (military bases)

Baby's Choice

Baby's Choice Gentle

Babies R Us

Babies R Us Advantage

Babies R Us Organic

Babies R Us Premium

Babies R Us Sensitivity

Babies R Us Toddler (9-24 months)

BJ's

Berkley & Jensen Baby

Berkley & Jensen Sensitivity

Costco

Kirkland Infant

CVS

CVS Advantage

CVS Gentle

CVS Premium

CVS Sensitivity

CVS Tender

Kmart

Little Ones Advantage

Little Ones Gentle

Sam's Club

Member's Mark Advantage

Member's Mark Gentle

Sam's Club (cont.)

Member's Mark Infant

Member's Mark Sensitivity

Target

Up & Up Added Rice Starch

Up & Up Advantage

Up & Up Gentle

Up & Up Premium

Up & Up Sensitivity

Up & Up Toddler Beginnings (9-18 months)

Walgreens

Well Beginning Gentle

Well Beginning Advantage

Well Beginning Premium

Wal-Mart

Parent's Choice Added Rice Starch

Parent's Choice Advantage

Parent's Choice Gentle

Parent's Choice Infant

Parent's Choice Toddler Beginnings (9-18 months)

Parent's Choice Organic

Parent's Choice Premium

Parent's Choice Sensitivity

Parent's Choice Tender

Winn-Dixie

Kuddles Advantage

Store Brand Infant Formulas

Soy-based

AAFES/NEX (military bases)

Baby's Choice Soy

Babies R Us

Babies R Us Soy

Kmart

Little Ones Soy

Rite Aid

Tugaboos Soy

Target

Up & Up Soy

Wal-Mart

Parent's Choice Soy

Infant Formulas Requiring Medical Statement*

***The following infant formulas do require a medical statement for reimbursement.**

Abbott Nutrition Elecare

Enfamil Enfacare

Enfamil Premature Formulas

Gerber Good Start Premature Formulas

Gerber Good Start Nourish

Mead Johnson Nutramigen

Mead Johnson Nutramigen with Enflora LGG

Mead Johnson Pregestimil

Parent's Choice NeoCare

SHS Neocate

Similac Expert Care Alimentum

Similac Expert Care for Diarrhea

Similac Expert Care NeoSure

Similac PM 60/40

Similac Special Care

Note: This list is not inclusive, as new infant formula products are continually being developed. CCFP will periodically update this list with iron-fortified infant formulas that do not need a medical statement. If you have questions about a formula not found on this list, please contact the Nutrition Section at (850)245-4323.

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
- ~ A variety of texture appropriate meat and meat alternates
- ~ Bread or crackers
- ~ 100 percent fruit juice

Please be aware this child care facility:

- ~ 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.
- ~ Can feed solid foods to infants younger than 4 months of age only when a medical statement is provided.
- ~ Can feed solid foods to infants in a bottle only when a medical statement is provided.
- ~ Can offer 100 percent fruit juice from a cup – not a bottle.

Parents please complete the following:

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

Please check this box if your baby is breastfed and you plan to provide breastmilk.

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 4 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: _____



Child Care Food Program Medical Statement for Children with Disabilities and Special Dietary Conditions

Child's Name: _____ Date: _____

Name and Address of Child Care Center: _____

Dear Parent/Guardian and Recognized Medical Authority:

This child care center participates in the Child Care Food Program (CCFP) and must serve meals and snacks meeting the CCFP requirements. Food substitutions must be made for children with a physical or mental disability when supported by a statement signed by a physician, physician's assistant (PA), nurse practitioner (ARNP). Food substitutions may also be made for children with special dietary conditions (unrelated to a disability) when supported by a statement signed by a physician, physician's assistant (PA), nurse practitioner (ARNP), or registered dietitian. When supported by this documentation, the meal is not required to meet the meal pattern. Please return this completed form to the child care center. If you have any questions, please contact me at _____.

Child Care Center Phone Number

Sincerely: _____

Child Care Center Director

A recognized medical authority must complete the following information.

1. Does the child identified above have a disability? A disability is defined as a physical or mental impairment which substantially limits one or more major life activities.

Yes

If yes:

a. State and describe the disability. _____

b. How does the disability restrict the diet? _____

c. What major life activity is affected? _____

No

If no:

Identify the medical condition (unrelated to a disability) that restricts the child's diet.

2. List any food(s) to be omitted from the child's diet.

3. List any food(s) to be substituted.

4. Describe any textural modification or adaptive equipment required.

Signature of Physician or Recognized Medical Authority
(For a disability – a physician, PA, or ARNP must sign)

Date

Printed Name

Phone Number

WIC Contact Information

www.floridawic.org
1-800-342-3556

County Child Care Licensing Agencies Contact Information

<http://www.myflfamilies.com/service-programs/child-care/contacts>

Action Plan for Implementing Best Practices

Directions: Use the results of the NAP SACC Self Assessments 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 50-52

Food	Creditable?	Why?
Banana Apple Yogurt	No	Yogurt is not creditable for infants.
Bread	Yes	Creditable at snack for 8-11 month olds.
Chicken Casserole	No	Only commercial jars of plain meat are creditable.
Cottage Cheese	Yes	Meets the criteria for meat alternate.
Fruit Splashers	No	Only 100% fruit juices are creditable.
Meat	Yes	Does not contain any other food component.
Multigrain Cereal	Yes	It is iron fortified and dry.
Oatmeal with Mixed Fruit	No	Cereals with added fruit are not creditable.
Peach Puffs	No	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	No	Only infant cereal is creditable.
Ravioli	No	Pasta is not creditable for infants.
Spaghetti	No	Pasta is not creditable for infants.
Grilled Cheese Sandwich	Yes	Bread is only creditable at snack (cheese could be an extra). Cheese is creditable at lunch (bread could be an extra).
Chicken and Rice	Yes/No	The chicken and veggies are creditable, rice is not creditable.

Check Your Infant Meal Pattern Knowledge Page 65

1. Yes – Note: For breastfed infants who regularly consume less than the recommended amount, a serving of less than the minimum may be offered.
2. Yes – Formula only meals are reimbursable when supplied by either the parent or the child care provider.
3. Yes
4. No – Not enough formula, needs 4-8 oz.
5. No – Because the infant is developmentally ready, the provider must offer solids.
6. No – Three components are required at breakfast for an 8-11 month old: breastmilk or formula, vegetable/fruit, and cereal.
7. Yes
8. Yes
9. No – For a breastmilk meal to be reimbursable, it must be fed to the infant by the provider.
10. Yes – This meal is reimbursable as long as the infant is not developmentally ready for vegetable/fruit.
11. Yes – See breastmilk note under #1.
12. No – not enough formula
13. Yes
14. No – Must also have 2-4 oz. of breastmilk/formula or 100% fruit juice.

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/index.cfm/resources/a-z-child-care-information-links1/>
7. Caring For Our Children: National Health and Safety Performance Standards Guidelines for Early Care and Education Programs. Website: <http://cfoc.nrckids.org/>
8. La Leche League International. Website: www.llli.org/
9. Lucile Packard Children's Hospital at Stanford.
Website: www.lpch.org/diseaseHealthInfo/HealthLibrary/newborn/nfantfed.html
10. Gold Seal Quality Care.
Website: www.myflfamilies.com/service-programs/child-care/goldseal
11. Baby Center Web Resource.
Website: www.babycenter.com/baby-solid-feeding-basics
12. Let's Move! Child Care. Website: www.healthykidshealthyfuture.org
13. The Academy of Nutrition and Dietetics. Kids Eat Right.
Website: www.eatright.org/resources/for-kids

Resources

1. Teaching Strategies. Website: www.teachingstrategies.com/
2. The Creative Curriculum for Infants, Toddlers & Twos (2006), Diane Trister Dodge, Sherrie Rudick, and Kai-Lee Berke, Publisher: Teaching Strategies Inc.
3. Mealtime Memo for Child Care, Institute of Child Nutrition.
Website: www.nfsmi.org/ResourceOverview.aspx?ID=87
4. Ellyn Satter Institute. Website: www.ellynsatter.com/
5. Creative Resources for Infants and Toddlers, Judy Herr and Terri Swim, Wadsworth Publishing, 2002.
6. Infants & Toddlers Curriculum & Teaching, Terri Swim and Linda D. Watson, Wadsworth Publishing, 2010.
7. The Complete Resource Book for Infants, Pam Schiller, Gryphon House, 2005.
8. Innovations: The Comprehensive Infant Curriculum (2001), Linda G. Miller and Kay Albrecht, Gryphon House, 2001.
9. Learning Activities for Infants and Toddlers, Betsy Squibb and Sally J. Deitz, Children's Resources International, Inc. 2000.
10. Ten Steps to Breastfeeding Friendly Child Care Centers Resource Kit.
Website: www.dhs.wisconsin.gov/publications/P0/P00022.pdf

Workbook References:

Accommodating Children with Special Dietary Needs in the School Nutrition Programs, Guidance for School Food Service Staff, U.S. Department of Agriculture Food and Nutrition Service, Fall 2001. Available at: www.fns.usda.gov/cnd/guidance/special_dietary_needs.pdf

Caring for Our Children, National Health and Safety Performance Standards Guidelines for Early Care and Education Programs, 3rd edition. American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care, 2011. For more information, see: <http://cfoc.nrckids.org>

Child of Mine, Ellyn Satter, Bull Publishing Company, CA, 2002.

Early Childhood Obesity Prevention Policies, Food and Nutrition Board, Institute of Medicine, 2011. Available at: www.iom.edu/Reports/2011/Early-Childhood-Obesity-Prevention-Policies.aspx

Feeding Infants, A Guide for Use in the Child Nutrition Programs, U.S. Department of Agriculture, Food and Nutrition Service, FNS-258, revised July 2002. Available at: www.fns.usda.gov/tn/resources/feeding_infants.pdf

Food Allergy Research & Education, 7925 Jones Branch Dr, Suite 1100, McLean, VA 22102. Website: www.FoodAllergy.org

Active Early/Healthy Bites: A Wisconsin Guide for Improving Child Nutrition, Wisconsin Department of Public Instruction, 2012. Available at: https://fns.dpi.wi.gov/fns_cacfpwellnessaehb

Healthy Start, Grow Smart... Your Newborn, U.S. Department of Agriculture, U.S. Department of Education, U.S. Department of Health and Human Services, 2002. Available at: www2.ed.gov/parents/earlychild/ready/healthystart/newborn.pdf

Infant Nutrition and Feeding: A Guide for Use in the WIC and CSF Programs, U.S. Department of Agriculture Food and Nutrition Service, March 2009. Available at: www.nal.usda.gov/wicworks/Topics/FG/CompleteIFG.pdf

Zero to Three: National Center for Infants, Toddlers and Families. 1255 23rd Street, NW, Suite 350, Washington, DC 20037. Website: www.zerotothree.org



**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