Dear Child Care Provider,

In October 2017, the USDA released a new meal pattern for child and infants being served meals under the Child and Adult Care Food Program (CACFP). While the changes to the child menu regarding what was and was not allowed under the program were relatively straightforward, the infant standards were a little trickier. This is because when dealing with infants, one has to take into account the question of developmental readiness as well as parent’s wishes. The Illinois State Board of Education has provided clarification for the new rules. As the USDA is requesting full implementation by October 2019, this issue of Tasty Times will help you navigate the new meal pattern so you can provide the most nutritious meals possible for the children and infants in your child care home while also qualifying for the most reimbursement possible.

—Chloe Nivala, Healthy Food Program Clerk

Be Aware of Potential Allergic Reactions to Food

As a child care provider, parents trust you to take care of their children and help them build healthy habits. You will witness many childhood milestones big and small—a first word, or wave hello. One of these milestones might be an infant’s transition from breast milk or formula to solids. During this transition it is important to work with parents to document the baby’s progress to make sure her nutritional needs are met. It is vital for both parents and caregivers to keep each other updated as the baby makes the journey to solid food.

When switching from liquids to solids, a great rule of thumb is to start with one, single-ingredient food for three to five days in a row before introducing another new food. If you feed an infant multiple new foods in one day, it is much more difficult to figure out which new food caused any reaction that may arise.

Allergic reactions, intolerances, and digestive issues may happen immediately or they may happen the next day. You should feel free to feed and combine foods that the baby has already responded well to.

Parents might have already gone through this process at home which is why it’s necessary to keep in frequent communication. It is also advised that you talk with parents about their own family history of food allergies and intolerances.

Here are some common allergic reactions to look out for:

- Hives/Welts
- Vomiting/Diarrhea
- Flushed Skin/Rash
- Face/Tongue/Lip Swelling
- Coughing/Wheezing
- Difficulty Breathing
- Unconsciousness

Tips for introducing Baby to solid foods:

- Experiment with different textures when feeding the baby. Some babies may be more inclined to a smoother texture than chunkier texture or vice versa.
- It is normal for babies to spit out or turn down new food multiple times before they accept it. It may require over a dozen tries but eventually the baby should be more willing to try and accept the new food. This is also true for toddlers and older children.
- Allowing the baby to hold a spoon during meal time builds fine motor skills and trust you to take care of their baby's needs. It is vital for both parents and caregivers to keep each other updated as the baby makes the journey to solid food.

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Be Aware of Potential Allergic Reactions to Food  Continued

familiarizes them with the concept of feeding themselves.

Unsafe foods for infants:

• Honey: Do not feed the infant honey or products containing honey until they reach at least 1 year of age. Honey can occasionally contain spores of bacteria that cause infant botulism (a rare form of food poisoning) in babies. It is safe to give toddlers honey because their immune systems are much more developed and prevent spores from developing into bacterium. Call your doctor immediately if your infant has ingested honey. Symptoms of infant botulism can appear as early as a few hours to as late as 30 days after ingestion.

Signs and symptoms of infant botulism include:

• Floppy movements due to muscle weakness
• Poor feeding
• Constipation

• Lethargy (tiredness)
• Weak cry
• Irritability
• Trouble breathing

• Milk: Infants cannot digest milk completely. Due to its high content of minerals and protein, milk overworks babies still developing kidneys. Wait until an infant is 1 year of age before you give them milk. Once the infant is 1 year-old, it is recommended that they receive whole milk.

• Juice: Do not give infants under 1 year of age juice. Juice has no nutritional value for infants and increases their risk of tooth decay and childhood obesity. Once the child is 1 year of age, 4 ounces of juice may be given once per day although it is discouraged. Even 100% fruit juice is not as healthy as regular fruit.

• Gooey Foods: Foods such as thick globs of peanut butter and marshmallow are difficult for babies to chew and present a choking risk. If parents allow the baby to have peanut butter (after watching for symptoms of nut allergy) spread the peanut butter in a very thin layer (ex. Spread on strips of toast).

• Hard foods: Foods like whole nuts, seeds and, pieces of hard raw fruit (apples) or vegetables (carrots) should not be given to infants as they lack the teeth to properly chew them.

• Do not give babies food that can’t be mashed down with gums or dissolved in the mouth.

• Do not give babies food that can easily be inhaled down the windpipe like popcorn, raisins, whole peas, and grapes.

Will I get deducted if the infant in my care does not eat solids yet?

• No. If the infant is 0-5 months they should only consume formula/breast milk and you will not be deducted: If you have an Infant in your care, you will have been mailed the Infant Solid Readiness Form (keep for your records-do not send back). This form will help you and the parents determine when the infant is developmentally ready for solids food.

• When the infant is 6 months or older they are expected to receive all required meal components if they are developmentally ready. Until the infant is able to consume all solid food components at each meal and snack, do not list anything besides formula/breast milk on the Infant Menu.

• If the infant is 8 months or older and not eating solids yet, a medical/physician statement needs to be on file in order to avoid deductions.

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Merary Cordova
Darlene Fisher
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