



UNITED STATES ARMY
CHILD & YOUTH SERVICES

Infant Feeding Guide

Revised April 2019



Note to Army Child and Youth Services Employees and Providers on Using This Guide

This guide is written for staff who provide care for infants. It covers Army guidance and the Child and Adult Care Food Program (CACFP) requirements that we must follow. This Army guide will complement the United States Department of Agriculture's Feeding Infants: A Guide for use in the Child Nutrition Programs as you deliver the Infant Feeding program in your Child Development Centers (CDC) and Family Child Care* (FCC) homes. Nutrition and feeding needs of infants; the development of feeding skills; breast feeding; formula feeding; the introduction of complementary foods; infant feeding practices; food selection, preparation, and sanitation are covered in this guide.

**Family Child Care (FCC) and Day Care Home (DCH) are used interchangeably in this guide.*

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1: Introduction

Good nutrition is essential to the rapid growth and development that occurs during an infant's first year. Providing infants with the right foods will promote good health and give them the opportunity to enjoy new tastes and textures as they establish good eating habits. Positive and supportive feeding techniques are essential in allowing infants to eat well and to develop healthy attitudes toward themselves and others. Supportive feeding can help infants establish warm relationships with their parents, guardians and caregivers. During the first year, infants' mouths transition from being able only to suck and swallow to being able to chew. Their digestive tracts mature from being able to take in only liquids, such as breastmilk or formula, to being able to receive a wide variety of foods. And at the same time, they progress from needing to be fed toward feeding themselves. As infants continually mature, their food and feeding patterns must continue to change. This guide will help you appropriately feed the babies in your care as they change and develop. It answers some of the common questions on infant development, nutrition for infants, feeding practices, food preparation, safe food handling, and choking prevention. The parents or guardians will also give you important information to help you in feeding their infants. **You should communicate frequently with them so that you can coordinate what the infants are being fed at home with what you feed them while in your care.** In this way you can assure the best care for the infants.

USDA FNS-258 (United States Department of Agriculture USDA, Food and Nutrition Services FNS)

2: Parent and Guardian Relations

Parent and guardian orientation is when you begin the crucial relationship with parents or guardians. This is the best time to talk about infant feeding and the USDA Food Program (CACFP). Parents and guardians will have many questions as their infant grows, and you will become their partner as you navigate through the developmental milestones. Forming this important relationship will create trust and lasting memories for our families.

3: Rules that the Army Follows

Definition of an Infant in the CACFP

An infant is defined as: Birth through 11 months; up until the child's first birthday.

Infant Feeding – Army Policy

Army policy requires that all child development programs follow the guidelines of the USDA CACFP regardless of actual enrollment in the program. Much of the most recent guidance is included in this document in its original form from USDA guides and policies.

All CYS facilities in CONUS (Continental United States) participate in the CACFP. CACFP is a federal USDA program that is administered by individual states. This program provides reimbursement as a monetary supplement that is received in different amounts for creditable meals served. Infants were included in CACFP around the year 2000.

All CYS OCONUS (Outside Continental United States) Facilities follow the CACFP regulations and receive dividends provided through DFMWR (Directorate Family & Morale, Welfare, and Recreation) to support their food programs.

4: Nutritional Needs of Infants

CACFP began in 1968. From the inception of the program until 2017, there were no significant changes to the nutrition component requirements of CACFP. As a result of legislation that passed in 2010 (The Healthy Hunger-Free Kids Act), as well as research in nutrition sciences, some of the nutritional requirements were changed. These changes were required to begin on 1 October, 2017

CACFP Nutritional Goals 2017

The primary goal of updating the CACFP meal patterns was to help children establish healthy eating patterns at an early age. Offering a variety of nutrient dense foods, including vegetables and fruits (cooked, mashed, pureed, or small diced as needed to obtain the appropriate texture and consistency), can help promote good nutritional status in infants. Additionally, the American Academy of Pediatrics (AAP) recommends infants consume more vegetables and fruits. Vegetables and fruits are already required at breakfast, lunch, and supper meals for infants that are developmentally ready to accept them (around 6 months of age). Therefore, starting October 1, 2017, to further help increase infants exposure of and consumption of vegetables and fruits, the updated meal patterns required vegetables and fruits to be served at snack for infants that are developmentally ready to accept them. In addition, juice can no longer be claimed for reimbursement for meals served to infants of any age (*CACFP 02-2018: Feeding Infants and Meal Pattern Requirements in the Child and Adult Care Food Program; Questions and Answers, October 19, 2017*).

Children's food preferences develop at a very early age. Most of our food preferences have developed by the age of two years. While we can influence these preferences after the age of two, this makes it especially important to offer a variety of flavors early

in life. It may take multiple offerings of some foods before an infant or child will try the item. Part of our job as a CYS staff member is to offer foods to infants and children in an unbiased manner, and to be positive role models even if we personally do not enjoy a certain food item during family style dining and while reinforcing new foods that have been introduced at home. We can have a positive impact on the development of healthy eating patterns of the children that we care for.

During the first year of an infant's life, human milk*, or infant formula is their main source of nutrition and provides nutrients for growth and development. Infants grow rapidly during the first year, and throughout this time their nutritional needs will change as their growth changes.

*Throughout this guide, the terms 'human milk' and 'breast milk' are used interchangeably.

Infant Feeding Plans

The Army requires that a feeding plan will be established for each full-day and part-day infant in consultation with the parent or guardian and based on the recommendations of the child's physician or other qualified health professional. This plan will be revised as necessary. The plan will include—

- (a) Type of commercially prepared formula to be used.
- (b) A feeding schedule.
- (c) Weaning plans, as applicable.
- (d) Introduction of solid and new foods.
- (e) Provisions for breast feeding, if applicable

5: Feeding Infants – Serving Size

USDA CACFP Infant Meal Pattern

Infant Meal Pattern

Breakfast	
Birth through 5 months	6 through 11 months
4-6 fluid ounces breastmilk ¹ or formula ²	6-8 fluid ounces breastmilk ¹ or formula ² ; and 0-4 tablespoons infant cereal ^{2,3} meat, fish, poultry, whole egg, cooked dry beans, or cooked dry peas; or 0-2 ounces of cheese; or 0-4 ounces (volume) of cottage cheese; or 0-4 ounces or ½cup of yogurt ⁴ ; or a combination of the above ⁵ ; and 0-2 tablespoons vegetable or fruit or a combination of both ^{5,6}

¹Breastmilk or formula, or portions of both, must be served; however, it is recommended that breastmilk be served in place of formula from birth through 11 months. For some breastfed infants who regularly consume less than the minimum amount of breastmilk per feeding, a serving of less than the minimum amount of breastmilk may be offered, with additional breastmilk offered at a later time if the infant will consume more.

²Infant formula and dry infant cereal must be iron-fortified.

³Beginning October 1, 2019, ounce equivalents are used to determine the quantity of creditable grains.

⁴Yogurt must contain no more than 23 grams of total sugars per 6 ounces.

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

⁶Fruit and vegetable juices must not be served.

Infant Meal Pattern

Lunch and Supper	
Birth through 5 months	6 through 11 months
4-6 fluid ounces breastmilk ¹ or formula ²	6-8 fluid ounces breastmilk ¹ or formula ² ; and 0-4 tablespoons infant cereal ^{2,3} meat, fish, poultry, whole egg, cooked dry beans, or cooked dry peas; or 0-2 ounces of cheese; or 0-4 ounces (volume) of cottage cheese; or 0-4 ounces or ½cup of yogurt ⁴ ; or a combination of the above ⁵ ; and 0-2 tablespoons vegetable or fruit or a combination of both ^{5,6}

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Infant Meal Pattern

Snack	
Birth through 5 months	6 through 11 months
4-6 fluid ounces breastmilk ¹ or formula ²	2-4 fluid ounces breastmilk ¹ or formula ² ; and 0-½ slice bread ^{3,4} ; or 0-2 crackers ^{3,4} ; or 0-4 tablespoons infant cereal ^{2,3,4} or ready-to-eat breakfast cereal ^{3,4,5,6} ; and 0-2 tablespoons vegetable or fruit, or a combination of both ^{6,7}

¹ Breastmilk or formula, or portions of both, must be served; however, it is recommended that breastmilk be served in place of formula from birth through 11 months. For some breastfed infants who regularly consume less than the minimum amount of breastmilk per feeding, a serving of less than the minimum amount of breastmilk may be offered, with additional breastmilk offered at a later time if the infant will consume more.

² Infant formula and dry infant cereal must be iron-fortified.

³ Beginning October 1, 2019, ounce equivalents are used to determine the quantity of creditable grains.

⁴ A serving of grains must be whole grain-rich, enriched meal, or enriched flour.

⁵ Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21.2 grams sucrose and other sugars per 100 grams of dry cereal).

⁶ A serving of this component is required when the infant is developmentally ready to accept it.

⁷ Fruit and vegetable juices must not be served.

6: Development of Infant Feeding Skills

- **Birth to 5 Months:**
 - Only suck, and swallow
- **Babies Can (6-8 months):**
 - Draw in upper or lower lip as spoon is removed
 - Move tongue up and down
 - Sit Up with Support
 - Swallow semisolid foods without choking
 - Open mouth when they see food – may want to self-feed
 - Drink from a cup with less spilling
- **Babies Can (8 – 11 Months):**
 - Move tongue from side to side
 - Begin feeding themselves with help
 - Begin to chew (Munching up and down movement) and may have some teeth
 - Begin to hold food with their fingers (pincher grip)

Infants begin their lives drinking from a bottle or being breast fed. Infants are mature enough to begin eating solid foods from a spoon when they can hold their necks steady and sit with support. They should not be in an inclined position. Feeding in an inclined position can lead to choking. They will also draw in their lower lip as a spoon is removed from their mouth and keep food in their mouths and swallow it rather than push it back out on their chins. The infant will also give you signs when they are full. They will lean back, turn their head away, push the food back out of their mouths, not open their mouths, start playing with their food or push the spoon away.

7: Bottle Feeding – Infant Formula or Human Milk

Parents or guardians bring in formula and human milk in bottles and follow the guidance on labelling. We feed our infants on demand. This means we follow their cues which can be crying or putting their hands in their mouths. As you become familiar with the infants in your room, you will begin to know the differences in their cries. Feeding on demand should be discussed with parents or guardians during orientation.

If an Infant is Actively Crying... You may have missed the signs of hunger Offering food when the infant displays signs of hunger helps create a healthy relationship with food even at this early age. Offering food when the infant expresses hunger helps infants feel secure. If attention is consistently paid to feeding on cue, infants will eat when hungry, and will not eat if they are not hungry. They will feel secure knowing that food will be offered at regular intervals. This is important in the development of an infant's own internal recognition of hunger. Most infants and young children will eat only until they feel their hunger satisfied if they are secure in the knowledge that they will be offered food regularly. We unlearn these internal cues for hunger as we age, and this can contribute to over eating for both children and adults.

In our programs we feed infants formula and human milk. There are no other liquids fed to infants from a bottle in our programs. Bottles will contain only formula or human milk unless there is a note from a licensed medical provider.

Preparing to Feed

Remove the bottle from the refrigerator and warm appropriately if needed. There is not a medical or safety reason to feed warm formula or human milk. Some infants may prefer to have the bottle warmed. Discuss this with the infant's parents or guardians.

- **Formula bottles** can only be heated in a container using warm tap water or by using an electric bottle warmer.
- **Human milk bottles** can only be heated in a container using warm tap water.

Microwave ovens, crock pots or water cookers will not be used to heat bottles, or heat the water for containers that bottles will be placed in for warming. Thermos containers will not be used to hold **HOT** water which would be used to fill containers for warming bottles. Even bottle warmers that are made for 'warming human breast milk' may still exceed the temperature that is low enough to preserve the nutritional content, so these are not used in CYS facilities.

Formula bottles can be shaken, but human milk bottles can only be gently swirled. Shaking human milk bottles can destroy and degrade the nutritional value.

Infants need to be wide awake and calm, not screaming during feeding.

When you pick up the infant for feeding, make sure you talk and explain what you are doing. We talk to our infants every chance we get because this is part of language development.

Sit down to feed the infant in a comfortable place. Hold the infant in the cradle of your arm, partially upright. This helps the infant feel secure and you will have good sight of their face to see their cues and will help prevent choking. When the infant's head is higher than their body, the fluid is prevented from backing up in the inner ear which can cause an infection. Let the infant eat in their own way. That can be fast, slow and steady, or start and stop. They are all different!

We hold the bottle during feeding and never prop bottles. Propping bottles can cause choking or suffocation and deprive infants of important cuddling and human contact.

When infants are strong enough to hold the bottle on their own and can sit up well, they are ready to learn how to hold a cup. We do not allow infants to carry a bottle or cup around. The number one reason for this is they may share their bottle with another infant. We also do not allow infants to have bottles in their cribs. We prohibit bottles in cribs for a number of reasons: Infants should be held or otherwise communicated with (older infants) while being fed/or feeding, it is a safety hazard to have bottles in cribs, and it can also contribute to dental caries (this is true whether it is a bottle of formula or human milk)

Wait for the infant to stop drinking before burping. Gently pat or rub the infant's back while the infant is on your shoulder or sitting on your lap. Do not be surprised if the baby does not burp or some of the formula/milk comes back up.

The amount of formula or human milk that an infant eats can fluctuate. Communicate with parents regarding the amount of formula or human milk that they need to provide daily. Discuss with the parent what will happen if the facility runs out of human milk or the parent provided formula and the infant is still hungry. The facility staff will call them to either bring additional human milk or formula, or to pick their infant up from the center.

Refer to the **Infant Bottle Feeding Accountability** training for information on the system that must be followed in our Child Development Centers. This training can be found on SharePoint:

https://army.deps.mil/army/cmds/imcom_G9/G9/CYS/Documents/Bottle%20Feeding%20Accountability%20Training%20FINAL%2013%20Feb.%202018.pptx

8: Infant Formula

As part of offering a meal that is compliant with the CACFP infant meal pattern requirements, centers and day care homes* with infants in their care must offer at least one type of iron-fortified infant formula (7 CFR 226.20(b)(2)). The Food and Drug Administration (FDA) defines iron-fortified infant formula as a product “which contains 1 milligram or more of iron in a quantity of product that supplies 100 kilocalories when prepared in accordance with label directions for infant consumption” (21 CFR 107.10(b)(4)(i)). The number of milligrams (mg) of iron per 100 kilocalories (calories) of formula can be found on the Nutrition Facts Label of infant formulas. (*CACFP 02-2018: Feeding Infants and Meal Pattern Requirements in the Child and Adult Care Food Program; Questions and Answers, October 19, 2017*).

Formula provided by Army CYS Programs must be iron-fortified. The type of formula provided by the Army must comply with USDA requirements and be one that parents or guardians would commonly use. The best way to find out the type of formula commonly used, is to conduct an annual survey with parents of infants.

Previously, USDA and FNS provided a list of *Iron-Fortified Infant Formulas That Do Not Require a Medical Statement*. FNS no longer maintains such a list due to the continuous development of new or re-formulated infant formula products making an accurate, all-inclusive list impractical.

Look for “Infant Formula with Iron” or a similar statement on the front of the formula package. All iron-fortified infant formulas must have this type of statement on the package.

Exempt and Special Formulas

Ensure that the formula is not an FDA Exempt Infant Formula. An exempt infant formula is labeled for use by infants who have inborn errors of metabolism or low birth weight, or who otherwise have unusual medical or dietary problems, as defined in 21 CFR 107.3. More information and a list of FDA Exempt Infant Formulas can be found at:

<http://www.fda.gov/Food/GuidanceRegulation/GuidanceDocumentsRegulatoryInformation/InfantFormula/ucm106456.htm>.

Formulas classified as Exempt Infant Formulas by FDA may be served as a part of a reimbursable meal if the substitution is due to a disability and is supported with a medical statement signed by a licensed physician or a State recognized medical authority. A State recognized medical authority for this purpose is a State licensed health care professional who is authorized to write medical prescriptions under State law. The statement must be submitted and kept on file by the center or day care home.

(CACFP 02-2018: Feeding Infants and Meal Pattern Requirements in the Child and Adult Care Food Program; Questions and Answers, October 19, 2017).

Infant formulas manufactured outside the US are not regulated by the USDA and are not creditable on CACFP

Formula Waiver

An infant's parent or guardian may, at their discretion, decline the infant formula offered by the center or day care home and provide expressed human milk or a creditable infant formula instead. Meals containing parent or guardian provided expressed human milk or creditable infant formula that are served to the infant by the child care provider are eligible for reimbursement, including meals when an infant is only consuming human milk or infant formula. Additionally, in recognition of the numerous benefits of breastfeeding and that the AAP recommends human milk as the optimal source of nutrients through the first year of life, centers and day care homes may claim reimbursement of meals when a mother directly breastfeeds her infant at the center or day care home under the updated infant meal patterns. This includes meals when an infant is only consuming human milk. This added flexibility in the updated infant meal patterns became effective October 1, 2017 and is consistent with other FNS efforts, such as in Women Infants and Children (WIC) programs, to support and encourage breastfeeding *(CACFP Policy Memo 06-2017; CACFP23-2016 Feeding Infants and Meal Pattern Requirements in the Child and Adult Care Food Program)*.

9: Examples of Creditable Infant Formula

In Army CYS Programs, the parent or guardian will choose the type of formula that we provide, either Ready-to-Feed (RTF) Formula, or powdered formula for parents or guardians to mix at home. We do not mix formula in our centers. Powdered formula can be issued as explained in the next paragraph. Parents or guardians bring the powdered formula to the center mixed and in bottles that are labeled according to CYS

instructions. If a CYS facility is providing the RTF formula, parents or guardians will bring in empty bottles labeled as directed, and these bottles are filled AS NEEDED during the day while their infant is in care. If there are labeled bottles that were not needed during the day, these empty (used and unused) bottles are still sent home at the end of the day with the parent or guardian. We do not prefill the bottles for the day with the RTF formula in anticipation of the amount of formula required.

An emergency supply of RTF commercial formula as required by infants' Feeding plans will be available for use in the facility or day care home.

Calculating Powdered Formula Issuance

If we provide powdered formula for parents or guardians to mix at home, how much should we be giving them?

We can't tell you exactly. But we can give you factors to consider. Remember- the powder is to provide food for the child during the hours they are in our care, not 24/7

Typically, a baby consumes 2.5 fl. ounces of formula per pound per day. A 6 month old baby typically weighs 17 lbs., and a 12 month old, 21 lbs. It is suggested to have a "full day" and "part day" amount for 0 – 6 month olds and 7 – 12 month olds (or a similar combination) using 19 – 21 working days in a month.

EXAMPLE: 2.5 oz. x 17 lbs. ~ 43 oz. per 24 hours /2 = 22 oz. for 12 hr. full day care x 19 days = enough powder for 416 oz. of LIQUID formula per month. Depending on the type of powdered formula, determine how many scoops/cans of dry formula are required to produce 416 oz. of liquid formula.

A typical 12 -14 oz. can (by weight) of powdered formula yields approximately 95 ounces of liquid formula.

This is a guide. If you notice that an infant is suddenly taking more formula every day, the amount of formula that is being issued to the parent or guardian may need to be adjusted. In the first few months of life, infants go through numerous growth spurts, and their formula intake may increase and decrease. It is not always consistent.

10: Human Milk

Human milk is creditable. Programs will provide an area where breast feeding and expressing milk can take place.

When a parent or guardian chooses to provide human milk (expressed human milk or by directly breastfeeding on-site) or a creditable infant formula and the infant is consuming solid foods, the center or day care home must supply all the other required meal components in order for the meal to be reimbursable (CACFP 02-2018: *Feeding Infants*)

and Meal Pattern Requirements in the Child and Adult Care Food Program; Questions and Answers, October 19, 2017).

Store milk in hard plastic bottles if possible because these are unbreakable. Glass is okay if it is in a silicone cover/sleeve and labeled appropriately. You may want to remind parents providing human milk in bottles to be cognizant of the amount they place in a single bottle. There is not a limit or required amount in one bottle. Parents can fill bottles with any amount they feel is appropriate, however, we are only able to keep the bottle out of refrigeration for 1 hour. Any human milk that has been out of refrigeration for more than one hour, may not be used in the center. Human milk that has exceeded time out of refrigeration (used and unused bottles) may be placed in the child's diaper bag and returned to the parent at the end of the day. If the parent chooses not to have the human milk returned, the center must dispose of it.

Children over 12 months who are still on breast milk

The USDA CACFP supports mothers who continue to provide breast milk for as long as they “wish and are able to do so.” No medical statement is required. Expressed human milk is considered an acceptable fluid milk substitute at any age in the CACFP. Mothers may also come to the facility or day care home and breastfeed their child. Human milk in sippy or covered cups must be labeled in the same way that bottles are regardless of the child’s age. Covered cups of human milk can be stored in any refrigerator, including the kitchen and handled the same as bottles of human milk.

Isn't providing breast milk to children over 12 months in Sippy cups DANGEROUS?

In a classroom of untrained staff caring for 10 pre-toddlers running aimlessly about the classroom holding Sippy Cups full of human milk, YES! But we won't let that happen!! Because we have **TRAINED** staff and provided **GUIDANCE** that helps minimize the risk to children!a

- a. Always do a "Name to Cup check each time we give a child a Sippy Cup (or a bottle for that matter!) containing human milk – no label, no milk.
- b. We don't let children “wander around the room” carrying cups and bottles, but sit **RIGHT NEXT** to them as they drink.
- c. When the child is done feeding, we **IMMEDIATELY** throw out any human milk left in the cup/bottle and wash it with soap and hot water, which may be done in the classroom until taken to the kitchen.
- d. If a child drops the cup/bottle, we pick it up **IMMEDIATELY** and clean up any spills with soap and water.
- e. If an infant receives another infant's human milk bottle, contact your Army Public Health Nurse (APHN) or designated Health Consultant and parent or guardian. APHNs will assist the parent or guardian with arranging the appropriate medical evaluation and follow-up. A Report of Unusual Incident (RUI) must be completed.

Storing Human Milk

In the *Pediatric Nutrition Handbook, 7th Edition*, the AAP recommends an optimal storage time of 72 hours for refrigerated expressed human milk. Accordingly, to follow current scientific recommendations, human milk may be stored at the center or day care home in a refrigerator for no longer than 72 hours. The previously established standard was 48 hours from the time it was collected. FNS made this change via policy guidance in 2015 to support breastfeeding practices and increase flexibility for centers and day care homes. Bottles of expressed human milk must be stored in a refrigerator kept at 40° Fahrenheit (4.4° Celsius) or below. This is consistent with recommendations from the AAP and the Centers for Disease Control and Prevention. Centers and day care homes should continue to follow all other human milk handling and storage guidelines listed in *Feeding Infants: A Guide for Child Nutrition Programs* (<http://www.fns.usda.gov/tn/feeding-infants-guide-use-child-nutrition-programs>).

(CACFP 02-2018: Feeding Infants and Meal Pattern Requirements in the Child and Adult Care Food Program; Questions and Answers, October 19, 2017).

Safety Reminders for Storing Human Milk

- Human milk needs to be stored and handled safely. Human milk must be stored in the refrigerator at 40° F or lower.
- Bottles should be labeled correctly by parents or guardians.
- Before handling any bottle, hands must be washed.
- If bottle is offered, eaten from, or not consumed within 1 hour, it must be either stored in the child's diaper bag and returned to the parent at the end of the day, or discarded by the center. The decision to return or dispose of, is determined by the parent. (when the bottle is taken out of refrigeration the date and time must be written on the bottle) *Ref: Feeding Infants – USDA/FNS, CYS Operations Manual and Infant Bottle Feeding Accountability Training.*

CYS facilities send all bottles home with the parent or guardian at the end of the day, so bottles are never stored in centers or homes overnight.

If a parent or guardian would like to provide a small amount of frozen human milk to the center for use in the event of an emergency, human milk must be labeled according to policy and frozen in a container that is ready to feed from. This could be a bag that is dropped into a bottle sleeve, or it could be a container that needs only a top exchanged. Human milk will not be transferred from containers.

11: Offering Water

Infants generally get all the fluid (water) that they need from breastfeeding or from formula and do not need to be offered water. It can be dangerous to offer infants excessive amounts of water. The infant's licensed health care provider may recommend offering small amounts of water when the infant begins eating solids or in other special cases. Please follow the direction of the licensed health care provider and parent or guardian recommendations for offering water. Follow your USDA guidance if Army guidance conflicts.

12: Drinking From a Cup

You can start offering human milk or infant formula from a cup when an infant displays an interest in self-feeding typically about 7-8 months of age. Infants usually consume less human milk and formula as they eat more solid foods and drink from a cup.

13: Introducing Solid Foods

Infant Meal Pattern for 6 – 11 months that states: “0-4 tablespoons of” This does not mean the program is not obligated to serve infant food. It means the program is required to provide these additional food items as soon as the infant is developmentally ready. (CACFP)

Complementary Feeding

According to the AAP, 6 to 8 months of age is often referred to as a critical window for initiating the introduction of solid foods to infants. In addition, by 7 to 8 months of age, infants should be consuming solid foods from all food groups (vegetables, fruits, grains, protein foods, and dairy).

Solid foods must be served to infants around 6 months of age, as it is developmentally appropriate for the infant. Once an infant is developmentally ready to accept solid foods, the center or day care home is required to offer them to the infant. FNS recognizes, though, that 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. For example, an infant may eat a cracker one week and not the next week. Centers and day care homes must follow the eating habits of infants. Meals should not be disallowed simply because one food was offered one day and not the next if it is consistent with the infant’s eating habits. In addition, solid foods served to infants must be of a texture and consistency that is appropriate for the age and development of the infant being fed. (CACFP 02-2018: *Feeding Infants and Meal Pattern Requirements in the Child and Adult Care Food Program; Questions and Answers, October 19, 2017*).

What if an infant enrolls in our program between 4 and 5 months, and is already consuming solid foods?

If an infant enters your program prior to the age of 6 months, and they are already consuming solids, you are not required to discontinue feeding the solids. Instead start a conversation with the parent or guardian, and discuss the recommendations of the AAP as well as developmental cues for readiness to consume solids. Likewise, if an infant in care is developmentally ready for solids prior to 6 months of age, and the parent or guardian in consultation with the health care provider recommends offering solids, it is acceptable to offer them. Human milk or iron fortified infant formula remain the primary source of nutrition until the age of one year.

Development

There is no single direct signal to determine when an infant is developmentally ready to accept solid foods. An infant's readiness depends on his or her rate of development. Centers and day care homes should be in constant communication with parents or guardians about when and what solid foods should be served while the infant is in care. As a best practice, FNS recommends that parents or guardians request in writing when a center or day care home should start serving solid foods to their infant. When talking with parents or guardians about when to serve solid foods to infants in care, the following guidelines from the AAP can help determine if an infant is developmentally ready to begin eating solid foods:

Allowing solid foods to be served when the infant is developmentally ready (around 6 months of age) better accommodates infants' varying rates of development and allows centers and day care homes to work together with the infant's parents or guardians to determine when solid foods should be served. For more information and best practices on serving solid foods to infants, please see *Feeding Infants: A Guide for Child Nutrition Programs* (source) (<http://www.fns.usda.gov/tn/feeding-infants-guide-use-child-nutrition-programs>) and (CACFP 02-2018: *Feeding Infants and Meal Pattern Requirements in the Child and Adult Care Food Program; Questions and Answers, October 19, 2017*).

Self-Feeding for Infants

Typically around 7 months of age on infants like to begin feeding themselves. Sometimes infants will be ready for self-feeding prior to this age. Infants should be allowed to self-feed as soon as they display an interest. Infants can self-feed many foods: dry toast, breakfast cereal, mashed bananas or other soft ripe mashed or cooked fruit, soft cooked and mashed vegetables, small slices of cheese, crackers, or teething biscuits, meats that are appropriately textured and moist, mashed beans and eggs. This is not an all-inclusive list.

Offer lots of opportunities for trying new foods (as parents or guardians give permission)

Introduction of New Foods

In the Army, introduction of new foods is coordinated with the family and infant's physician or health care provider (MD, DO, PA or NP).

If a medical waiver or religious preference is requested, a Special Diet Statement (SDS) with suggested substitutions must be completed IAW current policy/guidance. **Food substitutions based on parent or guardian preference cannot be accommodated.**

Cereal

At meal times, the only creditable infant cereal is *plain dry* Iron Fortified Infant Cereal (IFIC). Prepare the infant cereal by mixing it with plain water, formula, or human milk to thin it to the desired consistency for feeding.

*Please keep in mind that iron fortified infant cereal (IFIC) is not REQUIRED to be fed as a component in the meal program. IFIC or a meat/meat alternate is acceptable at meal times. If a parent does not want IFIC offered, and would rather have a meat or meat alternate offered, it will meet the requirements of the meal pattern.

To provide greater flexibility to the menu planner, the updated infant meal pattern allows Ready-To-Eat (RTE) cereals to be served at snack for infants that are developmentally ready to accept them. All ready-to-eat cereals served to infants are subject to the same sugar limit as breakfast cereals served to children and adults in the CACFP that began October 1, 2017. This means, ready-to-eat cereals served to infants at snack must contain no more than 6 grams of sugar per dry ounce. For more information on the breakfast cereal sugar limit, please see memorandum CACFP 02-2017: *Grain Requirements in the Child and Adult Care Food Program; Questions and Answers* (<http://www.fns.usda.gov/sites/default/files/cacfp/CACFP02-2017os.pdf>).

Note: Cereals containing honey are never appropriate for infants. Honey may contain botulin spores that may make infants ill, or cause death.

Other Grains and Breads

Note: non - creditable grain items may be offered to infants with parent or guardian approval, but they are not part of the creditable meal plan. Typically grains that are creditable for infants, have been fortified with iron. Iron is an important mineral for appropriate growth and cognitive development. This is why only certain grains are creditable. Grains are an important part of an infant's dietary intake as they grow.

Creditable

- Bread, crackers, IFIC and ready-to-eat (RTE) cereal (RTE cereal at snack only).
- Must be whole grain or enriched dry and without nuts seeds or hard pieces of whole grain kernels
- Bread, biscuits, bagels, and rolls
- English muffins, pita bread and soft tortillas (wheat or corn)
- Crackers – saltines and snack crackers
- RTE cereal with no more than 6 g sugar per dry ounce

Non - creditable

- Oatmeal
- Pasta
- Rice
- Grits

Meat and Meat Alternates

Meat and meat alternates are good sources of protein and provide essential nutrients for growing infants, such as iron and zinc. FNS acknowledges that yogurt is often served to infants as they are developmentally ready.

In recognition of this, the updated infant meal pattern allows yogurt as a meat alternate for older infants that are developmentally ready to accept them. All yogurts served in the CACFP, including those served to infants, must contain no more than 23 grams of sugar per 6 ounces. In addition, the updated infant meal pattern no longer allows cheese food or cheese spread as reimbursable meat alternates. This is due to their higher sodium content, and the AAP recommends caregivers choose products lower in sodium.

The updated infant meal patterns allow whole eggs as meat alternates. Previously, only egg yolks were creditable in the infant meal pattern because there were concerns with developing food allergies when infants are exposed to the protein in the egg white. However, the AAP recently concluded that there is no convincing evidence to delay the introduction of foods that are considered major food allergens, such as eggs.

Crediting yogurt and whole eggs as meat alternates and the disallowance of cheese food and cheese spread in the infant meal patterns went into effect October 1, 2017 (*CACFP 02-2018: Feeding Infants and Meal Pattern Requirements in the Child and Adult Care Food Program; Questions and Answers, October 19, 2017*).

Meat/Meat Alternates (not all encompassing)

Creditable

- Include well-cooked (appropriately textured) lean beef, pork, lamb, veal, chicken turkey, liver, and boneless fin fish
- Cheese, yogurt, and cottage cheese (no more than 23 grams of sugar in 6 ounces yogurt)
- Cooked dried beans and peas
- Whole eggs

Non-creditable/Some due to choking risk

- Nuts, seeds and nut butters
- Hotdogs, sausage, bologna, salami, luncheon meats, other cured meats, fried meats and the trimmed fat and skin
- Commercial fish sticks, other commercial breaded fish products, canned fish with bones
- Baby food meat sticks
- Home canned meats
- Commercially prepared baby food combination dinners

Fruits and Vegetables

Fruits and vegetables are a part of a healthy dietary pattern. Fruits and vegetables provide vitamins, minerals, fiber, as well as a wide variety of flavors and textures.

Creditable

- Commercially Prepared baby food vegetables and fruit must list vegetable or fruit as the first ingredient in the ingredients on the label; or list vegetable or fruit as the first ingredient and contain multiple vegetables, multiple fruits or multiple fruits and vegetables.
- Fruits and vegetables prepared in the facility kitchen that are an appropriate texture.

Non – creditable

- Commercially prepared baby food vegetable or fruit with a label stating that the first ingredient is water.
- Infant ‘Fruit Desserts’

Juice

Juice is **not creditable** for infants. The exception to this is if there is a completed SDS written by a licensed healthcare provider on file.

Parents or Guardians Providing Infant Food

Parents or guardians may provide one of the infant food components required as long as it meets USDA and Army requirements (including medical and religious waiver policies).

Example 1: Infant is receiving formula provided by the Center or Family Child Care Home and also eating vegetables; the parents or guardians may provide the vegetable and the meal is still creditable. It must be clear that the vegetable meets the CACFP requirement (i.e. commercially prepared vegetable with only enough water to process). This will be listed on the label of the jar.

Example 2: If the parent or guardian is providing the formula or human milk, and the infant is also eating vegetables, the parent or guardian cannot provide both items. The meal will not be creditable or reimbursable.

NOTE: Meals served to infants 0 – 5 months consisting of ONLY human milk and/or iron-fortified infant formula provided by the parents or guardian ARE reimbursable under the USDA CACFP

Things to Remember About Infant Feeding

- Infants will not be placed in a cribs with a bottle to drink.
- Infants should always be held during feeding, bottles should not be propped.
- No cereal in bottles unless there is a SDS signed by a licensed health care provider.
- Formula is required in CACFP until the infant turns one year of age. Formula is allowed and creditable up to the age of 13 months in order to allow time for infants to make the transition to whole milk.
- Infant Cereal (if offered) must be iron fortified.
- Start with single foods that have already been offered at home.
- The infant, not you – sets the feeding pace.

14: Food Safety

Infants require some special attention when feeding. Do not forget that good food handling practices are very important when feeding infants due to their developing immune systems.

- Always wash your hands with soap and water before handling a bottle, handling or preparing infant food, and feeding infants.
- Check to make certain bottles are labeled correctly by parents or guardians.
- If bottle is offered, eaten from, and not consumed within 1 hour, it must be discarded.

Foods Hazardous to Infants

Honey contains botulism spores. These spores pose a problem for infants. Infants have immune systems that are still developing, and these spores can colonize in an infant's gut and cause illness or death. Cooking does not destroy the spores, so even baked goods with honey can be dangerous for infants. NOTE: These spores do not pose a health problem for children 12 months and older.

Food Choking Hazards

- Fish Sticks
- Raw Vegetables
- Small pieces of hard foods
- Anything that is round
- Hot dogs
- Dry foods
- Soft Bread
- Hard Crackers
- Tough or large chunks of meat
- String Cheese or chunks of cheese
- Nuts
- Nut Butters
- Uncooked raisins
- Popcorn
- Chips
- Pretzels
- Marshmallows
- Hard candy
- Whole beans or whole corn

This is not a complete list of all foods that could pose a choking hazard

Foods to Avoid Feeding Infants

These foods do not provide good nutritional value for growing infants: Soda, gelatin, coffee, tea, fruit punches or drinks, milk, added salt, added oil, butter, fats, added sugar, syrups, and other sweeteners, fried foods, gravies, and processed meats.

Formula Safety

- Formula may not be mixed in a CYS facility or FCC Home (CYS Operations Manual 2-84 e. pg. 85).
- **Always** check the 'use-by' date. Formula past this date should **NEVER** be used.
- Prior to opening or issuing at the facility or FCC Home, formula should be stored safely. Formula cans or bottles should be stored at least 6 inches off the floor, separated from hazardous items, and be dry and in moderate room temperatures.

- RTF Formula containers should be labeled or maintained in a manner that allows tracking of the date received. Formula can remain in the shipping boxes or removed from the boxes and labeled with the date received. Once the formula is opened, it must be labeled with the day and time it was opened. Once opened, it must be immediately refrigerated and stored no longer than 48 hours. After the acceptable storage time has passed, any remaining open formula must be discarded. Formula in open containers that is not used must be discarded within 48 hours.

Serving Infant Food Safely

- Wash hands before handling baby food
- Check the ‘use-by’ date on the commercial containers
- Do not use infant food or cereal if the ‘use-by’ date has passed.
- Do not use if the seal is broken or the container is damaged
- Remove only enough food from the container for one feeding. Place the food in a clean dish.
- If spoon feeding the item to an infant - serve from the dish with a clean spoon.
- If more food is needed from the container, use a clean spoon to remove more food from the container and place in dish.
- Throw away any food left in the dish
- If there is any food left in the container, cover the container, label with date and time.
- All infant food that has been opened should be stored at 41° F or colder
- Opened food must be disposed of within 48 hours (24 hours for infant meats).
(*Feeding Infants – USDA/FNS*)

15: Menus

How should centers and day care homes document infant menus when the items each infant eats varies so much?

Centers and day care homes can have a standard menu for all the infants in their care and adapt the menu for each infant based on foods that each infant is offered. For example, a center could use a template that outlines the meal pattern requirements in one column and space in another column for the provider to fill-in what components are served to each infant. As a reminder, providers will need to vary the foods served to each infant based on the infant’s developmental readiness. All infants must be served human milk or infant formula, but not all infants should be served solid foods unless they are developmentally ready. (*CACFP Policy Memo 06-2017; CACFP23-2016 Feeding Infants and Meal Pattern Requirements in the Child and Adult Care Food Program*).

The menu included on the next page is an example of the Infant Menu that is prepared by IMCOM G9 for use in Child Development Centers. This menu can be used as a guide in determining appropriateness and creditability for infant foods, as well as which table foods are creditable for infants. *Notes are included regarding table foods that might require some extra preparation for infants.

Army CYS Sample Infant Menu 6-11 Months Approved by: _____ Date: _____ Menu Dates: _____

Week 1	Components	Monday	Tuesday	Wednesday
Breakfast	<ul style="list-style-type: none"> ☐ 6-8 fl oz Breast milk or IF infant formula ☐ 0-4 TBSP IF Infant Cereal, meat, fish, poultry, whole eggs, cooked dry beans or peas; or 0-2 oz cheese; or 0-4 oz (volume) cottage cheese; or 0-4 oz yogurt; or a combination ☐ 0-2 TBSP Fruit/Vegetable 	<p>Breast milk or IF infant formula</p> <p>IF infant cereal or infant meat or Yogurt (m)</p> <p>Pears* (m) or infant vegetable/fruit</p>	<p>Breast milk or IF infant formula</p> <p>IF infant cereal or infant meat or Scrambled eggs (m)</p> <p>Mashed potatoes (m) or infant vegetable/fruit</p>	<p>Breast milk or IF infant formula</p> <p>IF infant cereal or infant meat/alternate vegetable/fruit</p>
Lunch	<ul style="list-style-type: none"> ☐ 6-8 fl oz Breast milk or IF infant formula ☐ 0-4 TBSP IF Infant Cereal, meat, fish, poultry, whole eggs, cooked dry beans or peas; or 0-2 oz cheese; or 0-4 oz (volume) cottage cheese; or 0-4 oz yogurt; or a combination ☐ 0-2 TBSP Fruit/Vegetable 	<p>Breast milk or IF infant formula</p> <p>IF infant cereal or Meatloaf* (m) or infant meat</p> <p>Steamed carrots (m) green beans* (m) or infant vegetable/fruit</p>	<p>Breast milk or IF infant formula</p> <p>IF infant cereal or Tuna* (m) or infant meat</p> <p>Banana (m) or infant vegetable/fruit</p>	<p>Breast milk or IF infant formula</p> <p>IF infant cereal or Chicken* (m) or infant meat</p> <p>Sweet potatoes (m) or infant vegetable/fruit</p>
Snack	<ul style="list-style-type: none"> • 2-4 fl oz Breast milk or IF infant formula • 0-½ bread slice; or 0-2 crackers; or 0-4 tbsp infant cereal or ready-to-eat cereal • 0-2 tbsp Vegetable, Fruit or both 	<p>Breast milk or IF infant formula</p> <p>WGR crackers* (m) or IF infant cereal</p> <p>Applesauce (m) or infant vegetable/fruit</p>	<p>Breast milk or IF infant formula</p> <p>WGR toasted oat cereal (m) or IF infant cereal</p> <p>Mandarin oranges* (m) or infant vegetable/fruit</p>	<p>Breast milk or IF infant formula</p> <p>Graham crackers without honey (m) or IF infant cereal</p> <p>Pears* (m) or infant vegetable/fruit</p>
Snack	<ul style="list-style-type: none"> • 2-4 fl oz Breast milk or IF infant formula 	<p>Breast milk or IF infant formula</p>	<p>Breast milk or IF infant formula</p>	<p>Breast milk or IF infant formula</p>

Menu subject to change. All fruits, vegetables, meats, cheese, and beans must be blended or finely chopped into pieces less than 1/8 of an inch in diameter. All infant cereals and all formula is iron fortified (IF). (m) = menu item (typically prepared by kitchen). Infants are fed on demand. *See Appendix for important preparation instructions.

*Appendix for Infant Menu

Chicken: finely chop and add a small amount of water to prevent serving overly dry meat, which would be difficult for the infant to swallow.

Graham crackers must not contain honey.

Mandarin oranges must be canned.

Meat loaf: finely chop and add a small amount of water to prevent serving overly dry meat, which would be difficult for the infant to swallow.

Pears should be canned or ripened to the point where they can be easily mashed with a fork.

Peas: chop into pieces smaller than the maximum width of 1/8-inch. Mashing is not adequate.

Tuna: chop and add a small amount of water to prevent serving overly dry tuna, which would be difficult for the infant to swallow.

WGR crackers should easily dissolve in the mouth. They must not be brittle and hard.

16: Good to Know Information

Infant Foods Containing DHA

Docosahexaenoic acid, known as DHA, is an omega-3 fatty acid that may be added to infant formulas and infant foods. While more research on the benefits of DHA and ARA (arachidonic acid, an omega-6 fatty acid) is needed, some studies suggest they may have positive effects on visual function and neural development.

Previously, the service of any infant foods containing DHA was prohibited in CACFP due to the concern that the source of DHA in infant foods, such as egg yolk, and other ingredients, additives, or extenders in those foods may result in a food sensitivity or a food allergy (CACFP memorandum *Baby Foods and Vegetables with DHA*, December 19, 2002). However, as stated in the section above, there is no current convincing evidence to warrant delaying the introduction of foods considered to be major food allergens. Therefore, FNS issued guidance in 2015 allowing single-component infant foods containing DHA to be creditable in the CACFP infant meal pattern. Infant foods containing DHA may be served and claimed for reimbursement, as long as they meet all other crediting requirements (*CACFP 02-2018: Feeding Infants and Meal Pattern Requirements in the Child and Adult Care Food Program; Questions and Answers*, October 19, 2017).

Cow's milk, goats' milk, toddler formulas and soy, rice, almond, and other nut or plant based beverages are not recommended for infants less than 12 months old. These beverages are not appropriate for supporting normal infant growth and development and may cause microscopic intestinal bleeding leading to low hemoglobin and poor growth and development. (*Infant Nutrition and Feeding – A Guide for Use in the WIC Programs USDA*).

Exceptions would allow these if an infant's licensed health care provider completes a SDS for one of these items.

References

- Healthier CACFP Meal Standards (Final Rule)
<https://www.gpo.gov/fdsys/pkg/FR-2016-04-25/pdf/2016-09412.pdf>
- Updated Child and Adult Care Food Program Meal Patterns: Infant Meals
https://www.fns.usda.gov/sites/default/files/cacfp/CACFP_InfantMealPattern_FactSheet_V2.pdf
- FNS Instruction 258
https://www.fns.usda.gov/sites/default/files/feeding_infants.pdf
- CACFP Policy Memo 06-2017
<https://www.fns.usda.gov/sites/default/files/cacfp/CACFP06-2017os.pdf>
- CACFP Policy Memo 02-2018: Feeding Infants and Meal Pattern Requirements in the Child and Adult Care Food Program; Questions and Answers, October 19, 2017
<https://www.fns.usda.gov/cacfp/feeding-infants-and-meal-pattern-requirements-child-and-adult-care-food-program-questions-1>
- *Feeding Infants: A Guide for Use in the Child Nutrition Programs* available at <http://www.fns.usda.gov/tn/feeding-infants-guide-use-child-nutrition-programs>
- AR 608-10, 1997
- Child, Youth & School Services Operations Manual, 2015
- TBMED 530/Tri-Service Food Code, 2014
- Centers for Disease Control, 2015
- 7 CFR Part 226
- Bad Bug Book – fda.gov
- Feeding Infants: A Guide for Use in the Child Nutrition Programs – USDA
- Child and Youth Services Bottle Feeding Accountability Training