

Feeding Infants in the CACFP



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Welcome participants to the training and introduce yourself by providing:

- *Your name*
- *Your position*
- *Your experience with the CACFP, infant nutrition, and/or child care*

Ask participants to write their burning infant feeding questions on notecards provided on the tables and pass in so we can ensure we answer their questions by the end of the training.

Agenda

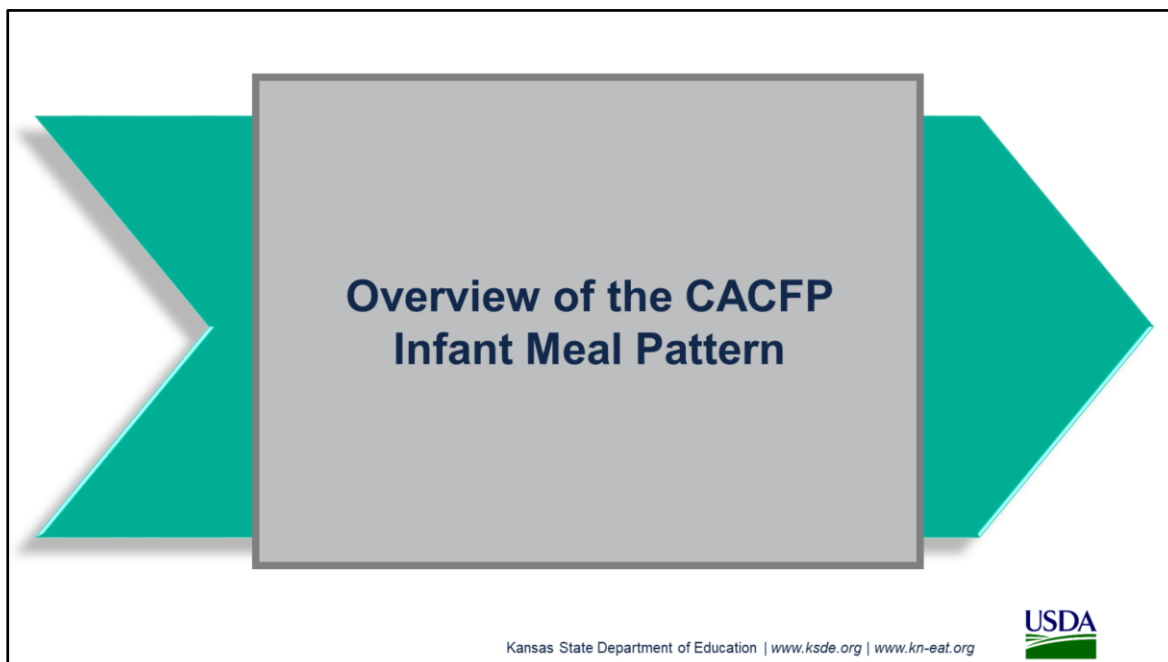
- Overview of the CACFP Meal Pattern
- Developmental Readiness for Complementary Feeding
- Identifying and Responding to Hunger and Fullness Cues
- Creating a Breastfeeding-Friendly Space
- Selecting, Storing, and Handling Infant Formula in a Child Care Site
- Bottle Feeding and Introducing a Cup
- Infant Feeding Skills and Modifying Textures
- Creditable Infant Foods
- Documenting and Claiming Infant Meals



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Infants are the smallest participants that we care for yet they result in the largest number of questions as it relates to the CACFP. There is a lot of information about infant feeding that parents are bombarded with. This training will cover a variety of topics as it relates to Feeding Infants in the CACFP and provide tips on how best to communicate with parents.


Topics include: *Read Slide.*



First let's look at an overview of the CACFP Infant Meal Pattern. In this lesson, participants will learn about the CACFP infant meal pattern and key concepts of the program and some resources they can use to start conversations with parents about their baby's eating habits and development.

Introduction to the CACFP Video





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Next, we will watch a short video that describes how CACFP meals and snacks support infant growth and development.

The Overview of the Child and Adult Care Food Program Infant Meal Pattern video is embedded in the PowerPoint slide. Runtime is 2 minutes and 51 seconds. The video is linked in the PowerPoint presentation. Click the image on the slide, or the URL <https://www.youtube.com/watch?v=kBykkrB8Ptc&feature=youtu.be> to start the video.

After the video plays, summarize the information presented or ask participants the following questions. You can do this activity as a group discussion or break participants into smaller groups or pairs.

- What is the CACFP infant meal pattern?
 - The United States Department of Agriculture's Child and Adult Care Food Program, also known as the CACFP, is a great way to help ensure the babies you care for get the nutrition they need for growth and development.
 - The program provides for good nutrition—critical for the growth and development that occurs during a baby's first year—and provides opportunities to introduce healthy eating habits.
 - All operators participating in the CACFP need to follow the CACFP infant meal pattern and communicate with parents about types of foods the infant has eaten at home.

- What are the three main ways (presented in the video) the CACFP infant meal pattern allows you to provide meals in a way that supports a baby's development?
 - Feed babies solid foods when they are developmentally ready.
 - Feed babies when they show signs of being hungry, and stop the feeding

when they show signs of being full.

- You can still be reimbursed for meals when the mother provides pumped breastmilk or stops in to breastfeed onsite, as long as you provide all other meal components when the baby is developmentally ready.

Infant Feeding Guide



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Feeding Infants in the Child and Adult Care Food Program (CACFP) guide is a training tool for CACFP operators with infants enrolled at their child care site. It covers topics such as the infant meal pattern, developmental readiness, hunger and fullness signs, handling and storing breastmilk and infant formula, solid foods, what is creditable in the infant meal pattern, and much more. Find parent communication tools, child care provider handouts, practice scenarios, and check your knowledge questions in this guide as well.

The Feeding Infants in the Child and Adult Care Food Program guide is your go to resource for understanding the CACFP meal pattern and how to offer meals that are reimbursable in the CACFP. You'll also find in the guide resources you can use to start a conversation with parents and learn about their baby's eating habits so you know when to give certain foods to a baby and which foods to avoid. Each baby in your care has his or her own eating abilities. This is because babies grow and develop at different rates. You can make sure the babies are getting the best care possible by speaking with parents regularly and working together as a team.

The Feeding Infants in the CACFP guide will be referenced throughout this training and each participant received a copy of the guide in which they can take home with them. Let's take a look at some of the features in the guide.

The Feeding Infants in the CACFP Guide can be downloaded online from the Team Nutrition webpage as well as the individual parent handouts.

Words to Know

- On-Demand Feeding
- Responsive Feeding
- Complementary Foods
- Reimbursable Meals
- Food Components
- Serving Size



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On page 1 of the guide are “Words to Know”. These terms and descriptions will come in handy as we explore infant feeding. Let’s take a look at a few of these definitions.

Ask for volunteers to read the description for each of the terms listed on the slide. Emphasis that at times the definition can answer the root of a question you may be asking as it relates to the CACFP.

CACFP Infant Meal Pattern

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

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

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Refer participants to Table 3: CACFP Infant Meal Pattern With Food Components (pg 15) and Appendix C: Infant Meal Pattern (pg 143) in their Feeding Infants in the Child and Adult Care Food Program guide. Explain the concept of a food component in the infant meal pattern and summarize the food components and serving sizes for each age group shown on the slide.

Food Component

- Each meal and snack under the infant meal pattern is made up of food components, such as breastmilk or formula and vegetables and fruits.
 - Fruits and vegetables are considered one component group in the infant meal pattern.
- In some cases, there are several foods you may offer to meet the food component; these are indicated by the use of the word “or” after each component in the table.

Serving Size

- The infant meal pattern lists minimum serving sizes of breastmilk, infant formula, and solid foods as a range of numbers, rather than one specific number.
 - Example: For vegetables and fruit, the serving size for infants 6 through 11 months is 0–2 tablespoons. This is because infants may not be developmentally ready for solid foods or all of the components exactly at 6 months, and infants who have just started eating solids may not eat much.
- The infant meal pattern is flexible enough to accommodate infants at all levels of development, growth, and readiness.
- The baby does not have to eat the entire amount served for the meal to be reimbursed.

Explain that as providers, participants can start offering solid foods after the parent(s) tells you that the baby is developmentally ready and is eating solid foods at home. This is usually around 6 months of age and as developmentally ready. Let participants know that in the next lesson, we will cover Developmental Readiness for Complementary Feeding in the training session, tell participants that you will discuss developmental readiness in the Developmental Readiness for Complementary Feeding lesson.

Parent Provided Food Components

Parents can provide one food component to count toward a reimbursable meal.

- **Parent:** breastmilk or creditable infant formula
- **You:** all solid food components



- **Parent:** one solid food component
- **You:** creditable iron-fortified infant formula and all other solid food components



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*Tell participants that parents may bring in **one food component** for their baby that can count toward a reimbursable meal or snack in the CACFP. For the meal or snack to be reimbursable, the child care provider must offer the baby all of the other food components.*

For babies who are eating solid foods, there are two options to claim reimbursement:

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

Communicating With Parents



Download **For Parents** handouts from: <https://teamnnutrition.usda.gov>

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Developing positive relationships with parents is critical to providing the best care possible for their baby. Frequent communication is one way to foster this relationship. The Feeding Infants in the Child and Adult Care Food Program guide contains a number of tools participants can use to start a conversation.

Tell participants that there are several parent handouts in their Feeding Infants in the Child and Adult Care Food Program guide. As a best practice, they can use the handouts to communicate with parents on a variety of topics and that they can use to start a conversation with parents. Handouts cover a range of topics such as a baby's eating habits and developmental readiness for solid foods.

Ask participants to turn to the Table of Contents in the Feeding Infants in the CACFP guide. All of the parent handouts have a title that starts with "Parent Handout" to make it clear which handouts are specifically designed for child care providers to share with parents.

Handouts are available for free download from the USDA Team Nutrition website at <https://teamnnutrition.usda.gov>. A link to these resources can be found at the www.kn-eat.org webpage under Menu Planning & Production Record.

Communicating With Parents



Bite-Size Nutrition Messages

*“Feeding your baby breastmilk?
Ask us how we can support you!”*

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As a busy child care provider, sometimes you want to make sure you’re getting the same message out to parents at the same time. Short nutrition messages can be used to engage parents using bite-size information. Some ways to connect with parents are your child care site’s social media page, tweets, emails, bulletin boards, flyers, or other parent communication systems.

Turn to Chapter 12: Partnering With Families in their Feeding Infants in the Child and Adult Care Food Program guide (pg 136) to see some sample bite-size nutrition messages they can use.

Ask participants to share about successful ways in which they communicate with parents?

CACFP Questions and Answers



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Turn to page 172 of the Feeding Infants in the CACFP guide. This section, Appendix G includes a compilation of questions and answers related to infant feeding. We will take a look at these FAQs throughout the training. Let's take a look at one of those FAQs now related to parent provided components.

FAQ

A parent wants to bring in mashed bananas in addition to breastmilk. What should I tell them?

Parents can only bring one component at a meal or snack that can count towards a reimbursable meal or snack in the CACFP. Let parents know that you can serve either the breastmilk or bananas, and will give their baby other foods at meal or snack time to make sure they are eating a variety of healthy foods. If the parents want both the breastmilk and bananas served at the same meal, you can offer one of the parent-provided items as an additional item.

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Read slide.

A center or provider can also choose not to claim the infants meals if they use the two parent provided components at the same meal or snack.

FAQ**How can I be reimbursed when a baby does not eat a normal or set mealtime?**

As long as you offer all required food components over the course of the day, the foods may be counted towards reimbursable meals and snacks. For example, the baby may be offered breastmilk at 9 a.m. and then infant cereal and pureed fruit at 10:30 a.m. based on when the baby shows signs of being hungry. The baby does not have to eat the entire meal in order for the meal to be reimbursed.

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FAQ

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

Since the organic pureed carrots count as the one parent-provided food component, you must offer all other food components. This could include iron-fortified infant cereal or a meat or meat alternate, such as pureed chicken or mashed beans, and iron-fortified infant formula. Be sure to offer the minimum serving size of each item in order to be reimbursed.

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Read slide.

Summary

The CACFP infant meal pattern:

- Provides nutrition babies need to grow and develop.
- Meals and snack are made up of food components.
- Serving sizes are listed as a range of numbers.
- Meals and snacks are reimbursable when all food components are offered.
- Offer solid foods when baby is developmentally ready.
- Look for creative ways to communicate with parents!

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Review the key concepts covered in the lesson. Allow participants to ask questions.

- The CACFP infant meal pattern provides for good nutrition—critical for the growth and development that occurs during a baby’s first year—and provides opportunities to introduce healthy eating habits.
- All operators participating in the CACFP need to follow the CACFP infant meal pattern and communicate with parents about types of foods the infant has eaten at home.
- Each meal and snack under the infant meal pattern is made up of food components, such as breastmilk or formula and vegetables and fruits.
- You can offer a baby food outside of regular meal times and still receive reimbursement for the meal—as long as all food components are offered to the baby during the day.
 - The baby does not have to eat the entire amount served for the meal to be reimbursed.
- Offer solid food when parent tells you their baby is developmentally ready and eating solid foods at home.
- Look for creative ways to communicate with parents about their baby.
 - You can use the tools in the Feeding Infants in the Child and Adult Care Food Program guide: Handouts and Bite-Sized Nutrition Messages
 - The For Parents handouts are available for free download from the USDA Team Nutrition website at <https://teamnutrition.usda.gov>.

Knowledge Check

True or False?

Responsive feeding means that you feed a baby when he or she shows signs of being hungry and stop feeding when the baby shows signs of being full.



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Trainer Note: Advance the slide to show the answer.

Answer

Question 1: True

Question 3: If the baby shows signs of being hungry when he wakes up at 11 a.m., offer him or her the breakfast you would have offered earlier that morning. Babies do not eat on a set schedule, so feeding them when they are hungry is okay. As long as you offer the breastmilk or infant formula and foods once the baby shows signs of being hungry, you can claim reimbursement for the breakfast meal.

Developmental Readiness for Complementary Feeding



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Next we will discuss developmental readiness and complementary feeding.

Developmental Readiness



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

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

**Developmental Readiness for
Solid Foods Video**

Sits in high chair with
good head control

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Next, we will watch a short video that describes the developmental skills that indicate a baby may be ready to eat solid foods.

The Developmental Readiness for Solid Foods video is linked in the PowerPoint slide. Runtime is 1 minute and 56 seconds. To view the video, click the image on the screen or use the following URL -

https://www.youtube.com/watch?v=_ZqrCVHetN4&feature=youtu.be.

After the video plays, summarize the information presented or ask participants the following question.

What developmental skills indicate that a baby may be ready to eat solid foods?

- Sits in a high chair with good head control.
- Opens mouth when foods come his or her way.
- Reaches for food.
- Uses tongue to move food from spoon into his or her mouth; baby has lost the reflex to spit out a spoon or any food put in his or her mouth.

Infant Feeding Skills ???

Palmar Grasp



Pincer Grasp



What feeding skills indicate that a baby may be ready to try new food textures?

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Ask participants the following question about feeding skills.

What feeding skills indicate that a baby may be ready to try new food textures?

Palmar grasp—when a baby uses his or her whole hand to pick up larger pieces of food or objects.

- Baby may be ready to try strips of bread or crackers.

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

- Baby may be ready to try ready-to-eat cereals, such as whole grain cereal O's.

Communicating With Parents



- Feeding solid foods before a baby is developmentally ready:
 - May increase chance of choking.
 - Baby may drink less breastmilk or formula needed to grow.
 - Baby may be obese later in life.
- Adding cereal to baby's bottle does not help baby:
 - Sleep through the night.
 - Eat fewer times in a day.



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Explain that parents need to know that feeding a baby solid food before he or she is developmentally ready, may increase the chance that the baby will choke on the food, drink less breastmilk or infant formula than is needed to grow, or may be obese later in life.

Feeding solid foods before a baby is ready, which includes adding infant cereal to the baby's bottle, does not help the baby sleep through the night or make the baby eat fewer times in a day.

Communicating With Parents



- Start a conversation!
- Talk with parents about developmental readiness for solid foods:
 - Can baby sit in a high chair with good head control?
 - Can baby use his or her tongue to move food from spoon to mouth?
 - Does baby show interest in food?
- Handout to share with parents:
 - For Parents: Is Your Baby Ready for Solid Foods?
 - <https://teamnutrition.usda.gov>



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Discuss ways to communicate with parents about a baby's readiness for solid foods. If time permits, refer participants to the *For Parents: Is Your Baby Ready for Solid Foods?* (pg 12) handout in the *Feeding Infants in the Child and Adult Care Food Program* guide.

- Talk with the baby's parent(s) if you feel that the baby is developmentally ready to start eating solid foods.
 - Serve solid foods once the parents tell you the baby is developmentally ready and eating solid foods at home.
- If a baby is not developmentally ready but parent(s) think the baby should start solid foods, explain that the baby is not ready for solid foods if he or she:
 - Needs help holding his or her head up
 - Cannot sit on his or her own without support throughout feeding
 - Isn't interested in food when it's offered or it's close by
- Use parent handouts to start a conversation:
 - *For Parents: Is Your Baby Ready for Solid Foods?* (pg 12 of *Infant Feeding Guide*) – Available from download from Team Nutrition website as well.

Trainer Note: Explain that KSDE no longer requires an infant offer form but it is still important to communicate with parents

Communicating With Parents



Scenario

Baby Emily still needs help holding her head up. She doesn't seem interested when food is around her. Emily's mom wants to start feeding her solid foods, but you don't think Emily is ready.



What can you do?

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Introduce the scenario and ask participants what they would do in this situation. Provide additional scenarios if time permits. You can do this activity in small groups or in pairs. Tell participants that they have 1 or 2 minutes to discuss the scenario after you read it out loud. At the end of the 1 or 2 minutes, ask participants to share their ideas. Correct any misunderstanding of developmental readiness for solid foods.

Trainer Note: Encourage participants to think about the communication tools in the Feeding Infants in the Child and Adult Care Food Program guide that can help them talk to parents. This includes the parent handout discussed earlier in this lesson: For Parents, Is Your Baby Ready for Solid Foods?

FAQ

Baby Kara is 5½ months old. She can sit up on her own with little assistance, has good head control, and keeps reaching for food when it is near. When Baby Kara tried a bite of food she was able to move it to the back of her throat to swallow. Is Baby Kara developmentally ready for solid foods?

Yes. Baby Kara is showing signs that she is developmentally ready for solid foods. She is sitting up with little assistance, has good head control, keeps reaching for solid foods, and swallows food without pushing it back out.

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Read Slide.

Summary

- Developmental readiness for solid food:
 - Sits in high chair with good head control
 - Opens mouth when food is near
 - Reaches for food
 - Uses tongue to move food from spoon into mouth
- Developmental readiness to try new food textures:
 - Palmar grasp
 - Pincer grasp
- Start a conversation!
 - For Parents: Is Your Baby Ready for Solid Foods?
 - <https://teamnnutrition.usda.gov>

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Trainer Note: This slide has no animations.

Briefly review the key concepts covered in the lesson. Allow participants to ask questions.

- Developmental skills that indicate a baby's readiness for solid food:
 - Sits in high chair with good head control.
 - Opens mouth when food is near.
 - Reaches for food.
 - Uses tongue to move food from spoon into his or her mouth.
- Feeding skills that indicate a baby's readiness to try new textures of foods:
 - Palmar grasp
 - Pincer grasp
- To start a conversation with parents; share the *For Parents: Is Your Baby Ready for Solid Foods?* handout.

Knowledge Check

True or **False**?

Babies are always ready for solid foods at exactly 6 months of age.



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Read Slide. Click to reveal answer which is false.

Knowledge Check

What are three developmental skills a baby needs in order to start eating solid foods?

- A. Open mouth when food is close.
- B. Use fingers to feed himself or herself.
- C. Suck formula or breastmilk from a bottle.
- D. Sit upright in a high chair without support.
- E. Use tongue to move food from spoon into mouth.

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Read question on slide. Click to reveal answers which are A, D, & E.

Knowledge Check

Which statement best describes why a baby should not be fed solid food before he or she is developmentally ready?

- A. A baby may choke on the food.
- B. A baby may drink less breastmilk or infant formula than needed in order to grow.
- C. A baby may be overweight or obese later in life.
- D. All of the above.


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Read question on slide. Click to reveal answer which is D.

Identifying and Responding to Hunger and Fullness Cues



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Let's discuss identifying and responding to hunger and fullness cues.

Responsive Feeding – Responding to Signs



Feed when baby shows signs of hunger.



Stop feeding when baby shows signs of fullness.

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Describe responsive feeding.

- Responsive feeding or feeding "on-demand" means feeding a baby when he or she shows signs of being hungry and stopping the feeding when the baby shows signs of being full.
 - Babies feel comforted and understood when you can quickly tell when they are hungry or full.
 - If a baby shows signs of being hungry, prepare the breastmilk, infant formula, or solid foods for feeding.
- Feed the baby and let the baby stop eating when he or she is full.
 - This gives the baby control over how much he or she eats during a feeding. It also helps the baby learn to eat when hungry and stop when full.
 - Later in life, this will be an important skill for the child to have. Babies usually consume enough food to grow and develop when following this eating practice.

Identifying Signs of Hunger and Fullness Video

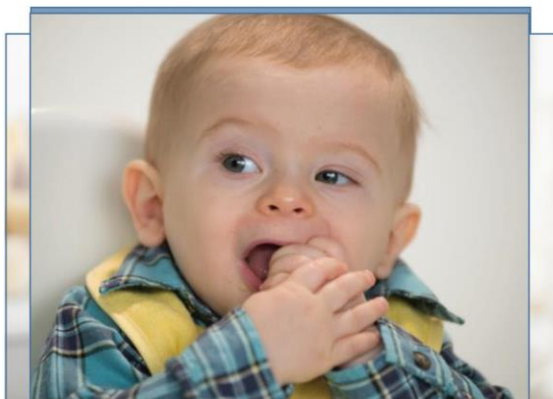
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Next, we will watch a short video that describes signs that can tell you a baby is hungry or full.

The Identifying Signs of Hunger and Fullness video is linked in the PowerPoint slide. Runtime is 2 minutes and 14 seconds. To play the video click on the image on the slide or use the following URL:

<https://www.youtube.com/watch?v=wJrPp2qVcGY&feature=youtu.be>

Is This Baby Hungry or Full?



Crying is a late sign of hunger.

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This slide has 5 animations.

To “test” participant’s ability to recognize hunger and fullness cues, cycle through the baby pictures on the slide. For each picture, ask participants if the baby is hungry or full. Allow for responses before providing the answer. If participant’s view of the projection screen is obstructed (view is blocked by columns) or some participants have low vision, you can refer participants to Table 1: *How Can I Tell If a Baby is Hungry?* and Table 2: *How Can I Tell If a Baby is Full?* (pg 8-9) in their *Feeding Infants in the Child and Adult Care Food Program* guide and use the pictures to review the signs of hunger and fullness.

Answers:

Baby 1: Hungry

Baby 2: Full

Baby 3: Full

Baby 4: Hungry

Baby 5: Hungry

Let’s review the signs that indicate hunger and fullness.

- A baby may show one sign or a combination of signs.
- Signs a baby is hungry:
 - Opens and closes mouth
 - Sucks on lips, hands, fingers, toes, toys, or clothing
 - Moves head toward spoon or tries to bring food to his or her mouth
 - Reaches or points to food
 - Rooting
 - Makes sucking noises and motions
 - Gets excited when he or she sees food
 - Cries. This is a late sign of hunger.

- Signs a baby is full:
 - Sucks slowly or stops sucking
 - Looks around and does not pay attention during a feeding
 - Turns head away
 - Pushes food away
 - Seals lips together
 - Falls asleep
- You will normally see more than one of these signs together.
 - When you see more than one sign, it may be time to stop the feeding.
 - This gives the baby control over how much he or she eats during a feeding.

Trainer Note: Review the concept that crying is a late sign of hunger.

- Many people think that a baby cries when he or she is hungry.
 - Crying is a late sign of hunger.
 - Crying can mean other things besides hunger.
 - Wanting to be held
 - Needing a new diaper
 - Having gas pains
 - Having other sources of pain or discomfort
- Instead of waiting for a baby to cry, look for other signs that a baby is hungry.

Signs a Baby is Hungry

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

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



• Gets excited when he or she sees food



• Rooting



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



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



• Reaches or points to food



• Opens and closes mouth

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Let's review the signs that indicate hunger and fullness.

- A baby may show one sign or a combination of signs.
- Signs a baby is hungry:
 - Opens and closes mouth
 - Sucks on lips, hands, fingers, toes, toys, or clothing
 - Moves head toward spoon or tries to bring food to his or her mouth
 - Reaches or points to food
 - Rooting
 - Makes sucking noises and motions
 - Gets excited when he or she sees food
 - Cries. This is a late sign of hunger.
- Many people think that a baby cries when he or she is hungry.
 - Crying is a late sign of hunger.
 - Crying can mean other things besides hunger.
 - Wanting to be held
 - Needing a new diaper
 - Having gas pains
 - Having other sources of pain or discomfort
- Instead of waiting for a baby to cry, look for other signs that a baby is hungry.

Signs a Baby is Full

Table 2 How Can I Tell If a Baby Is Full?		
Look for one or more of these signs that the baby is full:		
		
• Sucks slowly or stops sucking	• Turns head away	• Falls asleep
		
• Pushes food away	• Seals lips together	• Looks around and does not pay attention during a feeding

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- Signs a baby is full:
 - Sucks slowly or stops sucking
 - Looks around and does not pay attention during a feeding
 - Turns head away
 - Pushes food away
 - Seals lips together
 - Falls asleep
- You will normally see more than one of these signs together.
 - When you see more than one sign, it may be time to stop the feeding.
 - This gives the baby control over how much he or she eats during a feeding.

Communicating with Parents



Scenario

Baby Talia is 2 months old and is new to your family child care home. She drinks breastmilk. You want to get to know Baby Talia and what her usual eating habits are throughout the day. You want to know how Baby Talia will let you know when she is hungry and how much breastmilk she usually drinks in a feeding.

What can you do?

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Present the scenario and ask participants what they would do in this situation. Provide additional scenarios if time permits. You can do this activity in small groups or pairs.

- Tell participants that they have 1 or 2 minutes to discuss the scenario after you read it out loud.
- At the end of the 1 or 2 minutes, ask participants to share their ideas.

Refer participants to the For Parents: Breastfeeding? Tell Us About Your Breastfed Baby! (pg 26) handout in the Feeding Infants in the Child and Adult Care Food Program guide.

- Baby Talia's parents can share information on the handout, like how they know when Talia is hungry and how much breastmilk she usually drinks during each feeding.
- This handout also lets Baby Talia's mom know there is a space she can breastfeed her baby at your child care site.
- It includes a reminder to label bottles of breastmilk with Baby Talia's full name and the date mom **pumped** the breastmilk for safe storage.

Summary

- Responsive feeding:
 - Feed baby when shows signs of hunger.
 - Stop feeding when baby shows signs of being full.
- Babies may show one sign or a combination of signs.
- Start a conversation!
 - For Parents: Breastfeeding? Tell Us About Your Breastfed Baby!
 - <https://teamnutrition.usda.gov>



Briefly review the key concepts covered in the lesson. Allow participants to ask questions.

- Responsive feeding means you feed a baby on demand.
 - Feed the baby when he or she is hungry and let the baby stop eating when he or she is full.
 - This gives the baby control over how much he or she eats during a feeding and helps the baby learn when he or she is hungry and to stop eating when he or she is full.
- Babies show a variety of signs that they are hungry and full. A baby may show one sign or a combination of signs.
- Use parent handouts to start a conversation:

For Parents: Breastfeeding? Tell Us About Your Breastfed Baby!. This handout is available on the Team Nutrition website for download.

Knowledge Check

True or **False?**

Crying is one of the first signs that a baby is hungry.



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Read question on slide. Click to reveal answer which is False.

Knowledge Check

All of these pictures show a baby giving a sign that he or she is hungry, except (choose one):



Makes sucking noises



Opens mouth for bottle



Sleeping



Rooting

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Read question on slide. Click to reveal answer which is the sleeping baby.

Knowledge Check

All of these pictures show a baby giving a sign that he or she is full, except (choose one):



Pushing food away



Crying



Rooting



Seals lips together

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Read question on slide. Click to reveal answer which is the rooting baby.

Creating a Breastfeeding-Friendly Space in a Child Care Site



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In this next lesson, we will discuss the importance of creating a breastfeeding-friendly space in a child care site.

Why Support Breastfeeding?



- Breastmilk helps a baby's immune system fight infections.
- Mothers may have lower risk of Type 2 diabetes.
- Changes in breastmilk taste may help baby accept new flavors.

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Breastmilk is the best source of nutrition for babies. It is the only food healthy babies need for about the first 6 months of their lives. Breastmilk is easy to digest and helps keep babies healthy by boosting the baby's immune system.

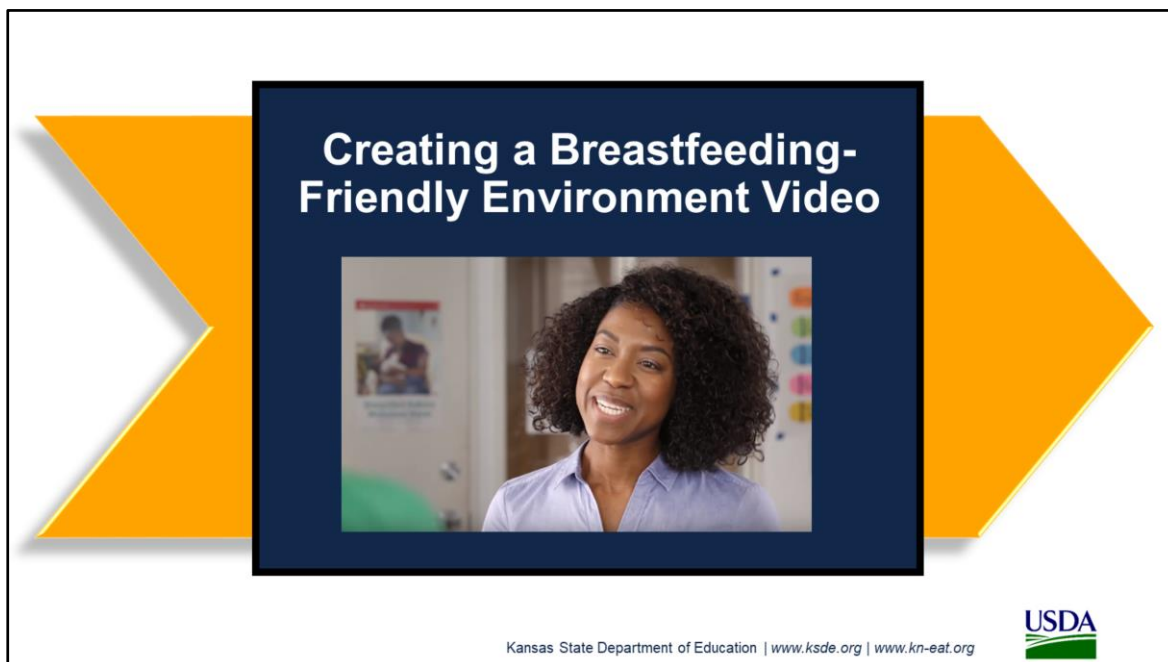
- Breastmilk helps a baby's immune system fight infections.
- Mothers that breastfeed may have a lower risk of Type 2 diabetes.

A mother's breastmilk is made for her baby and contains just the right amounts of nutrients. As the baby grows and changes, the mother's breastmilk also changes. This helps the baby get the nutrients he or she needs to stay healthy and grow.

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


Breastmilk is still important for babies even after they start eating solid foods. Babies should continue to receive breastmilk until their first birthday, or longer. If a mother chooses to give her baby breastmilk, let her know that she is welcome to breastfeed at your child care site.

Trainer Note: Tell participants that these are just some of the benefits of breastfeeding. Ask participants to turn to Table 4: Benefits of Breastfeeding for Babies, Mothers, and Families in the Feeding Infants in the Child and Adult Care Food Program (pg 21) guide to see a full list of benefits for babies, mothers, and families.



Creating a Breastfeeding-Friendly Environment Video

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Next, we will watch a short video that describes how you can support breastfeeding mothers.

The Supporting Breastfeeding Mothers in a Child Care Site video is linked in the PowerPoint slide. Runtime is 3 minutes and 02 seconds. To view the video click on the image on the slide or use the following URL:

<https://www.youtube.com/watch?v=ggX33lDsq8g&feature=youtu.be>.

A Breastfeeding-Friendly Environment

What Does It Look Like?



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You can do this activity in small groups or pairs. Ask participants to share what they currently provide breastfeeding mothers at their child care site with and what they might do differently to support breastfeeding mothers. Tell participants that they have 2 or 3 minutes to talk about the topic. After the 2 or 3 minutes ask participants to share their ideas. You can ask for a volunteer to write participants' suggestions on chart paper or a whiteboard.

Suggestions include:

- Offer a welcoming space for the mother to breastfeed her baby that is:
 - Private, quiet
 - Comfortable
 - Clean
- Items to include in the space:
 - Comfortable chair (rocking chair)
 - Stool for mom's feet to help support her back while nursing
 - Pillow to support the baby
 - Table to place pumping equipment on if mom chooses to pump breastmilk
 - Electrical outlet for the breast pump
 - Sink for mom to wash her hands and pumping equipment
 - Disinfectant wipes to clean up before and after feeding
 - Drinking water for mom (bottled water)
- Tell mothers they can breastfeed their baby onsite.
- Display the *Breastfed Babies Welcome Here* poster and message graphic.
- Offer copies of breastfeeding magazines for moms
- Offer mom a copy of ***Breastfed Babies Welcome Here! A Mother's Guide***.

Communicating With Parents



**Breastfed Babies
Welcome Here!
A Mother's Guide**



Special Supplemental Nutrition Program for
Women, Infants, and Children (WIC)



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Discuss suggestions for ways to start a conversation and support breastfeeding:

- Display ***Breastfed Babies Welcome Here!*** poster and message graphic to let families know your child care site is breastfeeding-friendly.
- Offer parents a copy of ***Breastfed Babies Welcome Here! A Mother's Guide***.
- Encourage mothers to continue breastfeeding even when they go back to work or school. Let mothers know that your child care site will support their breastfeeding efforts.
- Share information about the local Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) resources for breastfeeding mothers.

Refer participants to Chapter 2 (pg 22) in their Feeding Infants in the Child and Adult Care Food Program guide for information about supporting families of breastfed babies.

Breastfeeding Support in the Child Care Setting

Breastfeeding Support in the Child Care Setting

Breastfeeding is good for everyone!

- Provides optimal nutrition for infants
- Reduces the risk of SIDS
- Provides better health, breastfeeding both mother and child
- Contributes to positive maternal self-image
- Promotes an early and secure attachment for the child, which is central to subsequent development
- Affects children's cognitive and social functioning which significantly impacts their school and work participation
- Provides children at risk for adverse early experiences

CHILD CARE PROVIDERS PLAY A CRITICAL ROLE IN SUPPORTING BREASTFEEDING.

Child care providers influence the lives and health of the families they serve and can be an important source of support for working mothers who want to breastfeed.

How child care programs can support breastfeeding families:

- Allowances parents to breastfeed children on-site
- Provide a clean, private, and safe space for breastfeeding
- Making sure procedures for storing and handling breast milk and feeding breastfed infants are in place
- Training staff members in the care of the breastfed child and handling of breast milk

CHILD CARE PROVIDERS WHO SUPPORT BREASTFEEDING ARE IN DEMAND!

Breastfeeding support programs are more competitive:

- Parents are looking for child care programs that support their decision to breastfeed on-site, over 80 percent of parents in their breastfeeding support interventions in one year post-child birth that support breastfeeding as meaning a key market need
- Breastfed babies have fewer absences from child care—Breastfeeding increases the health of various types of infections and illnesses
- Increased access to breastfeeding education and support in the child care setting benefits not only the families that they serve but also the child care employees themselves.

NATIONAL AND STATE GUIDELINES & REGULATIONS FOR BREASTFEEDING SUPPORT IN THE CHILD CARE SETTING

Caring for our Children: National Health and Safety Performance Standards, 2015. "The facility should encourage, provide arrangements for, and support breastfeeding."

Child and Adult Care Food Program (CACFP)

- The CACFP meal pattern requirements recommend that child care providers feed babies when they show signs of hunger instead of on a set schedule.
- Compliance may vary from state to state; the minimum age for infants to be fed is 12 months, but many states require that infants be fed as soon as they are able to sit up.
- Child care providers who are developmentally ready to begin transitioning solid foods, the caregiver must provide all other components needed to feed the breast milk, including the breast milk, the water for the milk, and the formula.
- A parent may request that a child continue receiving breast milk in place of food until after 12 months of age. A written request or medical statement is not required in order for the milk to be administered.

For additional questions regarding CACFP, please contact KSDE at 785.241.2216.

Breastfeeding Experts

Additional Requirements:

- Child care providers who are not currently licensed as child care providers may be eligible to receive training and certification through the Kansas Breastfeeding Coalition's (KBC) Breastfeeding Support Program (BSP) by a CACFP program administrator.
- Child care providers who are currently licensed as child care providers may be eligible to receive training and certification through the KBC's Breastfeeding Support Program (BSP) by a CACFP program administrator.

Kansas Breastfeeding Coalition logo

Head Start/Early Head Start:

- Provide families with information, education, and services that address the benefits of breastfeeding
- Programs must ensure that staff and young children are:
 - Health screened
 - Provided facilities to properly store and handle breast milk
 - State accommodations for mothers who wish to breastfeed during program hours
 - If necessary, provide referrals to lactation consultants or consultants

Markers Reported in a Large Portion of Today's Workforce:

- In 2017, 74% percent of health care professionals under the age of 40 were employed (BLS, Bureau of Labor Statistics). Over 70% of the nation's workforce is employed in health care, and the majority of that workforce is employed in health care by a health care professional.

Center for Disease Control and Prevention (CDC): According to the CDC, "Breast milk is the best combination of a balanced and on-demand production food for the feeding of newborn/infant only." Child care providers can be trained to store breast milk in a separate refrigerator or cooler given to feed a bottle of breast milk. Breast milk should be stored aseptically in any clean food and there are no special food requirements for handling breast milk.

Kansas Department of Health & Environment, Child Care Licensing Regulations:

- Each facility that contains prepared formula or breast milk shall be stored in the refrigerator with the top door closed. The facility shall be subject to the child care, the center, and the state standards and shall be subject to 24 hours of the day on-site monitoring. If a child under the age of 12 months is to be fed with breast milk, the refrigerator shall be observed. If the refrigerator door is left open during a feeding, the refrigerator shall be closed immediately after the feeding and shall not be opened until the next feeding. If the refrigerator door is left open during a feeding, the refrigerator shall be closed immediately after the feeding and shall not be opened until the next feeding.
- No formula or breast milk shall be stored in a microwave oven.
- Liquid breast milk must be returned to the facility at the end of each day. Frozen breast milk may be stored on-site.

For additional questions regarding Kansas Child Care Licensing regulations, please contact KDH at 785.241.2216.

Emergency Preparedness Plan

Child care providers who are not currently licensed as child care providers may be eligible to receive training and certification through the Kansas Breastfeeding Coalition's (KBC) Breastfeeding Support Program (BSP) by a CACFP program administrator.

RECOMMENDATIONS: ACHIEVE THE "BREASTFEEDING FRIENDLY CHILD CARE DESIGNATION"

Child Care Research of Kansas recognizes child care providers who provide support to breastfeeding families and employees through the Breastfeeding Friendly Child Care Designation Program. Providers receiving the designation receive a certificate, a bronze flag and are recognized in the Provider Profile information that is distributed through the Child Care Research of Kansas. Information on how to become a member of the program is available on the Child Care Research of Kansas website at www.kcr.org.

RESOURCES

- Kansas Breastfeeding Coalition "Child Care" Resource Index, policy templates, parent handbook, etc. - <http://www.kbc.org>
- Child Care Research of Kansas "Breastfeeding Friendly Child Care Provider" designation application and factsheet - <http://www.kcr.org>
- How to become a member of the Child Care Research of Kansas - <http://www.kcr.org>
- How to Support the Breastfeeding Family - online article at Kansas Child Care Training Organization (KCCTO) - Register at www.kcccto.org
- Breastfeeding Resource Index - <http://www.kansas.gov>

CONTRIBUTING PARTNERS:

- www.kbc.org
- www.kcr.org
- www.kcccto.org
- www.kansas.gov
- www.kdnr.gov
- www.kdheps.org
- www.kdhs.gov
- www.kdhs.gov
- www.kdhs.gov

ksbreastfeeding.org



The Kansas Breastfeeding Coalition has developed a two-page summary of what child care providers need to know to support breastfeeding families! Information about the CACFP is included on this resource. The resource can be downloaded off of the Kansas Breastfeeding coalition website at ksbreastfeeding.org.

Breastfeeding Friendly Child Care Providers



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Child Care Aware® of Kansas is recognizing child care providers that provide support to breastfeeding families and employees through the Breastfeeding Friendly Child Care Designation.

To receive the designation, child care providers must meet five criteria. Programs receiving the Breastfeeding Friendly Child Care Designation will receive a certificate, a window cling and be recognized in the Provider Profile information that is distributed through the Child Care Aware® of Kansas Referral Center - a resource for families looking for child care.

Breastfeeding Friendly Child Care Designation Criteria Include:

1. Creates a culturally appropriate breastfeeding friendly environment.
2. Has written policies that reflects their support of and commitment to breastfeeding mothers.
3. Supports and provides accurate information to breastfeeding mothers and family members.
4. Ensures that all staff are trained in the skills to support and promote breastfeeding.
5. The facility has written policies that reflects their support and commitment of breastfeeding employee's.

Summary

- Breastfeeding has many benefits for babies, mothers, and families.
- Support breastfeeding mothers:
 - Create a welcoming space to breastfeed.
 - Share Breastfed Babies Welcome Here! Resources
 - <https://www.fns.usda.gov/tn/breastfed-babies-welcome-here>



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Briefly review the key points covered in the lesson. Allow participants to ask questions.

- Why breastfeed?
 - Breastmilk helps a baby's immune system to fight infections.
 - Mothers that breastfeed may have a lower risk of Type 2 diabetes.
 - Babies taste different flavors in breastmilk, which may help babies accept new flavors later when they start eating solid foods.

Remind participants that a full list of benefits can be found in Table 4: Benefits of Breastfeeding for Babies, Mothers, and Families (page 21) in the Feeding Infants in the Child and Adult Care Food Program guide.

- Support breastfeeding mothers:
 - Create a welcoming space for mothers to breastfeed their baby.
 - Encourage mothers to continue breastfeeding after they return to work or school.
 - Display **Breastfed Babies Welcome Here!** poster and message graphic to let families know your child care site is breastfeeding-friendly.
 - Share information about breastfeeding:
 - **Breastfed Babies Welcome Here! A Mother's Guide**
 - Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) resources

Knowledge Check

All of the following statements about the benefits of breastfeeding are true, except which one?

- A. Breastmilk helps a baby's immune system fight infections, like ear infections.
- B. Mothers that breastfeed may have a lower risk of Type 2 diabetes.
- C. Families cannot help with feeding a breastfed baby.
- D. Babies taste different flavors in breastmilk, which may help babies accept new flavors later when they start eating solid foods.

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Read question on slide. Click to reveal answer which is C.

Knowledge Check

A child care provider can support breastfeeding mothers by doing all of the following, except which one?

- A.** Let a mother breastfeed in the bathroom.
- B.** Share information about the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) program.
- C.** Display the Breastfed Babies Welcome Here! poster and message graphic at the child care site.
- D.** Encourage mothers to continue breastfeeding even when they go back to work or school.

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Read question on slide. Click to reveal answer which is A.

Storing and Handling Breastmilk in a Child Care Site



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In this lesson, participants will learn best practices for handling and storing breastmilk at a child care site and ways they can communicate with parents about how to transport breastmilk.

Breastmilk—Look and Smell



- It may look different each day.
- Color can change based on what mother eats or baby needs.
- A blue, yellow, or green color is normal.
- It's thinner than infant formula, especially if the fat has separated.

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Breastmilk is the best source of nutrition for babies. It's the only food healthy babies need for about the first 6 months of their lives. Breastmilk is easy to digest and helps keep babies healthy by boosting the baby's immune system.

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

Breastmilk may look thinner than infant formula, especially if the fat, or creamy part, has separated from the breastmilk and has risen to the top of the bottle.

Proper storage and handling of breastmilk will help ensure breastfed babies have food available when they are hungry and will help preserve the important nutrients in the breastmilk.

Storing and Handling Breastmilk and Infant Formula in a Child Care Site Video



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Next, we will watch a short video that describes best practices for handling and storing breastmilk and infant formula.

The Handling and Storing Breastmilk and Infant Formula in a Child Care Site video is linked in the PowerPoint slide. Runtime is 2 minutes and 34 seconds. To view the video click the image on the slide or use the following URL -

<https://www.youtube.com/watch?v=3VNt7WT43e0&feature=youtu.be>.

KDHE Regulations

- Each bottle that contains prepared formula or breastmilk shall be stored in the fridge with the nipple covered. The bottle shall be labeled with the **child's name**, **the contents**, and the **date received** and shall be used within **24 hours** of the date on the label.
- If a child does not finish a bottle the contents of the bottle shall be discarded.



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KDHE regulations state that each bottle that contains prepared formula or breastmilk shall be stored in the fridge with the nipple covered. The bottle shall be labeled with the **child's name**, **the contents**, and the **date received** and shall be used within **24 hours** of the date on the label.

KDHE regulations also state that if a child does not finish a bottle the contents of the bottle shall be discarded.

Handling Breastmilk

- Do not accept or use an unlabeled bottle.
- Keep refrigerated until needed.
- Cool fresh breastmilk before mixing with cold breastmilk.
- Use within 1 hour after baby has finished feeding.
- Before feeding, check bottle:
 - Name matches baby.
 - Fresh milk is not older than 24 hours.
 - Thawed milk is not older than 24 hours.



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Discuss the best practices for handling fresh breastmilk.

- Do not accept an unlabeled bottle from a parent.
- Do not use an unlabeled bottle.
- Keep breastmilk refrigerated until it's time to feed the baby.
- Bottles can be served cold from the refrigerator and do not have to be warmed. If you choose to warm a bottle, hold it under warm running water or place the bottle in a bowl of warm water.
- If breastmilk is pumped at the child care site, this breastmilk can be served with refrigerated breastmilk during a feeding. If you want to serve them together in one bottle, the freshly pumped breastmilk should be cooled before it's mixed with the refrigerated breastmilk.
- Do not use breastmilk left in the bottle within 2 hours after the baby has finished a feeding.
- Check the name and date on a bottle before you feed the baby.
 - Make sure the name matches the baby's name.
 - Do not use fresh breastmilk that has been in the refrigerator for more than 3 days.
 - Thawed breastmilk must be used within 24 hours.

Best Practices for Storing Breastmilk

- Store at back of refrigerator.
- Refrigerate at 40° F (or below).



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Explain best practices for storing breastmilk at a child care site.

- Store breastmilk in the back of the refrigerator where the temperature is always cold. The front of the refrigerator can be warmer because the door is opened frequently.
- Refrigerate breastmilk at **40 °F** (or below) for up to **72 hours** (3 days) from the date the breastmilk was pumped.
 - If it's past the 3 day mark, ask the parents what they want you to do with the breastmilk.

Trainer Note: If state or local health and safety regulations are stricter, participants should follow those guidelines. Refer participants to Table 5: *Maximum Storage Time and Temperature for Breastmilk at a Child Care Site* in the *Feeding Infants in the Child and Adult Care Food Program (pg 44)* child care provider's guide to learn more about temperature and storage times. KDHE has stricter guidelines that what is noted in the infant feeding guide so have participants make note of those difference.

Preparing Breastmilk for Feeding

- Thaw amount needed for one feeding.
 - Refrigerator
 - Warm water
- Write date thawed on bottle.
 - **Do not:**
 - Thaw at room temperature.
 - Mix with warm breastmilk.
 - Place in boiling water.
 - Heat in a microwave.



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Explain the best practices for thawing breastmilk.

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

Communicating With Parents



- Start a conversation!

Provide Amount for Baby's Age*



Refrigerate or Freeze



0 to 5 Months

- 4–6 fl. oz. / Meal
- 4–6 fl. oz. / Snack

6 to 11 Months

- 6–8 fl. oz. / Meal
- 2–4 fl. oz. / Snack

* If the baby usually drinks less than this amount, make a bottle with only the amount of breastmilk the baby usually drinks in one feeding to prevent or reduce waste.

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Discuss the information that child care providers can share with parents about how to prepare and safely transport labeled breastmilk to the child care site to prevent spoilage and waste.

- Label each bottle with the baby's full name and the date the breastmilk was pumped.
- Refrigerate or freeze breastmilk right after its pumped.
- If possible, fill bottles with at least the minimum amount of breastmilk required in the CACFP infant meal pattern.
 - For breakfast, lunch, and supper:
 - Babies 0–5 months need 4 to 6 fluid ounces
 - Babies 6–11 months need 6 to 8 fluid ounces
 - For snack:
 - Babies 0–5 months need 4 to 6 fluid ounces
 - Babies 6–11 months need 2 to 4 fluid ounces
 - If the baby usually drinks less than this amount, make a bottle with only the amount of breastmilk the baby usually drinks in one feeding to prevent or reduce waste.
- Bring bottles of breastmilk in smaller amounts (1 to 2 fluid ounces) to reduce waste in case the baby wants more after a feeding.
 - One way families could bring in smaller quantities of breastmilk for when a baby is still hungry is to freeze breastmilk in ice cube trays and bring in the frozen cubes. The "cubes" can then be placed in a freezer bag that can be

taken out and thawed as needed. Each cube is approximately 0.5 ounces.

By sharing with parents the amount of breastmilk their baby consumes each day, they can help families know the amount of breastmilk they should bring each day to the child care site. Encourage families to transport breastmilk in a cooler with an ice pack to keep it cold.

Discuss the information that child care provider can share with parents. Refer participants to the *For Parents: Breastfeeding? Tell Us About Your Breastfed Baby!* (pg 26) handout in their *Feeding Infants in the Child and Adult Care Food Program* guide. They can use the handout to start a conversation with parents about how much breastmilk their baby usually drinks and what parents want the child care provider to do when the baby is still hungry but there is no more breastmilk.

Tell participants that information on storing and transporting breastmilk to a child care site can also be shared with breastfeeding mothers through USDA's Team Nutrition Breastfed Babies Welcome Here! Resource.

Supporting the Breastfed Infant During Emergencies in the Child Care Setting

Guidelines to Support the Breastfeeding Infant During Emergencies While in Child Care


CHECKLIST TO PREPARE:

- Emergency Supplies:
 - Breast milk in sealed 1.2 ounce quantities in well-labeled freezer bags, ready to go, labeled with the child's name and date acquired
 - Feeding bottles with nipples for each child
 - Battery operated bottle warmer or alternative to heat and warm breast milk (e.g. hot water, warm temperature water bath, hot pack/heat exchanger)
 - Pre-washed clean formula and water and/or ready to feed infant formula with the infant's breast milk for its replacement
- For a comprehensive list, see Emergency Preparedness Tool Kit under "Resource"
- Storage space should be open heat to store breast milk and heated water
- Include an "Emergency Plan" in the infant feeding plan reviewed with the parent and include all of the information that addresses contingencies when breast milk is not available and what formula may be utilized
- Contact local emergency managers (see Kansas County Emergency Manager Contact List under "Resource") for any developments to minimize potential and establish a relationship
- Practice different scenarios - make a plan in the shelter, see what is needed to make it easier to transport breast milk in shelter space without electricity. Make adjustment to plan as needed

BREAST MILK STORAGE AND HANDLING GUIDELINES:

- Check supply of breast milk only for expired milk using storage guidelines below
- Thaw breast milk in water bath before serving

Storage Location and Temperature		
Type of Breast Milk	Refrigerator 40°F - 40°F	Freezer 0°F - 10°F or colder
Feeding Equipment or Pumped	Up to 3 Days (up to 24 hours)	Up to 6 months to 1 year (up to 12 months to 18 months)
Heated, Pasteurized, Frozen	Up to 1 Year (24 hours)	Up to 12 months (breast milk after it has been thawed unless the guidelines are followed)
Leftover from a Feeding	Use within 2 hours after the baby's finished feeding (only when from the bottle)	





Does your center or day care home have a plan for how to care for a breastfeeding infant in the even of an emergency situation? The Kansas Breastfeeding Coalition has developed a one-page resource to help you consider how to best care for a breastfeeding infant during an emergency. The resource can be downloaded from the Kansas Breastfeeding Coalition website at ksbreastfeeding.org.

Summary

- Breastmilk is best source of nutrition for babies.
- Know how to properly store and handle fresh and frozen breastmilk.
- Refer to Table 5 in your guide for storage requirements.
- Start a conversation with parents!
 - Best practices for bringing breastmilk to the child care site.
 - Share Breastfed Babies Welcome Here! A Mother's Guide with breastfeeding mothers.
 - <https://www.fns.usda.gov/tn/breastfed-babies-welcome-here>

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Trainer Note: This slide has no animations.

Briefly review the key points covered in the lesson. Allow participants to ask questions.

- Breastmilk is the best source of nutrition for babies. Know how to properly handle and store fresh and frozen breastmilk.
- Refer to Table 5: *Maximum Storage Time and Temperature for Breastmilk at a Child Care Site (pg 44)* in the Feeding Infants in the Child and Adult Care Food Program guide for maximum storage time and temperature for breastmilk at your child care site.
- Provide parents with information about how to safely bring labeled breastmilk to the child care site to help prevent spoilage and waste.
 - Share the *Breastfed Babies Welcome Here! A Mother's Guide* with breastfeeding mothers.

Knowledge Check

True or False?

Bottles of breastmilk can be served cold from the refrigerator and do not have to be warmed.



Read question on slide. Click to reveal answer which is True.

Knowledge Check

Fresh breastmilk can be refrigerated at a CACFP site at 40° F (or below) for up to _____ hours.

- A. 24
- B. 36
- C. 48
- D. 72



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Read question on slide. Click to reveal answer which is A per KDHE regulations.

Knowledge Check

What information should parents write on a bottle of breastmilk?

- A. Baby's full name**
- B. Baby's date of birth**
- C. Date breastmilk was pumped**
- D. Date breastmilk was placed in the bottle**
- E. Parents do not need to label the bottle**



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Read question on slide. Click to reveal answer which is A and C.

Selecting, Storing, and Handling Infant Formula in a Child Care Site



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Next, we will cover selecting, storing and handling infant formula in a child care site.

Selecting Infant Formula



- You must offer at least one **iron-fortified infant formula**.
- Must be regulated by the FDA.
- Substitution requires a signed medical statement.

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To ensure infants are getting the nutrients they need for healthy growth, the Food and Drug Administration (FDA) has strict nutrition and safety standards for infant formula. In the CACFP infant meal pattern, you must offer at least one iron-fortified infant formula that is regulated by the FDA to babies who are not breastfed or are partially breastfed. All infant formulas sold in the United States are regulated by the FDA. If an infant formula is bought from a place online or in person outside of the United States, it is probably not regulated by the FDA and should not be used. Although you must offer at least one **iron-fortified infant formula**, the type of infant formula fed to a baby is a decision that should be made by the baby's parents and health care provider.

In Kansas sponsors must indicate on the site application what type/brand of infant formula is offered by the child care center.

If a baby will be fed a formula that is not iron-fortified or is a low- or no-iron formula, the substitution must be supported by a medical statement signed by the baby's health care provider for it to be creditable under the CACFP.

Purchasing Iron-Fortified Formula



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Discuss what child care providers should look for on packaging labels when purchasing infant formula.

- Look for “Infant Formula with Iron,” or a similar statement on the front of the formula package.
- Use the Nutrition Facts label as a guide to make sure the formula has enough iron.
 - To be considered iron-fortified, an infant formula must have 1 mg of iron or more per 100 calories of formula when prepared using the label directions.

Accommodating Special Dietary Needs

- Food allergies or intolerances
- Vegetarian or vegan diet
- Religious reasons



Looks for substitutions within the same food component.



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As a child care site participating in the CACFP, you must make substitutions to meals for babies with special dietary needs.

If the food you offer does not meet the needs of a baby with a disability due to special dietary needs, then another food item within the same food component can be substituted by you or the parents. You should always try to find a substitution.

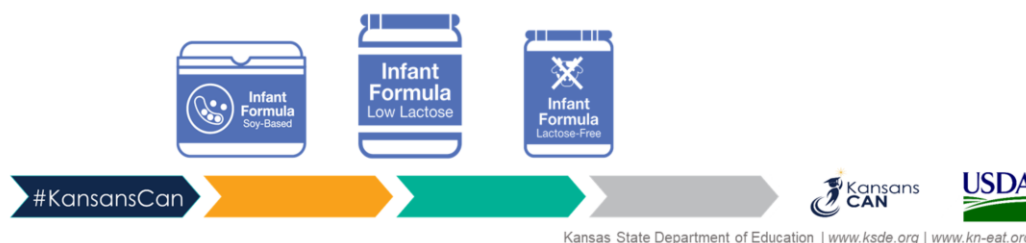
However, if the baby's health care provider writes a medical statement that notes that the baby cannot eat any foods in a food component, then you do not have to serve that food component.

Provide examples of when a parent may request a food substitution.

- **Food allergy or intolerance:** If a baby in your care cannot eat peaches, you can provide another fruit such as apples, pears, or bananas as part of the reimbursable meal.
- **Religious reasons:** If parents do not want their baby to eat pork, then a different meat or meat alternate can replace the pork for that meal. In this case, the meal would still be reimbursable.
 - It's recommended to have a parent's note and signature on file showing that this request was made. A medical statement is not needed.

Babies with Special Dietary Needs

- If a baby will be fed:
 - Non iron-fortified formula
 - Low- or no-iron formula
- Must have a **signed medical statement** for formula substitution to be reimbursed under the CACFP.



Explain that there are different reasons for parents to choose a specific formula. Parents may choose to provide a formula because of an allergy or intolerance, for religious reasons, or if they want a vegan diet for their baby. Refer participants to the *Soy-Based, Low Lactose, and Lactose-Free Formulas* section in Chapter 3: *Feeding the Formula-Fed Baby* in the *Feeding Infants in the Child and Adult Care Food Program (pg 36)* guide for more information about soy-based, low-lactose, and lactose-free formulas.

Remind participants that if a baby will be fed a formula that is not iron-fortified or is a low- or no-iron formula, the substitution must be supported by a signed medical statement for it to be creditable in the CACFP.

Babies with Special Dietary Needs Medical Statement

- Information about the child's physical or mental impairment that is sufficient to allow the Sponsor to understand how it restricts the child's diet
- An explanation of what must be done to accommodate the child
- The food or foods to be omitted and recommended alternatives, if appropriate



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The medical statement must include the following:

- Information about the child's physical or mental impairment that is sufficient to allow the provider to understand how it restricts the child's diet;
- An explanation of what must be done to accommodate the child; and
- The food or foods to be omitted and recommended alternatives, if appropriate.

The medical statement is no longer required to identify the specific disability, or use the terms "disability" or "disabled" though statements that use these terms are sufficient.

Recommended substitutions of infant formula can also be included on the medical statement.

Keep the medical statement on file in a secure location at your child care site.

Medical Statement with Missing Information

- Sponsors should start providing meals and snacks that conform to the medical statement even if required information is missing.
- Sponsor should follow up with the medical authority and parent to obtain the missing information.

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Read slide.

Trainer Note: If asked, Sponsors must obtain the missing information within a “reasonable” timeframe. Reasonable is not defined in regulations. Sponsors must document attempts to obtain missing information.

Medical Authority in Kansas

- Licensed physician (MD or DO)
- Physician's Assistant (PA)
- Advanced Registered Nurse Practitioner (ARNP)

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A medical statement must be signed by a “medical authority” that is authorized by Kansas state law to write medical prescriptions: licensed physician (MD or DO) OR a physician’s assistant (PA) or an advanced registered nurse practitioner (ARNP) authorized by their responsible licensed physician.

Preparing Formula

What challenges do you face when preparing infant formula?



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This is a short group discussion activity. Ask participants what challenges they face (if any) when preparing iron-fortified infant formula at their site. After 1–2 minutes of discussion, advance to the next slide.

Preparing Formula

Read and **follow instructions** on the container of infant formula.

Use the **scoop provided** with the container.



Provide Amount for Baby's Age

0–5 Months

- 4–6 fl. oz. / Meal
- 4–6 fl. oz. / Snack

6–11 Months

- 6–8 fl. oz. / Meal
- 2–4 fl. oz. / Snack

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Remind participants that they should always read and follow the instructions on the formula container. The instructions for preparing infant formula are different for each product.

- Prepare, use, and store infant formula according to the product directions on the container or as directed by the baby's health care provider.
 - For powdered formula, measure the amount of formula using the scoop provided with the container.
- The water used for preparing infant formula should be routinely tested for lead and other unsafe contaminants.
- If possible, fill bottles with at least the minimum amount of infant formula required in the CACFP infant meal pattern.
 - For breakfast, lunch, and supper:
 - Babies 0 through 5 months need 4 to 6 fluid ounces.
 - Babies 6 through 11 months need 6 to 8 fluid ounces.
 - For snack:
 - Babies 0 through 5 months need 4 to 6 fluid ounces.
 - Babies 6 through 11 months need 2 to 4 fluid ounces.

Storing Formula

- Refrigerate at 40° F (or below).
- Remove from refrigerator just before feeding.



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Explain that properly storing infant formula minimizes spoilage and waste and helps preserve the nutrients in the formula. Review the key points below:

- Store unopened containers of infant formula in a cool, dry indoor place—not in a refrigerator or freezer. Exposure to moisture and temperature changes can affect the quality of the formula.
- Refrigerate bottles of formula at 40 °F (or below) until ready to use.
- Do not take prepared formula out of the refrigerator until just before a feeding.
- Store bottles of prepared formula in the back of the refrigerator where the temperature is always cold. The front of the refrigerator can be warmer because the door is opened frequently.
- Use formula that has been in the refrigerator within 24 hours after it's prepared.

Refer participants to Table 6: *Storing and Handling Infant Formula* in the *Feeding Infants in the Child and Adult Care Food Program (pg 47)* guide to learn more about proper temperature and storage times.

FAQ

If a formula fed baby consistently consumes less than the minimum meal pattern requirements for their age, does the baby need to be offered the minimum serving size for their age in order for the center or home to claim the meal?

Yes. An infant must be offered the full minimum required serving size of infant formula to claim the meal or snack. Infants do not eat on a strict schedule and the quantity of food an infant consumes changes from feeding to feeding or day to day. Infants should not be force fed. Infants need to be fed during a span of time that is consistent with the infant's eating habits.

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Read slide.

If waste is of concern, consider splitting the full minimum serving size between two bottles. For example, the full minimum required serving size for breakfast, lunch and supper, and snack for infants 0 through 5 months is 4-6 fluid ounces. One bottle can contain 2-3 fluid ounces of infant formula and another bottle can contain the remaining 2-3 fluid ounces of infant formula for a total of 4-6 fluid ounces. When the baby shows signs of hunger, you will have both bottles on hand to offer the infant for that feeding.

Communicating With Parents



Scenario

Baby Michael drinks infant formula at home and his mom brought it in on his first day at child care. You are happy to give Baby Michael the infant formula his mom brought in, but you also want to let her know you have some at the center.

How can you have this conversation with Baby Michael's mom?

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Remind participants that they must offer at least one iron-fortified infant formula, but if parents choose not to use it then they can give parents information on how to prepare and transport bottles to the child care site.

Present the scenario and ask participants what they would do in this situation.

Refer participants to the For Parents: Feeding Your Baby Infant Formula? Tell Us More! (pg 34) handout in their Feeding Infants in the Child and Adult Care Food Program guide.

Baby Michael's mom can fill out the handout to let them know if she would like to provide her own infant formula, breastmilk and infant formula, or if she would like you to give Baby Michael the **iron-fortified infant formula** they have at the child care site. The handout also helps them share that if mom brings in infant formula for Baby Michael, it must contain iron.

Tell participants that the handout is available for free download from the USDA Team Nutrition website at <https://teamnnutrition.usda.gov>.

Summary

- Offer at least one iron-fortified infant formula—regulated by FDA.
- Substitutions must have signed medical statement—signed by baby’s health care provider.
- Refer to Table 6 in your guide for storage requirements.
- Start a conversation with parents!
 - For Parents: Feeding Your Baby Infant Formula? Tell Us More!
 - <https://teamnutrition.usda.gov>

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Review the key points in the training. Allow participants to ask questions.

- You must offer at least one type of iron-fortified infant formula regulated by the FDA at your child care site.
- If an infant needs an infant formula that is not iron-fortified or is not regulated by the FDA, the parent must provide a medical statement signed by the baby’s health care provider for the formula to be creditable in the CACFP.
- Refer to Table 6: *Storing and Handling Infant Formula* in the *Feeding Infants in the Child and Adult Care Food Program* guide for maximum storage time and temperature for infant formula at your child care site.
- Use the *For Parents: Feeding Your Baby Infant Formula? Tell Us More!* handout in the *Feeding Infants in the Child and Adult Care Food Program* guide to share information about iron-fortified infant formula and gather information from parents.

Knowledge Check

Yes or **No?**

A child care provider has been busy watching all of the children in his care and accidentally leaves a bottle of infant formula out on the counter for 2½ hours. Can he put it back in the refrigerator and use it later?



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Read question on slide. Click to reveal answer which is No.

Once you begin feeding a baby infant formula, it should be consumed within 1 hour. Any leftover formula should be thrown away. The baby's saliva can get into the bottle of formula during a feeding. This can cause bacteria to grow and can make the baby sick.

Knowledge Check

Bottles of infant formula can be refrigerated at a child care site at 40° F (or below) for up to _____ hours.

- A. 24**
- B. 36
- C. 48
- D. 72



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Read question on slide. Click to reveal answer which is A.

Knowledge Check

Yes or **No?**

A mother brings in a new iron-fortified infant formula for her baby. The child care provider has worked with babies for years and prepares the infant formula the same way she does with all other formulas. Is the child care provider preparing the infant formula correctly?



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Read question on slide. Click to reveal answer which is No.

The child care provider is not preparing the infant formula the correct way. She should always follow the instructions on the package to make sure she is adding the correct amount of water to the powdered infant formula.

Bottle Feeding and Introducing a Cup



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In this lesson, we will cover bottle feeding and introducing a cup.

What Should Babies Drink?

- What should babies age 0–11 months drink?
 - Breastmilk and iron-fortified infant formula
 - These are the only liquids that are creditable in the CACFP.
 - Do not put cereal in a bottle.

- What is the recommended age at which you can offer a baby water to drink?
 - Around 6 months when babies start to eat solid foods

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This slide has 2 animations.

You can present this learning activity where participants use Chapter 5: Feeding a Baby Using a Bottle and Cup in their Feeding Infants in the Child and Adult Care Food Program guide to find the answer to the following question. You can do this as a small group activity or in pairs. Allow participants 2–3 minutes to locate the answer in their guides. When the 2–3 minutes is over, ask for volunteers to give their answer(s) to each question. Answers can be found in Table 7: What Should Babies Drink? (page 55)

Question: What should babies age 0 through 11 months drink?

Answer: Breastmilk and iron-fortified infant formula

Tell participants that they should never put cereal in a bottle. If cereal is mixed in a bottle with breastmilk or infant formula then the breastmilk or formula would not be creditable.

Question: What is the recommended age at which you can offer a baby water?

Answer: Around 6 months when babies start to eat solid foods.

Explain that breastmilk and iron-fortified infant formula are the only liquids that can be offered to a baby as part of a reimbursable meal or snack. If participants have questions about offering juice, cow's milk, or other beverages to a baby refer them to Table 7: What Should Babies Drink? (pg 55) in their Feeding Infants in the Child and Adult Care Food Program guide. As stated in the Table, juice, cow's milk, goat's milk, sodas, sports, drinks, sugar water, fruit drinks, tea, and coffee are not creditable as part of a reimbursable meal or snack for infants.

Prevent Choking when Bottle Feeding



Drops from nipple should follow each other closely; not a stream.



Hold baby almost upright.

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Discuss best practices for feeding a baby to prevent choking.

- Ways to prevent choking when feeding a baby a bottle:
 - Before feeding the baby, hold the bottle upside down over a sink or other container.
 - Make sure falling drops from the nipple follow each other closely but don't fall in a stream.
 - A stream means the opening in the nipple is too big and could allow the liquid to come out too quickly; increasing the chance that the baby could choke.
 - Hold the baby almost upright.
 - This keeps the baby secure.
 - It can help prevent the baby from choking or getting too much liquid at once.
 - It helps you see if the baby is showing signs of hunger or fullness.
- Never prop a bottle with a pillow or other item. This can lead to tooth decay and possibly cause choking.
 - KDHE regulations state that a child should be held during bottle feeding until old enough to hold the bottle themselves.

Refer participants to Chapter 5: Feeding a Baby Using a Bottle and Cup (pg 50) in their Feeding Infants in the Child and Adult Care Food Program guide for best practices for feeding a baby a bottle.

Steps to Bottle Feeding



- Hold bottle mostly sideways, not straight up.
- Hold baby during feeding.
- Switch arm you use to hold baby.
- Burp during natural breaks or at end of feeding.
- Use a slow flow bottle nipple.
- Brush nipple of bottle across baby's upper lip.

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Explain the steps to bottle feeding. Ask participants to turn to page 51 & 52 of the Infant Feeding Guide.

When feeding a baby a bottle, remember to:

- Hold the bottle mostly sideways, not straight up.
 - Make sure the tip of the nipple is filled with breastmilk or infant formula and not air. This will lower the amount of air the baby swallows.
 - Holding the bottle mostly sideways is used in paced bottle feeding. See “How to Feed With a Bottle” on page 51 for more information on paced bottle feeding.
- Hold the baby during feeding.
 - Feed a baby while he or she is awake. Do not prop the bottle up on a pillow or other item for the baby to feed him or herself. Propping a bottle may cause choking or suffocation, as well as ear infections and tooth decay.
- Hold the baby in the cradle of your arm, so that he or she is almost upright.
 - This keeps the baby secure, helps you see if the baby is showing signs of hunger or fullness, and it can help prevent the baby from choking or getting too much liquid at once.
- Switch which arm you use to hold the baby.
 - Every so often when feeding a bottle, switch the baby from one arm to the other so the baby has different things to look at. This can also help the baby continue to enjoy feeding on both sides; something that is important when breastfeeding.
- Burp during natural breaks in the feeding or at the end of the feeding.
 - Burp the baby by gently patting or rubbing the baby's back while he or she is resting on your shoulder or sitting on your lap.
- Use a slow flow bottle nipple.
 - This helps the baby control how much he or she eats and can reduce spit ups.
- Brush the nipple of the bottle across the baby's upper lip.
 - Wait for the baby's mouth to open before feeding.

Introducing a Cup




Baby should be using only a cup by 18 months of age.

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

It's recommended that babies stop using a bottle entirely and use only cups no later than 18 months, or as developmentally appropriate. Children still drinking from a bottle beyond 18 months of age may:


- Be more likely to develop tooth decay.
- Drink so much milk that they don't eat enough solid foods.
- Not get enough nutrients.
- Be delayed in developing feeding skills.

Explain that CACFP allows a transition time between 12 and 13 months so that the infant can adjust from breastmilk and/or infant formula to cow's milk. If an infant is on infant formula then they have a month in the CACFP to switch from infant formula to unflavored whole milk. During that one month transition time, the child care site can offer breastmilk, iron-fortified formula, and/or unflavored whole milk and still claim it as part of a reimbursable meal.

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

Ways to Transition a Baby to a Cup



 **Tip:** Introduce a cup at mealtimes when other children are drinking from cups.

- Start small with 2–3 fluid ounces.
- Place baby in high chair.
- Hold cup for baby:
 - Let baby drink slowly.
 - Tilt cup slightly.
- Allow baby to practice drinking with a cup before you stop bottle feeding.

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Explain ways participants can help a baby learn to drink from a cup.

- Start with small amounts (2 to 3 fluid ounces) of breastmilk or infant formula in a cup.
- Hold the baby or make sure he or she is seated in a high chair during a feeding.
 - Make sure the baby is seated. This can lower the baby's risk of choking.
 - It can also help prevent another child from drinking from the same cup.
- Hold the cup for the baby.
- Let the baby drink very slowly by tilting the cup slightly.
- Introduce a cup in place of a bottle at mealtime when older children may be drinking from cups.
- Allow the baby to practice drinking from a cup before you stop using a bottle completely.

Preventing Babies from Drinking from Wrong Bottle or Cup

- Do not allow a baby to carry a bottle or cup around.
- Clearly label each bottle and cup with child's full name.
- Send bottles home with parent(s) who brought them.



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Explain the importance of preventing a baby from drinking from the wrong bottle or cup.

Although the risk of transmission of HIV or other diseases is small if a baby or child drinks from another baby's bottle or cup of breastmilk, the child care provider must inform the parents of both babies of the incident and follow guidance from the Centers for Disease Control and Prevention (CDC).

- Do not let babies or children carry around bottles or cups.
- If a baby drops a bottle:
 - Pick it up immediately.
 - Place it out of reach of other children.
 - Clean up any spilled breastmilk or formula with soap and water.
- Clearly label each cup with the baby's or child's full name.
- If possible, give each baby and child his or her own distinct looking cup.
- At the end of the day, send all bottles home with the parent who brought the bottles.

Refer participants to the "How to Prevent Babies or Children from Drinking Another Child's Bottle (or Cup)" (pg 53) topic in their guide for information about what they should do if a baby or child accidentally drinks from the wrong bottle or cup of breastmilk.

Communicating With Parents



Not sure how to transition
your baby from a bottle to
a cup?

Ask us how we can help!



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Encourage participants to start a conversation with parents about what babies should drink and ways to introduce a cup. One way to start a conversation is to use bite-size nutrition messages in the child care site's social media page, tweets, emails, bulletin boards, flyers, or other parent communication systems.

Summary

- What should babies drink in the CACFP?
- How do you know if a baby is developmentally ready to drink from a cup?
- When should a baby switch from a bottle to a cup?
- What are some ways to prevent choking when feeding a baby a bottle or cup?
- What are some ways to prevent a baby from drinking from another baby's bottle or child's cup?

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Summarize the information presented in the lesson or ask participants each question. Allow time for multiple responses. Correct any misunderstanding of bottle feeding and introducing a cup.

- What should babies drink in the CACFP?
 - Breastmilk and iron-fortified infant formula are the only liquids that can be offered to a baby as part of a reimbursable meal or snack.
- How do you know if a baby is developmentally ready to drink from a cup?
 - A baby is usually developmentally ready when he or she can sit without support and can seal his or her lower lip on the rim of the cup.
- When should a baby switch from a bottle to a cup?
 - 15 to 18 months of age. It's recommended that babies stop using a bottle entirely and use only cups by the time they are 15 months old, but no later than 18 months, or as developmentally appropriate.
- What are some ways to prevent choking when feeding a baby a bottle or cup?
 - Before feeding the baby, hold the bottle upside down over a sink or other container. Make sure falling drops from the nipple follow each other closely but don't fall in a stream.
 - When feeding a bottle, hold the baby almost upright.
 - When feeding with a cup, hold the baby or make sure he or she is seated in a high chair.
- What are some ways to prevent a baby from drinking from another baby's bottle or a child's cup?
 - Do not let babies or children carry around bottles or cups.
 - If a baby drops a bottle:
 - Pick it up immediately.
 - Place it out of reach of other children.
 - Clearly label each cup with the child's full name.
 - If possible, give each baby and child his or her own distinct looking cup.
 - At the end of the day, send all bottles home with the parent who brought the bottles.

Knowledge Check

True or **False?**

It is okay to prop the bottle up on a pillow or other items for the baby to feed him or herself.



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Read question on slide. Click to reveal answer which is False.

Knowledge Check

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

- A. Because it's easier to drink from a bottle than a cup, the child may drink so much milk that he is not hungry for other foods.
- B. Drinking from a bottle regularly may lead to tooth decay.
- C. Not drinking from a cup may mean that some important feeding skills may not develop, or may be delayed.
- D. All of the above.**

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Read question on slide. Click to reveal answer which is D.

Infant Feeding Skills and Modifying Food Textures



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Now we will explore infant feeding skills and modifying food textures.

In this lesson, participants will learn about developmental readiness for solid foods in the infant meal patterns and best practices for preparing baby foods to prevent choking. They will also be reminded of the importance of communicating with parents about their baby's development as well as the foods and textures parents are introducing at home.

Feeding Skills—Developmental Readiness

Babies 6 through 11 Months



The infant meal pattern includes solid foods for babies when they are developmentally ready.

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Ask participants what they recall about developmental readiness from earlier in the training?

The CACFP infant meal pattern includes solid foods for babies who are ages 6 through 11 months. But not all babies are ready for solid foods at 6 months. Babies develop at their own rate. Foods fed to a baby are based on the baby's developmental readiness and feeding skills. Readiness for solid food is related to how well the baby can control his or her muscles and digest certain foods. A baby's feeding skills are a good clue of what food textures the baby may be ready to eat.

- At about 6 months, babies are generally developmentally ready to eat pureed foods. The baby needs to be able to move food from the spoon to the back of his or her mouth and swallow.
- After introducing purees, babies should progress to new textures, from a puree with some soft lumps up to thicker mashed foods to soft solid foods. It's important to continue introducing new textures so that babies continually build the chewing and feeding skills that will eventually allow them to eat table foods.
- At around 8 to 12 months, babies develop the skill to use their hands and fingers to feed themselves small, soft pieces of food.

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

What is a Feeding Skill?



Baby can:

- Suck/swallow.
- Move food from spoon to back of mouth and swallow.
- Pick up pieces of foods with hands.
- Pick up pieces of food with fingers.

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

Examples of feeding skills include:

Baby can:

- Suck/swallow
- Move food from spoon to back of mouth and swallow
- Pick up pieces of foods with hands
- Pick up pieces of food with fingers

Feeding Skills



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This slide has 3 animations.

Cycle through the three baby images and ask participants to choose which food is best for each feeding skill.

Answers:

First baby (suck/swallow): Breastmilk or iron-fortified infant formula

Second baby (move food from spoon to back of mouth and swallow): pureed and mashed soft cooked foods

Third baby (pick up pieces of foods with fingers): Bread cut into strips



This slide has 3 animations.

Tell participants that continually introducing new food textures, as the baby is developmentally ready, builds the baby's skills while reducing the risk of choking. Explain that some foods are harder for babies to eat and present a choking risk. In addition to showing the food images on the slide, you can show participants real foods prepared to the appropriate size/texture to prevent choking. This allows participants to see what an actual ½ inch strip of bread (or other food) looks like and see the difference between a puree with some soft lumps and thicker mashed foods.

Best practices to prevent choking:

- Cook or steam foods until they are soft enough to easily pierce with a fork.
- Cut foods into small pieces (**no larger than ½ inch**).
 - Do not feed foods or pieces of food that are the size or shape of a small marble. Foods this size can be swallowed whole and could get caught in a baby's throat.
 - Cut round foods into short strips (lengthwise) rather than round pieces.
 - Cut grapes and cherry tomatoes into quarters.
 - Remove pits, seeds, and tough skins or peels from ripe fruit and cut into small pieces.
- Modify the texture by pureeing, mashing, grinding, or finely chopping.
- Avoid serving small, sticky, or hard foods that are difficult to chew or are easy to swallow whole.
 - Chunks of nut or seed butters pose a choking risk. Nut and seed butters are not creditable toward a reimbursable meal under the infant meal pattern.

Tell participants that a full list of ways to reduce the risk of choking can be found in Chapter 9: Choking Prevention in the Feeding Infants in the Child and Adult Care Food Program guide (pages 114 – 117)

Communicating With Parents



- Start a conversation!
 - For Parents: Is Your Baby Ready for Solid Foods?
 - For Parents: What is Your Baby Eating? Let Us Know!
 - For Parents: Varying Your Baby's Veggies

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Encourage participants to continue communicating with parents about their baby's development as well as the foods and textures parents are introducing at home.

Handouts participants can use to start a conversation with parents:

- *For Parents: Is Your Baby Ready for Solid Foods? (pg 12)*
- *For Parents: What is Your Baby Eating? Let Us Know! (pg 63)*
- *For Parents: Varying Your Baby's Veggies (pg 88-89)*

Summary

- CACFP Infant meal pattern includes solid foods for babies that are developmentally ready (around 6 months).
- Modify foods to match baby's feeding skills and lower baby's risk of choking.



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Briefly review the key points covered in the lesson. Allow participants to ask questions.

- The CACFP infant meal pattern includes solid foods for babies that are developmentally ready (around 6 months).
- When serving solid foods, make sure it's in a form that a baby can easily swallow and chew based on the baby's feeding skills.
 - At about 6 months, most babies are generally developmentally ready for solid foods. Textures should progress from thin purees to thicker purees and mashed foods to larger pieces of soft solid foods they can feed themselves with a palmar grasp.
 - At around 8–12 months, babies develop a pincer grasp to feed themselves small, soft pieces of food.

Knowledge Check

Which is a best practice for preparing baby foods? Select all that apply.

- A. Modify the texture by pureeing, mashing, grinding, or finely chopping, as the child is ready for the new texture.
- B. Cut round foods, such as grapes, into short strips (lengthwise) rather than round pieces.
- C. Remove pits, seeds, skins, and tough peels from fruits and vegetables.
- D. All of the above.**

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Read question on slide. Click to reveal answer which is D.

Knowledge Check

To prepare foods that can be easily chewed by a baby, cut soft foods into small pieces: no larger than _____ inch or into thin slices or strips.

- A. 1/4
- B. 1/2**
- C. 2/3
- D. 3/4



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Read question on slide. Click to reveal answer which is B.

Creditable Infant Foods

 non-fortified dry infant cereals	 fish	 poultry	 meats
 whole eggs (yolk and whites)	 cooked dry beans or peas	 cheese and cottage cheese	 yogurt

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In this lesson, participants will learn about solid foods that are creditable toward a reimbursable meal in the infant meal pattern. Participants will also learn about what to do when parents provide food components and a baby has special dietary needs. Participants will also learn about a handout they can use to learn what foods a baby is eating at home and learn about any foods a baby cannot eat because of food allergies, intolerances, or religious reasons.

Reimbursable Infant Meals and Snacks

- Food Components
 - Breastmilk or iron-fortified infant formula
 - Meat and meat alternates
 - Vegetables and fruits
 - Grains
- Meal or snack is reimbursable as long as all required food components are offered during the day.
- Creditable foods count toward the infant meal pattern requirements for a reimbursable meal or snack.



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Review the concept of a reimbursable infant meal or snack and a creditable food.

- Each meal and snack under the infant meal pattern is made up of **food components**: breastmilk or iron-fortified infant formula, meat and meat alternates, vegetables and fruits, and grains.
 - In the infant meal pattern for breakfast, lunch, and supper, you have the option to offer meat or meat alternates *or* grains *or* **both**, depending on the baby's readiness and what you and the baby's parents determine is best.
- A meal or snack is **reimbursable** as long as all required food components are offered to the baby during the course of the day.
 - Babies do not need to eat the entire meal offered for the meal to be reimbursable.
- **Creditable** foods are those that may be counted toward meeting the CACFP meal pattern requirements for a reimbursable meal or snack.
 - Creditable foods include: iron-fortified infant cereals, meats, fish, beans, peas, eggs, yogurt, cheese, fruit, and vegetables.
 - At snack, creditable options include breads and crackers, and ready-to-eat cereals.

Appendix F: Infant Foods List

Food	Creditable			Comments
	Yes	Maybe	No	
Animal crackers	X			See Crackers.
Baby foods, desserts (such as baby puddings, custards, cobblers, fruit desserts)			X	These foods often contain insufficient amounts of creditable ingredients. They are not 100% fruit, and are often high in sugar and fat and low in nutrients.
Baby foods, store-bought (commercial), combination foods (such as chicken and rice)	X			The American Academy of Pediatrics recommends introducing single-ingredient foods to babies first before giving a mix of foods, or combination foods. It is encouraged that once the baby is developmentally ready, and has eaten each ingredient in a combination food individually without having an allergic reaction, then combination foods can be served. For example, a baby should try chicken separate from rice before trying a mixed chicken and rice baby food. Some mixed dishes may contain foods that do not credit towards the infant meal pattern, such as rice or pasta.
Baby foods, store-bought (commercial), single-component	X			Store-bought baby foods that contain one food component and are packaged in a jar, plastic container, pouch, or any other packaging are creditable in the CACFP. The way a food is packaged does not impact whether a food is creditable or not.
Bagels	X			See Bread.
Biscuits	X			See Bread.

Bread		X			Bread or toast is creditable for infants who are developmentally ready to accept it. Bread is only reimbursable at snack and should be served only in small, thin strips or pieces. Should not contain nuts or seeds to reduce the risk of choking. Grains served must be made with enriched or whole grain meal or flour.
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Refer participants to Appendix F: Infant Foods List in their Feeding Infants in the Child and Adult Care Food Program guide (page 149) for a list of creditable and non-creditable foods. Note that the list is not all-inclusive. Appendix F contains only those foods commonly served to infants in child care programs.

Review appendix and emphasize this will be a helpful resource as providers determine whether a food component is creditable in the CACFP infant meal pattern. Be sure to point out the “See Bread” in the grains component.

FAQ

Are pancakes creditable at snack in the infant meal pattern?

Yes, but only at snack. Grains found in Exhibit A that are developmentally appropriate for an infant are creditable in the CACFP infant meal pattern. Items such as pancakes, bagels, pita bread, English muffins, etc. are considered “bread-like” items and can be served at **snack only** since breads, crackers, and ready-to-eat cereals are creditable at snack.

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Read slide.

Solid Foods – Infant Meal Pattern

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


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The CACFP infant meal pattern allows for solid foods starting around 6 months of age. The term “around” is used because not all babies are **developmentally ready** for solid foods at exactly 6 months of age. Some babies may be ready for solid foods at 5 months, others at 6½ months.

The amounts of solid foods listed in the infant meal pattern are provided as a range, such as 0–2 tablespoons.

This provides you with the flexibility to offer the right amount of solid foods based on a baby’s developmental readiness. You might offer a baby less than 1 tablespoon of a food if he or she just started eating solid foods. Once the baby has tried and accepted a certain food, you would then offer him or her the full 2 tablespoons of the solid food.

What Are Solid Foods?

Solid foods are foods that are easy to digest and safe for a baby to eat once he or she is developmentally ready.



Pureed



Mashed



Finely Chopped



Ground



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

Tell participants that as a child care provider, they can start offering a baby solid foods after the parents have told you that the child is developmentally ready and is eating solid foods at home.

Solid Foods in the Infant Meal Pattern Babies Ages 6 to 11 Months



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The CACFP infant meal pattern for babies 6 through 11 months includes solid foods, such as: iron-fortified infant cereals, meats, fish, beans, peas, eggs, yogurt, cheese, fruit, and vegetables. At snack, creditable options include breads and crackers, and ready-to-eat cereals.

Define “food component” and then tell participants that you’ll cover grains, meat and meat alternates and vegetables and fruit components in more detail next.

Food component: The name of a group of foods in a reimbursable meal in the CACFP.

- Food components include: grains, meat and meat alternates, vegetables and fruits, and breastmilk/infant formula.
- Vegetables and fruits are combined into one component in the infant meal pattern.

Food Components – Grains

- Iron-fortified infant cereal
 - Breakfast, lunch and supper, or snack
- Breads
 - Snack only
- Crackers
 - Snack only
- Ready-to-eat cereals
 - Snack only
 - Must meet the sugar limit (6 grams per dry ounce)
 - Iron-fortified



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

Ready-to-eat cereals include flakes, rounds, and o-shaped cereals that older babies can pick up and eat.

- These cereals can only credit towards snacks, not meals.
- For a ready-to-eat cereal to be creditable, the amount of sugar must be **no more than 6 grams of sugar per dry ounce** of cereal and must be **iron-fortified**.
- Almost all infant cereals meet the sugar limit, and there are many types of ready-to-eat cereal that meet this sugar limit as well.

Tell participants that some ready-to-eat cereals may be a choking hazard. When purchasing cereals, they should choose ones that dissolve easily in the mouth and do not include nuts, dried fruits, or other hard food items.

Choose Breakfast Cereals That Are Lower in Added Sugars

Yummy Brand Cereal

Nutrition Facts	
Serving Size 2/3 cup (55g)	
Servings Per Container ABOUT 8	
Amount Per Serving	
Calories 230	Calories from Fat 40
% Daily Value*	
Total Fat 8g	12%
Saturated Fat 1g	5%
Trans Fat 0g	
Cholesterol 0mg	0%
Sodium 160mg	7%
Total Carbohydrate 37g	12%
Dietary Fiber 4g	16%
Sugars 1g	
Protein 3g	
Vitamin A	10%
Vitamin C	8%
Calcium	20%

Allowable Added Sugars

Serving Size*	Sugars
If the serving size is:	Sugars cannot be more than:
12-16 grams	3 grams
26-30 grams	6 grams
31-35 grams	7 grams
45-49 grams	10 grams
55-58 grams	12 grams
59-63 grams	13 grams
74-77 grams	16 grams

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Explain that there are a couple of ways to figure out if a cereal meets the sugar requirement.

- Use any cereal that is listed on any State agency's **Women, Infants, and Children (WIC)**-approved cereal list, found as part of the State's approved food lists.
- Use the chart in Appendix D: *Choose Breakfast Cereals That Are Lower in Added Sugar* (pg 145) located in the *Feeding Infants in the Child and Adult Care Food Program* guide.

How Can I Tell if a Cereal Has 6 Grams of Sugar or Less? Let's Practice!

1. Find Serving Size in grams (g).
2. Find amount of Sugars in grams (g).
3. Use the table in Appendix D to find the sugar limit.

Serving Size	Sugars
If the serving size is:	Sugars cannot be over this:
12-16 grams	3 grams
26-30 grams	6 grams
31-35 grams	7 grams
45-49 grams	10 grams
55-59 grams	12 grams
59-63 grams	13 grams

Yummy Brand Cereal

Nutrition Facts
Serving Size 30 cup (85g)
Amount Per Serving

	Amount Per Serving	% Daily Value
Total Fat 1g		2%
Saturated Fat 1g		2%
Trans Fat 0g		0%
Cholesterol 0mg		0%
Sodium 10mg		2%
Total Carbohydrate 27g		54%
Dietary Fiber 4g		8%
Sugars 5g		10%
Protein 1g		2%
Vitamin A		1%
Vitamin C		8%
Calcium		20%

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Nearly all infant cereals meet the 6 grams of sugar per dry ounce limit, and there are many types of ready-to-eat cereals that meet this sugar limit. If you are unsure if the cereal you want to purchase is creditable, there are a number of ways you can determine if it is.

Refer participants to Appendix D: Choose Breakfast Cereals That Are Lower in Added Sugars (pg 145) worksheet in their Feeding Infants in the Child and Adult Care Food Program guide. Tell them that you'll walk them through steps they can use to determine if a cereal has 6 grams of sugar or less per dry ounce of cereal. The Nutrition Facts label states serving size in grams, not in dry ounces. Participants do not need to do a conversion of grams to ounces. They can use the table on the first (or second) page of the worksheet to compare serving size in grams to amount of sugar in grams. Walk participants through the steps:

1. Use the Nutrition Facts label to find the Serving Size, in grams (g), of the cereal.
2. Find the Sugars line. Look at the number of grams (g) next to Sugars.
3. Use the serving size identified in Step 1 to find the serving size of the cereal in the table.
4. In the table, look at the number to the right of the serving size amount (the Sugars column). If the cereal has that amount of sugar, or less, then the cereal meets the sugar requirement.

Ask participants if the Yummy Brand cereal (on the slide) meets the CACFP sugar requirement. Walk through the steps again if needed.

Answer: The cereal does meet the requirement. The 30 gram serving size contains 5 grams of sugars which is less than the 6 grams allowed for that serving size.

Refer participants to Table 9: Sugar Limits for Ready-to-Eat Cereals (pg 73) in their Feeding Infants in the Child and Adult Care Food Program guide. Tell that this is another tool they can use to determine the maximum amount of sugar allowed in different serving sizes.

Tell participants that they can also use any cereal that is listed on the Women, Infants, and Children (WIC)-approved cereal list, found as part of their State's approved food lists.

Iron-Fortified Infant Cereal

- Infant cereal must be iron-fortified.
- Single and mixed-grain cereals are creditable.
 - Offer single grain first, then mixed-grain.
- How to tell if an infant cereal is “iron-fortified”:
 - Look for “Iron-Fortified” on the package ingredient list:
 - Iron
 - Ferric Fumarate
 - Electrolytic Iron
 - Iron (Electrolytic)



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

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Dry **iron-fortified infant cereal** is cereal that has iron added to it. Iron is an important nutrient for babies. Both single-grain infant cereal, such as wheat, oat, and barley, as well as mixed-grain infant cereal are creditable as long as they are iron-fortified.



Babies should be given the single grain iron-fortified infant cereal first to make sure he or she does not have an allergic reaction. If the baby does not have a reaction, then mixed-grain iron-fortified infant cereal can be offered.

The cereal package may say “iron-fortified”. Also, look at the ingredient list on the back of the cereal package. As long as one of the ingredients listed is “iron,” “ferric fumarate,” “electrolytic iron,” or “iron (electrolytic),” then the cereal is iron-fortified.

Food Components – Meat and Meat Alternates

- Meats and poultry
- Fin fish
- Whole eggs
- Beans and peas
- Cheese
- Cottage cheese
- Yogurt
 - Must meet the sugar limit (23 grams per 6 ounces)
- Nut butters
 - **Not** creditable in the infant meal pattern



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

Explain that both fin fish and shellfish purchased from a commercial source may be offered to infants 6 through 11 months old when developmentally ready for solid foods.

- Home caught fish is only creditable if it meets State or local public health policies regarding food safety.
- According to the American Academy of Pediatrics, there is no evidence that waiting to introduce common allergens, such as fish or shellfish, beyond 4 to 6 months of age will prevent a food allergy.
- Remove any bones or shells and modify the texture of the fish and shellfish based upon the feeding skills of the baby.

Meat Alternates

Explain that eggs, beans and peas, cheese, cottage cheese, and yogurt are creditable as meat alternates.

- The **whole egg**, including both the egg yolk and the egg white, **must be served** in order for it to **be creditable**.
- Any cooked dry beans and peas, such as lentils, black beans, pinto beans, or chickpeas, may be served to babies who are developmentally ready to eat them. This includes canned beans and peas.
 - Look for those labeled “reduced sodium.”
 - Puree or mash beans and peas to avoid choking.
 - Green peas are not considered a meat alternate.
- Pasteurized cheeses are allowed under the infant meal pattern.
 - Cheese food, cheese spread, and cheese product are not creditable because they are generally higher in salt and lower in protein.
- Store-bought low-fat, reduced-fat, and whole milk yogurts are creditable under the infant meal pattern.
 - The yogurt must contain **no more than 23 grams** of sugar **per 6 ounces** of yogurt.
 - Homemade yogurts are not creditable.

Choose Yogurts That Are Lower in Added Sugars

Yummy Brand Yogurt

Nutrition Facts	
Serving Size 6 oz (170g)	
Servings Per Container 1	
Amount Per Serving	
Calories 150	Calories from Fat 15
% Daily Value*	
Total Fat 2g	3%
Saturated Fat 1g	5%
Trans Fat 0g	
Cholesterol 10mg	3%
Sodium 95mg	4%
Total Carbohydrate 25g	8%
Dietary Fiber 0g	0%
Sugars 18g	
Protein 6g	12%

*Percent Daily Values are based on a 2,000 calorie diet.

Allowable Added Sugars

Serving Size Ounces (oz)	Serving Size Grams (g) (Use when the serving size is not listed in ounces)	Sugars Grams (g)
If the serving size is:		Sugars must not be more than:
2.25 oz	64 g	9 g
3.5 oz	99 g	13 g
4 oz	113 g	15 g
5.3 oz	150 g	20 g
6 oz	170 g	23 g

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Explain that to determine if a yogurt meets the sugar requirement of **no more than 23 grams** of sugar **per 6 ounces**, participants can use the chart in Appendix E: *Choose Yogurts That Are Lower in Added Sugar* (pg 147) located in the *Feeding Infants in the Child and Adult Care Food Program* guide.

How Can I Tell if a Yogurt Has 23 Grams of Sugar or Less? Let's Practice!

1. Find Serving Size in grams (g).
2. Find amount of Sugars in grams (g).
3. Use the table in Appendix E to find the sugar limit.

Serving Size Ounces (oz)	Serving Size Grams (g) (How many the serving size is not listed in ounces)	Sugars Grams (g)
If the serving size is:		
2.25 oz	64 g	9 g
3.5 oz	99 g	13 g
4 oz	113 g	15 g
5.3 oz	150 g	20 g
6 oz	170 g	23 g

Yummy Brand Yogurt

Nutrition Facts	
Serving Size 6 oz (170g)	
Servings Per Container 1	
Amount Per Serving	
Calories 150	Calories from Fat 15
% Daily Value*	
Total Fat 2g	3%
Saturated Fat 1g	5%
Trans Fat 0g	
Cholesterol 10mg	3%
Sodium 95mg	4%
Total Carbohydrate 25g	8%
Dietary Fiber 0g	
Sugars 18g	
Protein 6g	12%

*Percent Daily Values are based on a 2,000 calorie diet.

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Refer participants to Appendix E: Choose Yogurts That Are Lower in Added Sugars (pg 147) worksheet in their Feeding Infants in the Child and Adult Care Food Program guide. Tell them that the steps they can use to determine if a yogurt has 23 grams of sugar or less per 6 ounces are the same as those they used to determine the sugars in the ready-made-cereal example. They can use the table on the first (or second) page of the worksheet in Appendix E to compare serving size in ounces (or grams) to the amount of sugar in grams. Walk participants through the steps:

1. Use the Nutrition Facts label to find the Serving Size, in ounces, of the yogurt.
2. Find the Sugars line. Look at the number of grams (g) next to Sugars.
3. Use the serving size identified in Step 1 to find the serving size of the yogurt in the table.
4. In the table, look at the number to the right of the serving size amount (the Sugars column). If the yogurt has that amount of sugar, or less, then the yogurt meets the sugar requirement.

Ask participants if the Yummy Brand yogurt (on the slide) meets the CACFP sugar requirement. Walk through the steps again if needed.

Answer: The yogurt does meet the requirement. The 8 ounce serving size contains 9 grams of sugars which is less than the 31 grams allowed for that serving size.

Refer participants to Table 10: Sugar Limits for Yogurt (pg 80) in their Feeding Infants in the Child and Adult Care Food Program guide. Explain that this is another tool they can use determine if a yogurt meets the sugar requirement.

Food Components – Vegetables and Fruits

- All vegetables and fruits can be offered.
- Fruit and vegetable juices are not creditable
 - Includes 100% juice.



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Explain that all vegetables and fruits can be offered to babies but fruit and vegetable juices, including 100% juice, are **not creditable** under the infant meal pattern.

- Vegetables and fruits contain important nutrients and fiber.
- To avoid choking, you should:
 - Cook and prepare vegetables and fruits to the appropriate texture.
 - Remove all pits, seeds, skins, and peels before serving the food.
 - Cut vegetables and fruits into thin slices, and no larger than ½ inch.

Tips for Feeding a Baby Solid Foods

1. If using jarred baby food, spoon some out and put it in another bowl.
2. Sit and talk to the baby during the feeding.
3. If ready, let the baby feed him or herself.
4. Watch the baby during a feeding for signs of:
 - Allergic reaction
 - Choking
5. Throw away uneaten food.

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So far, we have talked about when to feed a baby solid foods and the types of solid foods that can be served to meet the CACFP infant meal pattern. Now, let's talk about some of the important tips you need to remember when feeding a baby solid foods.

If using baby food from a jar, pouch, or other container, first put the baby food in a bowl or on a plate. Then, feed a baby with a spoon from the bowl or plate. If more food is needed from the container, use a clean spoon to move the food from the container onto the plate or bowl. This helps keep bacteria that can come from baby's saliva out of the food container so that any leftover food can be stored safely.

Talk to the baby in a soft and encouraging voice. Keep good eye contact and smile. Games and other disruptions can be distracting or overwhelming to a baby.

When the baby is developmentally ready, let the baby try feeding him or herself. Soft finger foods give the baby a chance to feed themselves without assistance. You can also let the baby try eating with a spoon. Monitor the baby during the meal for any signs of choking or allergic reactions.

Throw away uneaten food.

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

Parent Provided Food Component

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



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Which Food is Not Creditable?



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This slide and the next two slides are designed to “test” participant’s understanding of foods that are creditable. In each slide there are three illustrations of solid foods. Ask participants which food they think is **not** creditable toward a reimbursable meal or snack in the infant meal pattern. Allow for responses before providing the answer.

Answer: Peach Cobbler Dessert. Grain-based desserts are not creditable. Baby food desserts, like jarred puddings or cobblers are considered grain-based desserts. These foods are high in saturated fats and added sugars.

Which Food is Not Creditable?



Cheese Product



Fin Fish



Ready-to-Eat
Cereal



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Ask participants which food they think is **not** creditable toward a reimbursable meal or snack in the infant meal pattern. Allow for responses before providing the answer.

Answer: Pasteurized Cheese Product. Cheese product, cheese food, and cheese spread are not creditable because they are generally higher in salt and lower in protein.

Which Food is Not Creditable?



Chicken and Vegetable
Baby Food



Strawberries



Freeze-Dried
Yogurt Snacks

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Ask participants which food they think is **not** creditable toward a reimbursable meal or snack in the infant meal pattern. Allow for responses before providing the answer.

Answer: Freeze-dried yogurt. Yogurt products: freeze-dried yogurt snacks, frozen yogurt, drinkable or liquid yogurt, yogurt smoothies, and yogurt bars are not creditable.

FAQ

Can a mixed vegetable/protein prepared store-bought baby food credit for both the vegetable and meat requirement at a meal?

Yes. A combination baby food, such as vegetables and meat, can credit towards one or more food components. Program operators are encouraged to use combination baby foods that include the volume information (and/or ounces for meats/meat alternates) for the food components to be credited on the product label. The foods offered cannot credit for more than the volume served.

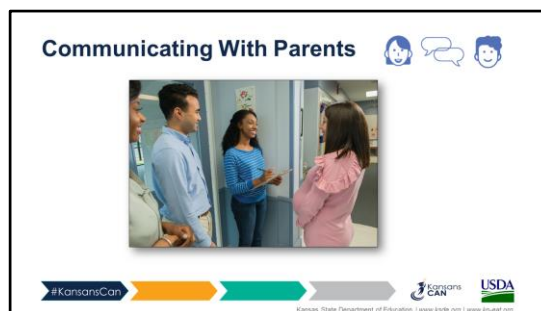

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Read slide.

Yes. A combination baby food, such as vegetables and meat, can credit towards one or more food components. Program operators are encouraged to use combination baby foods that include the volume information (and/or ounces for meats/meat alternates) for the food components to be credited on the product label. For example, if a combination baby food of vegetables and meat is offered to the infant and the packaging states it contains $\frac{1}{4}$ cup vegetables and 1 tablespoon of meat, then it satisfies the full required minimum serving size (as developmentally appropriate) of 2 tablespoons of the vegetable and fruit component, but does not satisfy the full required minimum serving size (as developmentally appropriate) of 4 tablespoons of a meat or meat alternate. Therefore, the program operator would need to offer another meat or meat alternate or iron-fortified infant cereal to meet the full 4 tablespoons for that food component. The foods offered cannot credit for more than the volume served. Program operators should contact their State agency or sponsor prior to purchase if they are unsure how to credit a combination food.

Furthermore, State agencies have the discretion to determine what required documentation should be. Suggested documentation includes: component volumes (and/or ounces for meats/meat alternates) found on baby food packaging, Product Formulation Statement (PFS), or Child Nutrition (CN) label.



Start with a short group discussion activity to introduce the topic of communicating with parents. Ask participants how they currently communicate or share information with parents. After 1–2 minutes, provide the information below.

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

Ask participants for a show of hands if they already use paper activity charts. Then ask for another show of hands of those participants who use electronic methods to share information with parents about their baby's daily activities.

Refer participants to Appendix A: Sample Infant Daily Activity Chart (pg 139) in their Feeding Infants in the Child and Adult Care Food Program guide. The appendix contains a sample daily activity chart they can use—if they're not already using one or want ideas to improve their existing communications.

Another way to communicate with parents is to use a smartphone app, email, or text message, with the parents' permission, to provide updates on what their baby is enjoying that day or week at your child care site.

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

Parent handouts are not a substitution for records required by their State agency and/or sponsoring organization, such as documentation of infant meals served.

Communicating With Parents



Scenario 1

Baby Ella's parents let her child care provider, Beth, know that Baby Ella does not like vegetables. Baby Ella's parents tell Beth not to give her any vegetables during the day. Beth knows Baby Ella may be making faces, because she is just learning new tastes and textures.

What can Beth do to encourage Baby Ella's parents to not give up on feeding her vegetables?

For Parents: Varying Your Baby's Veggies! Handout

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Introduce the first scenario and ask learners what handout or handouts they think they can use to engage with the parent. You can do this activity in small groups or in pairs. Tell participants that they have 1 or 2 minutes to decide which handout would be best suited for the situation. At the end of the 1 or 2 minutes, ask participants to share their ideas. If time permits, present the other scenarios.

Scenario 1: Baby Ella's parents let her child care provider, Beth, know that Baby Ella does not like vegetables. Baby Ella's parents tell Beth not to give her any vegetables during the day. Beth knows Baby Ella may be making faces, because she is just learning new tastes and textures. What can Beth do to encourage Baby Ella's parents to not give up on feeding her vegetables?

Communication Tool: Participants can share the *For Parents: Varying Your Baby's Veggies!* (pg 88) handout with Baby Ella's parents. The handout lets Baby Ella's parents know that they may need to offer Ella a food more than 10 times before she might like it. They can track all of Baby Ella's happy and sad faces after trying different vegetables on the handout. They can keep offering her different vegetables until that sad face becomes a happy one.

Communicating With Parents



Scenario 2

Baby Joey's mom breastfeeds him in the morning and at night and gives you bottles of breastmilk to feed him throughout the day. Baby Joey has only had breastmilk (no infant formula) but is eating solid foods as well. You know that breastfed babies around 4–6 months of age need iron. You want to make sure Baby Joey is getting enough iron from solid foods.

What can you do?

For Parents: Making Sure Your Baby Gets Enough Iron handout

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Scenario 2: Baby Joey's mom breastfeeds him in the morning and at night and gives you bottles of breastmilk to feed him throughout the day. Baby Joey has only had breastmilk (no infant formula) but is eating solid foods as well. You know that breastfed babies around 4–6 months of age need iron. You want to make sure Baby Joey is getting enough iron from solid foods. What can you do?

Communication Tool: Participants can share the *For Parents: Making Sure Your Baby Gets Enough Iron* (pg 76) handout. This handout gives Joey's mom a list of foods that are good sources of iron. She can also see that foods that have vitamin C in them can help Baby Joey's body better absorb the iron. Participants can even circle foods on the menu to show Joey's mom that Joey is getting good sources of iron while in child care.

Communicating With Parents



Scenario 3

Baby Mia was just enrolled at your child care center. You know Baby Mia is eating solid foods, but aren't sure what her parents have given her at home.

How can you gather this information?

For Parents: What is Your Baby Eating? Let Us Know! Handout,
<https://teamnutrition.usda.gov>

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Scenario 3: Baby Mia was just enrolled at your child care center. You know Baby Mia is eating solid foods, but aren't sure what her parents have given her at home. How can you gather this information?

Communication Tool: Participants can use the *For Parents: What is Your Baby Eating? Let Us Know!* (pg 63) handout. This handout allows Baby Mia's mom to share that her baby is eating mashed foods and has eaten many different iron-fortified infant cereals, meats, vegetables, and fruits.

Summary

- Meal or snack is reimbursable as long as all required food components are offered during the day.
- Infant meal pattern allows for solid foods starting around 6 months of age.
- To be creditable:
 - Ready-to-eat cereal—No more than 6 grams of sugar per dry ounce
 - Yogurt—No more than 23 grams of sugar per 6 ounces
- Refer to Appendix F for creditable and non-creditable foods.




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Review the key points in the lesson. Allow participants to ask questions.

- Reimbursable foods
 - A meal or snack is reimbursable as long as **all required food components** are offered to the baby during the course of the day.
 - Babies do not need to eat the entire meal offered for the meal to be reimbursable.
- Solid foods
 - The CACFP infant meal pattern allows for solid foods starting around 6 months of age.
 - Creditable solid foods include: iron-fortified infant cereals, meats, fish, beans, peas, eggs, yogurt, cheese, fruit, and vegetables.
 - At snack, creditable options include breads and crackers, and ready-to-eat cereals.
- Cereals
 - To be creditable, ready-to-eat breakfast cereals and infant cereals must be:
 - Made with enriched or whole-grain meal or flour,
 - Iron-fortified, and
 - Contain **no more than 6 grams of sugar per dry ounce**.
 - **Ready-to-eat cereals** are **creditable** toward **snacks only**, not meals.
- Yogurt
 - To be creditable, store-bought yogurt must contain **no more than 23 grams of sugar per 6 ounces**.
 - Homemade yogurt is not creditable.
- Refer to Appendix F: *Infant Foods List* in their *Feeding Infants in the Child and Adult Care Food Program* guide for a list of creditable and non-creditable foods.

Knowledge Check

A parent asks you to start serving solid foods to their 5-month-old baby at your child care site but you know the infant meal pattern age groups are 0 through 5 months and 6 through 11 months. If you serve the baby solid foods at 5 months, can you still claim reimbursement for his meals and snacks?

A. Yes

B. No



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Read question on slide. Click to reveal answer which is Yes.

Knowledge Check

You notice that a baby in your care is developmentally ready for solid foods, and the parents agree. The parents tell you that they have fed their baby pureed sweet potatoes at home, so you offer the baby pureed sweet potatoes at child care. The baby takes one bite at lunch. Can you claim the sweet potatoes as part of a reimbursable lunch?

A. Yes

B. No

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Read question on slide. Click to reveal answer which is Yes.

Knowledge Check

Which foods are creditable in the infant meal pattern and can be offered to infants around 6 through 11 months?

- A. Peach cobbler baby food dessert
- B. Pureed carrots
- C. Finely chopped baked chicken
- D. Granola bar



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Read question on slide. Click to reveal answer which is B & C.

Knowledge Check

All of the following finger foods are creditable in the CACFP infant meal pattern and can be prepared the right way to avoid choking, except which one?

- A. Small strips of bread
- B. Grapes cut into quarters
- C. Chunks of peanut butter**
- D. Whole eggs (yolk and egg white)



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Read question on slide. Click to reveal answer which is C.

Knowledge Check

A parent wants to provide food for her baby while the baby is at your child care site. How many food components can the parent provide that you can claim as part of a reimbursable meal?

- A. 1 food component**
- B. 2 food components**
- C. 3 food components**
- D. 4 food components**

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Read question on slide. Click to reveal answer which is A.

Baby Food Line Up



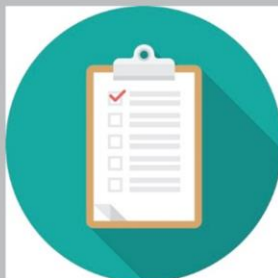
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Play *Baby Food Line Up*. Access game by clicking on the image or using the following URL
https://www.fns.usda.gov/apps/food-lineup/story_html5.html.

Documenting and Claiming Infant Meals



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Documenting Infant Meals

- For each infant meal claimed, providers must keep documentation that lists the specific food components and quantities **served** to meet the CACFP Infant Meal Pattern.
 - Daily Infant Meal Record
 - Individual Weekly Infant Meal Record



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If infant meals are claimed for reimbursement, they must be documented. All components offered to each infant should be documented for each meal daily. The Daily Infant Meal Record (4-D) or the Individual Weekly Infant Meal Record (4-E) can be used to document meals served to infants.

Infants do not eat on a strict meal schedule. Instead, infants must be fed during a span of time that is consistent with the infant's eating habits. Infant meals will not be disallowed due solely to the fact that they are not served within the center or day care home's established meal time periods.

CHILD AND ADULT CARE FOOD PROGRAM INDIVIDUAL WEEKLY INFANT MEAL RECORD			Name: _____ Date of Birth: _____ Age: _____ (Months)					
Please list the food item & amount offered to infant each feeding.			<input type="checkbox"/> Breast Milk or <input type="checkbox"/> Formula Who supplies the formula? <input type="checkbox"/> Parent or <input type="checkbox"/> Caregiver					
If the infant is breastfed onsite, a volume does not need to be recorded. Simply write MN (mom nursed).			Solid foods are required when infant is developmentally ready.					
Food Components	0 thru 5 mo.	6 thru 11 mo.	Date:	Date:	Date:	Date:	Date:	
BREAKFAST								
Breast milk or iron-fortified infant formula	4-6 fl. oz.	6-8 fl. oz.						
Infant cereal or meat/meat alternates-see list at LUNCH	N/A	0-4 T.						
Vegetable, fruit or both		0-2 T.						
AM SNACK								
Breast milk or iron-fortified infant formula	4-6 fl. oz.	2-4 fl. oz.						
Bread, or crackers or infant cereal or ready-to-eat cereal	N/A	0-1/2 slice, 0-2 crackers, 0-4 T. cereal						
Vegetable, fruit or both		0-2 T.						
LUNCH OR SUPPER								
Breast milk or iron-fortified infant formula	4-6 fl. oz.	6-8 fl. oz.						
Infant cereal, meat, fish, poultry, whole eggs, cooked dry beans or peas or cheese	N/A	0-4 T.						
cottage cheese or yogurt	N/A	0-4 oz.						
Vegetable, fruit or both	N/A	0-2 T.						
PM SNACK								
Breast milk or iron-fortified infant formula	4-6 fl. oz.	2-4 fl. oz.						
Bread, or crackers or infant cereal or ready-to-eat cereal	N/A	0-1/2 slice, 0-2 crackers, 0-4 T. cereal						
Vegetable, fruit or both		0-2 T.						
Circle creditable meals:			B	A	S	L	P	S
Weekly Totals-count only those meals that are reimbursable:			Breakfast	AM Snack	Lunch	PM Snack	Supper	
3/2017			Child Nutrition & Wellness, KSDE			Form 4-E		

Review Individual Weekly Form. Point out that this form is used for one infant to document meals for the entire week.

- Write the full names of the infants eating the meal.
- Check whether providing breastmilk or formula and then if formula who supplies it - parent or caregiver.
- Record the amounts and types of food offered to the infant.
- List the specific food item name offered for the meat/meat alternate, vegetable, fruit, and/or bread/grain components.
- Solid components required when infant is developmentally ready.
- Meat/Meat Alternates=0-4 T. Meat, fish, poultry, whole egg, cooked dry beans or peas; or 0-2 oz. cheese; or 0-4 oz. cottage cheese, or 0-4 oz. yogurt; or combination
- For each day circle the appropriate letters indicating the meals that are creditable that day –
- Breakfast (B), AM Snack (AS), Lunch (L), Afternoon Snack (PS) and Supper (S)
- On the last line, record the Weekly Totals counting only the meals that are reimbursable. These numbers are carried over to the monthly consolidation page for the site.
- Each day each child can only be claimed for two meals/1 snack or 2 snacks/1 meal per child per day.

Documenting Infant Meals

- Record amount offered not consumed
 - CACFP documentation of infant meals is different than an infant's daily record that providers may be completing for parents
- Record specific food items
 - i.e. record strawberries rather than just stating fruit on documentation
- Keep infant meal documentation on site to support the claim for reimbursement



Read Slide.

Claiming Infant Meals

- No more than 2 meals and 1 snack or 2 snacks and 1 meal can be **claimed** per day for each infant/child served



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FAQ

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

If the baby shows signs of being hungry when he wakes up at 11 a.m., offer him or her the breakfast you would have offered earlier that morning. Babies do not eat on a set schedule, so feeding them when they are hungry is okay. As long as you offer the breastmilk or infant formula and foods once the baby shows signs of being hungry, you can claim reimbursement for the breakfast meal.

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FAQ**What if a baby doesn't finish all of the breastmilk or infant formula I give to him or her at a meal or snack? Can I still claim reimbursement for that meal or snack?**

Yes. As long as you offer the minimum amount of breastmilk or iron-fortified infant formula to the baby, then the meal is reimbursable. The minimum amount of breastmilk for babies 0 through 5 months at breakfast, lunch, supper, and snack is 4-6 fluid ounces. The minimum amount of breastmilk for babies 6 through 11 months is 6-8 fluid ounces at breakfast, lunch and supper, and 2-4 fluid ounces at snack.

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FAQ

The mother of a 4-month old breastfeeds her infant and states that the infant only eats 3 ounces of breastmilk at each feeding. What should the provider do? Is this meal reimbursable?

If the baby usually drinks less than 4 ounces of breastmilk, the provider can offer a bottle with only the amount of breastmilk the baby usually drinks in one feeding to prevent or reduce waste. This meal would be reimbursable. The provider should visit with the parents about what they would like the provider to do if the baby shows signs of being hungry between feedings.

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FAQ

If a mother breastfeeds her 13-month or older, child at my child care site, can this breastmilk count towards the fluid milk component of a reimbursable meal?

Yes. Breastmilk can replace the fluid milk component for children of any age. If a mother breastfeeds her baby at your child care site, the meal is reimbursable. A written request for this substitution is **NOT** required nor is documentation of the amount of milk fed to the child.

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FAQ

Can I serve babies in my care pancakes, kiwi and formula at breakfast and claim it as a reimbursable meal? I serve this to the toddlers (over the age of 1 year old), so it would be easier for me to serve the babies the same thing.

No. The only grain that is allowed at breakfast in the infant meal pattern is iron-fortified infant cereal. Other grain items, like pancakes, cannot be served in place of infant cereal at breakfast and be claimed for reimbursement. The pancake could be an extra food, not part of the reimbursable meal.

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Read Slide.

Do not and point at that at snack a pancake could be served as part of a reimbursable snack since it is a bread-like item.

**FAQ**

A parent asks you to start serving their 5-month-old baby solid foods at your child care site, but you know the infant meal pattern age groups are 0 through 5 months and 6 through 11 months. If you serve the baby solid foods at 5 months, can you still claim reimbursement for his meals and snacks?

Yes. If the baby is developmentally ready to accept solid foods, then yes, you can claim reimbursement for solid foods at his meals and snacks, even if he is younger than 6 months old. As a general best practice, it is recommended to get a written note from the parent stating his or her baby can be served solid foods, but it is not required.

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FAQ

There is a 3-month old baby in care. Her mom nurses her at home at 6 a.m. and wants her on 4 ounces of breastmilk every 4 hours, once at 10 a.m. and one at 2 p.m. Can we claim breakfast and lunch for this baby?

Yes. In this situation the child could be claimed for breakfast and lunch. Be sure to document to the breastmilk offered on the infant documentation.

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Centers and day care homes can talk to the parents/guardians to learn what they would like them to do if the baby shows signs of being hungry and they have consumed all of the breastmilk provided.


FAQ

The parents of a 10 month-old in your care have stated that their child is only to eat fruits and vegetables and that is all the child is eating at home. Can the center or provider claim meals for this baby even though the child isn't being offered grains or meat/meat alternate?

Yes. Solid foods are introduced gradually, new foods may be introduced one at a time over the course of a few days, and an infant's eating patterns may change. Centers and day care homes must follow the eating habits of infants. The infant does not need to be offered a solid food component that is part of every meal pattern, such as meat/meat alternates and grains, until the infant has established a tolerance for that solid food component at multiple feedings per day.


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Read slide.

Centers and day care homes can work together with the infant's parents/guardians to determine which solid foods should be served in child care depending on which solid foods are introduced at home.

Summary

- Complete names of infants must be on each infant meal record.
- Document and keep record of how the infant meals are consolidated with the other meals claimed for the monthly totals.
- Claim only 2 meals and 1 snack or 2 snacks and 1 meal per child.

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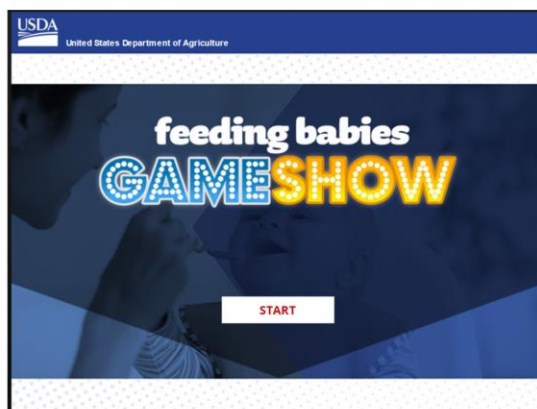
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Review the key points in the lesson. Allow participants to ask questions.

Feeding Babies Game Show



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Play the Feeding Babies Game Show. Click on the image on the screen or use the following URL - https://www.fns.usda.gov/apps/game-show/story_html5.html. If the URL is not working, you can use the Jeopardy Game found at the end of the slide deck.



To learn more about CACFP
or download materials visit:

<https://teamnutrition.usda.gov>



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Concluding Activities

- KSDE Attendance Roster
- Certificates
- Class Evaluations



<https://www.surveymonkey.com/r/cnwpdce>



cnwpdce QR Code



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Thank participants for attending and explain that you have several important things to do before the class ends.

1. *Double check the roster before the end of class. Sign at the bottom of the roster as a verification to its accuracy. Make sure that all information on the KSDE attendance roster is accurate (that is, those who attended were checked off, those who did not attend have the words “no show” written next to them, notes are clear on any special circumstances (e.g. leaving class early), names are spelled correctly, etc.).*
2. *Explain that the certificates will be issued by KSDE and mailed to Sponsors.*
3. *Explain the class evaluation process. Class evaluations will be conducted electronically through Survey Monkey. Ask participants to use their phones or laptops to access the survey electronically. If the participant’s smart device has a QR Code reader, have them scan the code provided to you or participants can enter the link noted on the slide. Instruct participants to enter the name of the class, the date, and the instructor’s name. It is helpful to write this information on the chalkboard, whiteboard or flipchart paper in advance.*

Please straighten up the classroom (by pushing in the chairs, removing trash left on the tables by the participants, etc.) before leaving.

Thank You for Attending!

Have a great program year!
Please contact us whenever you need assistance.

785-296-2276, Child Nutrition & Wellness

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If you have questions concerning operating your program, it is important to contact your area consultant or the office at Child Nutrition & Wellness. We are part of your team to help you know how to operate your program efficiently, effectively and in compliance with the state and federal requirements. Never hesitate to ask!



Activity: It's Time to Play JEOPARDY!

Supplies:

1. *Jeopardy Scoring Form, Administrative File*
2. *Pen or pencil (for team score keepers) – one per team*
3. *Timer or watch*

Procedure:

1. *Hand out a Jeopardy Scoring Form to each team. Have teams decide which team member will be the team's score keeper.*
2. *Explain the rules on this variation of a Jeopardy game.*
 - a) *First team selects a topic category and number. The statement selected will be read by the instructor and will show on the projected power point slide.*
 - b) *The team must decide on the appropriate response. The team must agree on the response and is permitted only one chance to respond correctly to that statement.*
 - c) *The correct response will be displayed on the following slide. If the team has declared the correct response, the point value is earned. Point values are displayed on the answer slides.*
 - d) *The team's score keeper should record the points in the appropriate category on the score card if the team responded correctly. An incorrect response scores zero points and does not deduct from the team's other points earned.*
 - e) *To get back to the game board, instructor must click on the feeding infant image in the bottom right-hand corner of the screen.*
 - f) *The second team selects a topic category and number, then the third team, fourth team, and fifth team with each team taking one question at a time until time is up or all the categories are covered.*
3. *The best way to ensure all teams have access to high point questions, going in the following order seems to work: Team One, Team Two, Team Three, Team Four, Team Five, Team Five again, Team Four, Team Three, Team Two and Team One. Repeat sequence.*

Estimated Time:

30 minutes

<h1 style="margin: 0;">Infant Jeopardy</h1> <div style="float: right; border: 1px solid #0070C0; border-radius: 10px; padding: 5px; background-color: #ADD8E6; text-align: center; font-size: 0.8em;"> Feeding Infants in the CACFP </div>				
CACFP Infant Meal Pattern	Breastmilk / Formula	Solid Foods	Creditable Foods	Talking With Parents
<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>
<u>300</u>	<u>300</u>	<u>300</u>	<u>300</u>	<u>300</u>
<u>500</u>	<u>500</u>	<u>500</u>	<u>500</u>	<u>500</u>

Let's Play Infant Jeopardy!

First team selects a topic category and point value. The statement selected will be read by the instructor and will show on the projected power point slide.

The team must decide on the appropriate response. The team must agree on the response and is permitted only one chance to respond correctly to that statement.

The correct response will be displayed on the following slide. If the team has declared the correct response, the point value is earned. Point values are also displayed on the answer slides.

To get back to the game board, instructor must always click on the feeding infant image in the bottom right-hand corner of the screen.

To exit the game and return to the presentation, click on the Feeding Infants in the CACFP button in the top right-hand corner.

CACFP Infant Meal Pattern – Question 100

Is this baby showing signs of being hungry or full?

- A. Hungry
- B. Full



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Read slide. Provide hints as needed.

Click on the statement on the slide to advance to the response slide.

CACFP Infant Meal Pattern – Question 100

A. Hungry

The baby is sucking on his fingers which is generally a sign of hunger. See Chapter 1: *Giving Babies a Healthy Start with the CACFP* in the *Feeding Infants in the Child and Adult Care Food Program* guide for information on hunger and fullness cues.



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Read slide response if needed.

To get back to the game board, instructor must always click on the feeding infant image in the bottom right-hand corner of the screen.

CACFP Infant Meal Pattern – Question 300

In the CACFP infant meal pattern, when should a baby start eating solid foods?

- A. When the baby turns exactly 6 months old.
- B. When the baby is sitting up and has good head control.
- C. When you think the baby is developmentally ready.
- D. When the parents tell you the baby is ready.



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Read slide. Provide hints as needed.

Click on the statement on the slide to advance to the response slide.

CACFP Infant Meal Pattern – Question 300

D. When the parents tell you the baby is ready.

You can start offering solid foods when a baby's parent tells you the baby is developmentally ready and is eating solid foods at home. This is usually around 6 months of age. Talking with the baby's parents is key to knowing when to start feeding solid foods and if a baby has any food allergies or intolerances.



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Read slide response if needed.

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CACFP Infant Meal Pattern – Question 500

What is the feeding skill a baby develops that allows him or her to pick up small pieces of food, such as whole grain O's cereal?

- A. Suck and swallow
- B. Pincer grasp
- C. Palmar grasp
- D. Gag reflex



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Read slide. Provide hints as needed.

Click on the statement on the slide to advance to the response slide.

CACFP Infant Meal Pattern – Question 500

B. Pincer grasp

At around 8 to 12 months babies develop the pincer grasp – using their thumb and index finger to feed themselves small, soft pieces of food. See Chapter 6: *Feeding Solid Foods* in the *Feeding Infants in the Child and Adult Care Food Program* guide for information on food textures and feeding skills.



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Read slide response if needed.

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Breastmilk/Formula – Question 100

As a best practice, what two pieces of information should parents write on every bottle or container of breastmilk?

- A. Baby's birth date**
- B. Baby's full name (first and last)**
- C. Date breastmilk was pumped**
- D. Parent's full name (first and last)**



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Read slide. Provide hints as needed.

Click on the statement on the slide to advance to the response slide.

Breastmilk/Formula – Question 100

B. Baby's full name (first and last)

C. Date breastmilk was pumped

To ensure their baby received the correct breastmilk, parents should label each bottle or storage bag with their baby's full name (first and last) and the date the breastmilk was pumped. For more information, see Chapter 4: *Handling and Storing Breastmilk and Infant Formula* in the *Feeding Infants in the Child and Adult Care Food Program* guide.



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Read slide response if needed.

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Breastmilk/Formula – Question 300

You're preparing a bottle for a 2-month-old infant's lunch. What is the minimum amount of iron-fortified infant formula you must offer to claim it as part of a reimbursable lunch?

- A. 1-2 fluid ounces**
- B. 2-4 fluid ounces**
- C. 4-6 fluid ounces**
- D. 6-8 fluid ounces**



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Read slide. Provide hints as needed.

Click on the statement on the slide to advance to the response slide.

Breastmilk/Formula – Question 300

C. 4-6 fluid ounces

Fill bottles with at least the minimum amount of iron-fortified infant formula required in the CACFP infant meal pattern. For breakfast, lunch, supper, and snack infants age 0-5 months should be offered 4-6 fluid ounces of infant formula.



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Read slide response if needed.

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Breastmilk/Formula – Question 500

For infant formula to be creditable in the CACFP, the formula must have at least how many milligrams of iron per 100 calories when the formula is prepared using the label directions?

- A. 1
- B. 2
- C. 3
- D. 4



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Read slide. Provide hints as needed.

Click on the statement on the slide to advance to the response slide.

Breastmilk/Formula – Question 500

A. 1

Infant formula must have at least 1 milligram of iron per 100 calories of formula when the formula is prepared using the label directions. When purchasing formula, look for “Infant Formula with Iron”, or a similar statement on the front of the formula package. Use the Nutrition Facts Label to make sure the formula has enough iron.



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Read slide response if needed.

To get back to the game board, instructor must always click on the feeding infant image in the bottom right-hand corner of the screen.

Solid Foods – Question 100

Is this baby showing signs of being hungry or full?

- A. Hungry
- B. Full



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Read slide. Provide hints as needed.

Click on the statement on the slide to advance to the response slide.

Solid Foods – Question 100

B. Full

The baby is sealing her lips together which is generally a sign of fullness. See Chapter 1: *Giving Babies a Healthy Start with the CACFP in the Feeding Infants in the Child and Adult Care Food Program* guide for information on hunger and fullness cues.



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Read slide response if needed.

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Solid Foods – Question 300

Baby Sami is 7 months old and has recently developed his palmar grasp. He has been eating solid foods for about 1 month. What can you offer Baby Sami at lunch to help him develop his ability to pick up pieces of food and to avoid choking? Select all that apply.

- A. Strips of bread or pita**
- B. Peanut butter**
- C. Popcorn**
- D. Cooked, chopped broccoli florets**



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Read slide. Provide hints as needed.

Click on the statement on the slide to advance to the response slide.

Solid Foods – Question 300

- A. Strips of bread or pita
- D. Cooked, chopped broccoli florets

When a baby develops the palmar grasp – can use his or whole hand to pick up larger pieces of food or objects – you can introduce larger pieces of soft foods. The peanut butter and popcorn are a choking risk for Baby Sami. See Chapter 6: *Feeding Solid Foods* in the *Feeding Infants in the Child and Adult Care Food Program* guide for information about developmental readiness and feeding solid foods to babies.



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Read slide response if needed.

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Solid Foods – Question 500

A father brings in organic pureed carrots for his 6-month-old baby to have at lunch. As the child care provider, you must offer all other food components. Which foods can you offer to the baby to claim reimbursement for lunch?

- A. Iron-fortified infant formula**
- B. Finely chopped, baked chicken**
- C. Whole grain O's cereal**
- D. Strips of pita**



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Read slide. Provide hints as needed.

Click on the statement on the slide to advance to the response slide.

Solid Foods – Question 500

- A. Iron-fortified infant formula
- B. Finely chopped, baked chicken

Since the organic pureed carrots count as the one parent provided food component, you must offer all other food components. This could include a meat or meat alternate, such as finely chopped, baked chicken, and iron-fortified infant formula. Whole grain O's are considered a ready-to-eat cereal. The cereal and pita can only be served at snack. Be sure to offer the minimum serving size of each item in order to be reimbursed.



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Read slide responses if needed.

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Creditable Foods – Question 100

Baby Ebony is 4 months old and is drinking iron-fortified infant formula and breastmilk. Mom often breastfeeds Ebony at your child care site. Baby Ebony has not lost the reflex to spit out a spoon or any food put in her mouth. You can offer Baby Ebony all of these as part of a reimbursable lunch, except which one?

- A. 4-6 fluid ounces iron-fortified infant formula**
- B. 4-6 fluid ounces breastmilk**
- C. 1 tablespoon iron-fortified cereal**
- D. Offer mom a private, quiet space to breastfeed Ebony at your child care site.**



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Read slide. Provide hints as needed.

Click on the statement on the slide to advance to the response slide.

Creditable Foods – Question 100

C. 1 tablespoon iron-fortified cereal

Baby Ebony is not developmentally ready for solid foods. In addition to being able to sit in a high chair with good head control and open her mouth when food is near, she needs to be able to use her tongue to move food from the spoon into her mouth. Iron-fortified infant formula and breastmilk are the only liquids that can be offered to a baby 0-11 months old as part of reimbursable meal or snack. See Table 7: *What Should Babies Drink?* in the *Feeding Infants in the Child and Adult Care Food Program* guide.



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Creditable Foods – Question 300

What is the maximum amount of sugar allowed in a ready-to-eat cereal in the CACFP?

- A. 4 grams per dry ounce
- B. 5 grams per dry ounce
- C. 6 grams per dry ounce
- D. 7 grams per dry ounce



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Read slide. Provide hints as needed.

Click on the statement on the slide to advance to the response slide.

Creditable Foods – Question 300

C. 6 grams per dry ounce

All ready-to-eat cereals must contain no more than 6 grams of sugar per dry ounce. You can use Appendix D: *Choose Breakfast Cereals That Are Lower in Added Sugars* worksheet in the *Feeding Infants in the Child and Adult Care Food Program* guide to determine if a cereal meets the sugar limit.



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Creditable Foods – Question 500

You're serving older children fat-free (skim) milk, pancakes, and strawberries for breakfast. Which foods can you also serve the 10-month-old baby in your program in order to claim reimbursement for the breakfast meal? Select all that apply.

- A. Breastmilk or iron-fortified infant formula**
- B. Pancakes**
- C. Finely chopped strawberries**
- D. Iron-fortified infant cereal**



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Read slide. Provide hints as needed.

Click on the statement on the slide to advance to the response slide.

Creditable Foods – Question 500

- A. Breastmilk or iron-fortified infant formula
- C. Finely chopped strawberries
- D. Iron-fortified infant cereal

Because a pancake is a bread-like item, it can be served only at snack to be claimed for reimbursement. See Chapter 6: *Feeding Solid Foods* and Appendix F: *Infant Foods List* in the *Feeding Infants in the Child and Adult Care Food Program* guide for information about foods that are and are not creditable toward a reimbursable meal in the infant meal pattern.



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Read slide response if needed.

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Talking With Parents – Question 100

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

- A. Yes**
- B. No**



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Read slide. Provide hints as needed.

Click on the statement on the slide to advance to the response slide.

Talking With Parents – Question 100

A. Yes

A meal or snack is still reimbursable even when the mother breastfeeds her baby at the child care site. See Chapter 2: *Feeding the Breastfed Baby* in the *Feeding Infants in the Child and Adult Care Food Program* guide for information about supporting breastfeeding mothers and feeding a baby breastmilk.



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Talking With Parents – Question 300

Which topic is important for parents and child care providers to share with each other?

- A. Baby's food allergies or intolerances
- B. Baby's usual eating habits when fed breastmilk, iron-fortified infant formula, and solid foods when developmentally appropriate
- C. Food preferences (cultural or other) that are important to the family
- D. All of the above



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Read slide. Provide hints as needed.

Click on the statement on the slide to advance to the response slide.

Talking With Parents – Question 300

D. All of the above

All of the topics are important for parents and child care providers to talk about. Remember, you can use the For Parents handouts in the *Feeding Infants in The Child and Adult Care Food Program* guide to start the conversation. Handouts are also available for free download at <https://teammnutrition.usda.gov>.



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Read slide responses if needed.

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Talking With Parents – Question 500

Baby Jana was just enrolled at your child care site. She is 5 ½ months old. You know she drinks formula at home and eats some baby foods. You want to know about Jana’s eating habits throughout the day and what she eats at home. Which handout should you give Jana’s dad to learn more about Jana and if dad has any preferences on what you will feed her? Select all that apply.

- A. For Parents: Is Your Baby Ready for Solid Foods?**
- B. For Parents: What is Your Baby Eating? Let Us Know!**
- C. For Parents: Making Sure Your Baby Gets Enough Iron**
- D. For Parents: Feeding Your Baby Infant Formula? Tell Us More!**



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Read slide. Provide hints as needed.

Click on the statement on the slide to advance to the response slide.

Talking With Parents – Question 500

B. For Parents: What is Your Baby Eating? Let Us Know!

You can use the *For Parents: What is Your Baby Eating? Let Us Know! Handout* to learn about what Baby Jana eats at home. Dad can fill out the *For Parents: Feeding Your Baby Infant Formula? Tell Us More! Handout* to let you know if he would like to provide his own infant formula or if he would like you to give Baby Jana the iron-fortified infant formula you have at your child care site. Handouts are available for free download at <https://teammnutrition.usda.gov>.



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Read slide response if needed. Accept any reasonable response.

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To learn more about CACFP or download materials visit:

<https://teamnutrition.usda.gov>



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Concluding Activities

- KSDE Attendance Roster
- Certificates
- Class Evaluations



<https://www.surveymonkey.com/r/cnwpdce>



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Thank participants for attending and explain that you have several important things to do before the class ends.

1. *Double check the roster before the end of class. Sign at the bottom of the roster as a verification to its accuracy. Make sure that all information on the KSDE attendance roster is accurate (that is, those who attended were checked off, those who did not attend have the words “no show” written next to them, notes are clear on any special circumstances (e.g. leaving class early), names are spelled correctly, etc.).*
2. *Explain that the certificates will be issued by KSDE and mailed to Sponsors.*
3. *Explain the class evaluation process. Class evaluations will be conducted electronically through Survey Monkey. Ask participants to use their phones or laptops to access the survey electronically. If the participant’s smart device has a QR Code reader, have them scan the code provided to you or participants can enter the link noted on the slide. Instruct participants to enter the name of the class, the date, and the instructor’s name. It is helpful to write this information on the chalkboard, whiteboard or flipchart paper in advance.*

Please straighten up the classroom (by pushing in the chairs, removing trash left on the tables by the participants, etc.) before leaving.

Thank You for Attending!

Have a great program year!
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If you have questions concerning operating your program, it is important to contact your area consultant or the office at Child Nutrition & Wellness. We are part of your team to help you know how to operate your program efficiently, effectively and in compliance with the state and federal requirements. Never hesitate to ask!