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Infant Feeding

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. Feeding also helps infants establish warm relationships with their parents and caregivers. Positive and supportive feeding techniques are essential in allowing infants to eat well and to develop healthy attitudes toward themselves and others.

This section will help schools feed the infants in their care as they change and develop. Parents will also give important information that will assist in feeding their infants. Communicate frequently with the parents so that the food the infants are being fed at home can be coordinated with the food being fed them at school. This way the best care for the infants can be assured.

For more detailed information refer to *Feeding Infants: A Guide for Use in the Child Nutrition Programs*. This publication is available on the Team Nutrition Home Page at: http://www.fns.usda.gov/tn/Resources/feeding_infants.html.

Infant Meal Pattern

Meal Type	Birth through 3 Months	4 Months through 7 Months	8 Months through 11 Months
BREAKFAST	<ul style="list-style-type: none"> 4-6 fluid ounces (fl oz) of formula ¹ or breastmilk ^{2,3}. 	<ul style="list-style-type: none"> 4-8 fl oz of formula ¹ or breastmilk ^{2,3} ; <p style="text-align: center;">and</p> <ul style="list-style-type: none"> 0-3 tablespoons (Tbsp) of infant cereal ^{1,4}. 	<ul style="list-style-type: none"> 6-8 fl oz of formula ¹ or breastmilk ^{2,3} ; <p style="text-align: center;">and</p> <ul style="list-style-type: none"> 2-4 Tbsp of infant cereal ¹ ; <p style="text-align: center;">and</p> <ul style="list-style-type: none"> 1-4 Tbsp of fruit or vegetable or both.
LUNCH OR SUPPER	<ul style="list-style-type: none"> 4-6 fl oz of formula ¹ or breastmilk ^{2,3}. 	<ul style="list-style-type: none"> 4-8 fl oz of formula ¹ or breastmilk ^{2,3} ; <p style="text-align: center;">and</p> <ul style="list-style-type: none"> 0-3 Tbsp of infant cereal ^{1,4} ; <p style="text-align: center;">and</p> <ul style="list-style-type: none"> 0-3 Tbsp of fruit or vegetable or both ⁴. 	<ul style="list-style-type: none"> 6-8 fl oz of formula ¹ or breastmilk ^{2,3} ; <p style="text-align: center;">and</p> <ul style="list-style-type: none"> 1-4 Tbsp of fruit or vegetable or both ; <p style="text-align: center;">and</p> <ul style="list-style-type: none"> 2-4 Tbsp of infant cereal ¹ ; <p style="text-align: center;">and/or</p> <ul style="list-style-type: none"> 1-4 Tbsp of meat, fish, poultry, egg yolk, cooked dry beans or peas; or 1/2-2 oz. of cheese; or 1-4 oz. (volume) of cottage cheese; or 1-4 oz. (weight) of cheese food, or cheese spread.
SNACK	<ul style="list-style-type: none"> 4-6 fl oz of formula ¹ or breastmilk ^{2,3}. 	<ul style="list-style-type: none"> 4-6 fl oz of formula ¹ or breastmilk ^{2,3}. 	<ul style="list-style-type: none"> 2-4 fl oz of formula ¹ or breastmilk ^{2,3}, or fruit juice ⁵ ; <p style="text-align: center;">and</p> <ul style="list-style-type: none"> 0-1/2 slice of bread ^{4,6} or 0-2 crackers ^{4,6}.
<p>¹ Infant formula and dry infant cereal must be iron-fortified.</p> <p>² Breastmilk or formula, or portions of both, may be served; however, it is recommended that breastmilk be served in place of formula from birth through 11 months.</p> <p>³ For some breastfed infants who regularly consume less than the minimum amount of breastmilk per feeding, a serving of less than the minimum amount of breastmilk may be offered, with additional breastmilk offered if the infant is still hungry.</p> <p>⁴ A serving of this component is required only when the infant is developmentally ready to accept it.</p> <p>⁵ Fruit juice must be full-strength.</p> <p>⁶ A serving of this component must be made from whole-grain or enriched meal or flour.</p>			

Meal Requirements for Infants

Infants from birth through eleven months, who participate in the National School Lunch Program (NSLP) and/ or School Breakfast Program (SBP), must be offered a breakfast or lunch, which meet the meal pattern requirements. Foods for infants must have a texture and consistency appropriate for their ages. Infants must be fed during a time consistent with the infant's eating habits. Reimbursable meals for infants may contain either breast milk or iron-fortified infant formula, or both. To receive reimbursement, the school must offer the infant a complete meal that meets the appropriate meal pattern requirements based on the infant's age. The meal must be fed to the infant by the school staff. Whole milk may not be served as part of a reimbursable meal for infants younger than one year of age.

All of the following criteria must be met in order for infant feeding programs in the school to be eligible to participate in the NSLP and SBP:

1. The infants must be enrolled in the contracting entity (CE).
2. There must be an educational component in their care.
3. There must be an approved application on file for each infant for which free or reduced-price reimbursement is claimed.
4. Meals served must comply with the required infant meal patterns.

When planning meals for infants aged birth through 11 months, refer to the following information and use the Infant Meal Pattern in this section.

When infants from birth through 11 months of age participate in the NSLP and/or SBP, infant meal patterns must be served. Foods within the infant meal patterns shall be of a texture and consistency appropriate for the particular age group being served and shall be served to the infant during a span of time consistent with the infant's eating habits.

For infants four through seven months of age, solid foods are optional and should be introduced only when the infant is developmentally ready. The school should consult with the infant's parent in making the decision to introduce solid foods. Solid foods should be introduced one at a time on a gradual basis with the intent of ensuring health and nutritional well-being.

USDA Guidance for Feeding Solid Foods to Infants Younger Than Four Months

The introduction of solid foods to infants younger than four months of age must be documented by a physician's prescription approving the addition of solid foods, specifying which solid foods, and the quantity and consistency of such foods. Such documentation is required before the addition of other foods to the meal pattern of an infant younger than 4 months of age. If solid foods are introduced before the infant is ready, these foods may displace breastmilk or formula, resulting in inadequate energy and nutrient intake. In addition, because the digestive system is not well developed before 4 to 6 months of age, feeding solids can increase the risk of digestive problems and food allergies. By 4 to 5 months of age, the extrusion reflex of early infancy has

disappeared and the ability to swallow non-liquid foods is established.

For infants eight through 11 months of age, the total amount of food authorized in the meal patterns must be provided in order to qualify for reimbursement. Additional foods may be served to infants four months of age and older with the intent of improving their overall nutrition.

The decision regarding which infant formula to feed an infant is one for the infant's doctor and parents/guardian to make together. A parent or guardian may elect to decline the offered infant formula and supply another formula.

Reimbursable meals for infants may contain either breastmilk or iron-fortified infant formula or both supplied by the caregiver or by the parent. However, to receive reimbursement the school must always offer the infant a complete, developmentally appropriate meal. The meal must be served and fed to the infant by the school.

Reimbursement for meals provided by parents allows for reimbursement for a meal that includes a substituted food item provided by a parent for medical reason, such as infant formula, as long as the school supplies at least one required meal component. A medical statement is required for all infant formulas that do **not** meet the definition for infant formula. According to regulations, infant formula means, "any iron-fortified infant formula, intended for dietary use as a sole source of food for normal, healthy infants served in liquid state at manufacturer's recommended dilution." (*See listing of Iron-fortified Infant Formulas Which Do Not Require a Medical Statement in this Section.*)

Breastmilk, provided by the infant's mother, may be served in place of infant formula from birth through 11 months of age. Meals containing breastmilk or iron-fortified infant formula served to infants four months of age or older may be claimed for reimbursement when the other meal component or components are supplied by the school, provided that the school offered a "formula which meets program requirements" and the decision to decline the offered infant formula was made by the parents/guardian and is documented. At eight months of age infants should be consuming one-third of their calories as a balanced mixture of cereal, fruits, vegetables, and other foods in order to ensure adequate sources of iron and vitamin C.

Fluid Milk

All milk served shall be pasteurized fluid types of milk that meet state and local standards. The United States Department of Agriculture (USDA) recommends that whole cow's milk not be served to children under one year of age. In meal patterns for infants under one year of age, only breastmilk or iron-fortified infant formula is allowed for a meal to be reimbursable.

A serving of less than the minimum amount of breastmilk per feeding can be offered for some breastfed infants who regularly consume less than the minimum amount of breastmilk per feeding. However, additional breastmilk must be offered if the infant is still hungry.

(See listing of *Iron-fortified Infant Formulas Which Do Not Require a Medical Statement* in this Section.)

Cereal

Reimbursable infant cereal is any iron-fortified dry cereal specially formulated for and generally recognized as cereal for infants and routinely mixed with breastmilk or iron-fortified infant formula prior to consumption.

Crediting Commercial Infant and Other Food for the Infant Feeding Program

Fruits and Vegetables

Commercial Baby Foods That Are Reimbursable

- Commercial baby food fruits and vegetables which list fruit or vegetable as the first ingredient in the ingredient listing on the label are reimbursable as a meal component in the fruit or vegetable category in the Infant Meal Pattern.
- Commercial baby food fruits and vegetables which contain multiple fruits or multiple vegetables and list fruit or vegetable as the first ingredient in the ingredient listing on the label are reimbursable as a fruit or vegetable.

Commercial Baby Foods That Are Not Reimbursable

- Commercial baby food dinners which list fruit or vegetable as the first ingredient are not reimbursable as meal components in the Infant Meal Pattern.
- Commercial baby foods in the jarred cereal with fruit category are not reimbursable as a meal component in the fruit or infant cereal categories in the Infant Meal Pattern.
- Commercial baby foods in the dessert category (these generally have “dessert” or “pudding” as part of the product name on the front of the label) which list a fruit as the first ingredient in their ingredient listing are not reimbursable meal components in the Infant Meal Pattern.
- Commercially prepared fruits or vegetables containing DHA cannot be served to infants as part of a reimbursable meal. DHA is an omega-3 fatty acid known as docosahexaenoic. The source of DHA in some lines of baby food products is egg yolk. Although these products are not labeled or marketed as desserts, these DHA-added products contain similar ingredients (i.e. dried egg yolk, heavy cream, rice flour, vanilla extract) that may not be appropriate for an infant younger than 8 months of age. Introducing these “dessert-like” items into an infant’s diet at an earlier age could result in a food sensitivity or a food allergy. Although DHA-added products cannot contribute to the infant meal pattern, they may be served as additional foods to infants 8 months of age or older. It is recommended that schools check with the infant’s parent or guardian before serving them.

CEs are advised to check with parents to be certain that an infant has tried, and had no reaction to, baby food products containing multiple fruits or vegetables and other ingredients (such as milk, nonfat dry milk, whole milk solids, cheese, whey, wheat flour, or other wheat products,

tomato, corn) before serving them. CEs should request that parents furnish a statement signed by a recognized medical authority if their infant is allergic to, and should not be fed, certain foods or ingredients. The statement must be signed by a licensed physician or recognized medical authority if the allergy is severe and life-threatening. The statement should include the medical or other special dietary needs, which restricts the infant's diet, the food or foods to be omitted from the infant's diet, and the food or foods to be substituted.

Meat/Meat Alternates

Commercial Baby Foods That Are Reimbursable

- Commercial plain strained baby food meats (including those with beef, chicken, turkey, lamb, veal and ham) are reimbursable as a meal component in the meat/meat alternate category in the Infant Meal Pattern.
- Gerber "2nd Foods™" baby food meat products (i.e., Beef and Beef Gravy, Chicken and Chicken Gravy, Ham and Ham Gravy, Lamb and Lamb Gravy, Turkey and Turkey Gravy, and Veal and Veal Gravy) are reimbursable even if they do contain additional ingredients, such as cornstarch and, in some cases, lemon juice concentrate. SFAs are advised to check with parents to be certain that an infant has tried and had no reaction to a meat product and any other ingredients besides the meat (such as cornstarch which could be a problem if an infant is allergic to corn) before serving them.
- Shelf-Stable, Dry or Semi-Dry Meat Snacks: Shelf-stable, dry or semi-dry meat snacks are not creditable in any meal served under the USDA School Nutrition Programs (SNP).

While the above mentioned snacks cannot contribute as a creditable component in a reimbursable meal, there are some meat stick type products that **can** be used in a reimbursable meal. The following are examples of meat stick products that may be counted as a creditable meat/meat alternate component in a reimbursable meal with a Child Nutrition (CN) Label or company certified product formulation statement:

1. Cooked, cured meat and/or poultry sausages excluding byproducts, cereals, binders or extenders such as Bologna, Frankfurters, Knockwurst and Vienna Sausage as are listed on pages 1-36 and 1-37 of the *Food Buying Guide for Child Nutrition Programs*.
2. Finger-food types of shelf-stable sticks, usually packed in water, with a parenthetical product name such as "chicken strips packed in water", are creditable when offered for children one and older, and when made without byproducts, cereals, binders or extenders. These products are similar to Vienna Sausage. They are **not** creditable on the Infant Meal Pattern (ages 0-12 months).
3. Extended meat or poultry "patty-like" products shaped into sticks which are usually breaded and either frozen or refrigerated; and
4. Dried pepperoni when used as a topping on a CN Labeled pizza.

Commercial Foods and Baby Foods That Are Not Reimbursable

- Commercial baby food combination dinners are not reimbursable because the actual amount of various food components in the dinners is difficult to determine; however, these foods can be served as additional foods. Information on the exact percentage of ingredients in these dinners is proprietary and thus not available to the public.
- Meat sticks or “finger sticks” (which look like miniature hot dogs) are not reimbursable as a meat/meat alternate in the Infant Meal Pattern because they could present a choking risk in infants and, by the manufacturer’s declaration; they are designed to match the skills of children over 12 months of age.
- Commercial fish sticks, other commercial breaded or battered fish or seafood products, canned fish with bones, hot dogs, and sausages are not reimbursable as a meat/meat alternate in the Infant Meal Pattern because these foods are not designed by their manufacturers for consumption by infants (less than 12 months of age). Infants may choke on these food items and there may be an incidental bone in fish sticks and other breaded fish products.
- Yogurt is not reimbursable as a meal component in the Infant Meal Pattern. Yogurt can be served as an additional food if a parent requests that it be served.
- “Pasteurized Prepared Cheese Products” (formerly labeled by Kraft as “cheese spreads” and “cheese foods”) are not creditable for any food based menu planning approach for Child Nutrition Programs. “Cheese Product” has never been a creditable ingredient in Child Nutrition Programs. Cheese spread and cheese foods are creditable (refer to the Food Buying Guide for more information).
- Nuts, seeds, and nut and/or seed butters are not reimbursable as a meal component in the Infant Meal Pattern. These foods can cause an infant to choke and can also cause allergic reactions in some infants.
- Non-Creditable Shelf-stable Meat Snacks, include, but are not limited to, the following products:
 - Smoked snack sticks made with beef and chicken;
 - Summer sausage;
 - Pepperoni sticks;
 - Meat, poultry or seafood jerky such as beef jerky, turkey jerky and salmon jerky; and
 - Meat or poultry nuggets (shelf-stable, non-breaded, dried meat or poultry snack made similar to jerky) such as turkey nuggets.

The shelf-stable, dried meal, poultry and seafood snacks do **not** meet the usual and customary function of the meat/meat alternate component as either an entrée or side dish of a meal.

Also, dried meat, poultry or seafood snacks **do not** qualify for the CN Labeling Program because they **cannot** contribute to the meat component of a reimbursable meal. Fact sheets or company certified product formulation statements **should not** be accepted for these products.

Bread and Crackers and Infant Cereals

All meals offered to infants served in the SNP are not required to include grains/breads or bread/bread alternates. Only breakfast for 8 to 11 month old infants is required to specifically include infant cereal; infant cereal can be served in addition to or as an alternate to meat/meat alternate foods at lunch and supper for 8 to 11 month old infants. Further, per regulation, the Infant Meal Pattern specifies the types of foods to be offered and does not indicate that the broad category of “bread alternate” is to be offered in any of the meals in the Infant Meal Pattern. For 8 to 11 month old infants, as an option in the supplement (snack), infants may be offered bread or cracker-type products (not “bread alternates”) made from whole-grain or enriched meal or flour and which are suitable for an infant to use as a finger food. Infants gradually develop their eating, chewing and swallowing skills and they also need to be gradually introduced to a variety of foods during their first year of life. Therefore, not all grain and bread alternates are appropriate for them. It would be inappropriate to feed certain “bread alternates” to infants because they may contain ingredients which could cause allergies (e.g., pancakes, waffles, or muffins made with whole eggs), cause choking (e.g., hard pretzels, certain cookies, bread sticks, tortilla chips, granola bars, croutons, pieces of crunchy waffles, many ready-to-eat breakfast cereals), or add additional calories without being nutrient-dense foods (e.g., doughnuts, cake, brownies).

Breads and Cracker-type Products that are Reimbursable

The following foods, which must be made from whole-grain or enriched meal or flour, are reimbursable in the bread and crackers categories of the Infant Meal Pattern:

Bread

- Breads (white, wheat, whole wheat, French, Italian, and similar breads, all without nuts, seeds, or hard pieces of whole-grain kernels).
- Biscuits.
- Bagels (made without nuts, seeds, or hard pieces of whole-grain kernels).
- English muffins.
- Pita bread (white, wheat, whole wheat).
- Rolls (white, wheat, whole wheat, potato, all without nuts, seeds, or hard pieces of whole-grain kernels).
- Soft tortillas (wheat or corn).

Cracker-type Products

- Crackers—saltines or snack crackers made without nuts, seeds, or hard pieces of whole-grain kernels; matzo crackers; animal crackers; graham crackers made without honey (**Honey, even in baked goods, could possibly contain clostridium botulinum spores which can cause a type of serious foodborne illness in infants.**)
- Zwieback.
- Teething biscuits.

If any of the above items are served, they must be prepared in a form that is suitable for an infant to use as a finger food and reduce the chance of choking (e.g., small thin strips of bread are most appropriate, not a whole or half of an uncut hard bagel, English muffin, pita bread, wheat roll, or soft tortilla). It is advisable that these items only be served if parents agree for them to be served and after they have previously been introduced to an infant, with no problems, by the infant's parents.

Cereal That Is Reimbursable

Infant cereal in the Infant Meal Pattern is defined as “any iron-fortified dry cereal specially formulated for and generally recognized as cereal for infants that is routinely mixed with formula or breastmilk prior to consumption.” Iron-fortified dry infant cereal is usually found in the baby food section of grocery stores and includes the following on the package label: “Cereal for Baby.” These infant cereals should be fortified to an iron level such that the percent Daily Value for iron on the nutrition label is at least 45 percent.

Cereals That Are Not Reimbursable

- Iron-fortified dry infant cereals containing fruit are not reimbursable.
- Commercial jarred baby food cereals (which are “wet,” not “dry”) are not reimbursable.
- Ready-to-eat breakfast cereal (cold dry) and cooked breakfast cereals (such as farina or oatmeal) are not considered iron-fortified dry infant cereal and are thus not reimbursable as a meal component in the infant cereal category in the Infant Meal Pattern. These cereals are not specifically formulated or marketed for infants. In addition, some of these products may be enriched with a form of iron (e.g., ferric phosphate), which is more difficult for infants to absorb than the electrolytic iron found in infant cereals. Although enriched farina, regular oatmeal, and corn grits, for example, are not reimbursable as infant cereal in the Infant Meal Pattern, they can be fed as additional foods if the parent requests that they be served. Such cereal products can be credited as a bread/bread alternate for children 12 months old or older as part of the meal pattern for children. Ready-to-eat cold or cooked breakfast cereals with nuts, seeds, raisins, and hard pieces of whole-grain kernels or other hard food pieces are not recommended as additional foods for infants and young children because they pose a choking risk.

Fruit Juice

Full-strength fruit juice (regular or infant juice) is the only type of juice product that qualifies for reimbursement as a snack for infants ages 8 through 11 months in the Infant Meal Pattern.

Although not specified in the regulations, it is recommended that, if juice is served, the following types of juice be selected:

- Fruit juice containing or fortified with Vitamin C (Vitamin C promotes the absorption of iron in food into the body), and
- Only pasteurized fruit juice. Some kinds of juice and cider have not been pasteurized and may contain harmful bacteria. Frozen concentrate, shelf-stable juice in hermetically-sealed

containers, including infant juices, and canned juices are processed or pasteurized to eliminate harmful bacteria.

Vegetable juices and fruit juices with yogurt are not reimbursable in the Infant Meal Pattern because, by regulation, only full-strength fruit juice is reimbursable. Although these juice products are not reimbursable, they can be served as additional foods if a parent requests that they be served.

Check with parents to be certain that an infant has tried, and had no reaction to, baby food products before serving them. This would include, but is not limited to the following:

- Baby food products containing multiple fruits or vegetables and other ingredients (such as milk, nonfat dry milk, whole milk solids, cheese, whey, wheat flour or other wheat products, tomato, corn); and
- A meat product and any other ingredient besides the meat (such as cornstarch which could be a problem if an infant is allergic to corn).

Request that parents furnish a statement signed by a recognized medical authority if their infant is allergic to, and should not be fed, certain foods or ingredients. The statement must be signed by a licensed physician if the allergy is severe and life-threatening. The statement should include the medical or other special dietary need, which restricts the infant's diet, the food or foods to be omitted from the infant's diet, and the food or foods to be substituted.

It is highly recommended that written instructions be obtained from parents, who, in consultation with their infant's doctor, request that certain optional or additional foods be fed or specifically not be fed to their infants.

Iron-Fortified Infant Formulas (as of 09/11/09) That Do Not Require Medical Statements

It is recommended that the school offer the type of formula that the infant's health care provider has suggested to the infant's parent or guardian. If the school offers a different type of formula, the infant's parent (or guardian) may decline the offered formula and supply another type.

The USDA Food and Nutrition Service (FNS) provides this list as a guide of products that do not require medical statements when offered to infants in the child nutrition programs. Although this list is not meant to be all-inclusive, it does include most of the brands of iron-fortified infant formula that are currently available to consumers. It does not represent the Texas Department of Agriculture's (TDA) or USDA's endorsements of these companies or their products.

USDA FNS updates this list as they become aware of newer information. Be sure to check with TDA if you are not sure whether a type of infant formula requires a medical statement to be served in the infant meal pattern.

Milk-based Infant Formulas:

Mead Johnson

- Enfamil Gentlease LIPIL
- Enfamil AR LIPIL
- Enfamil LIPIL

Nestle

- Good Start DHA & ARA
- Good Start DHA & ARA Natural Cultures
- Good Start

Ross

- Similac Advance Early Shield
- Similac Advance
- Similac Lactose Free Advance
- Similac Sensitive (formerly Similac Lactose-free)

PBM (formerly known as Wyeth)

- AAFES/NEXCOM Baby's Choice Infant Formula
- AAFES/NEXCOM Baby's Choice Infant Formula with DHA & ARA
- AAFES/NEXCOM Gentle Milk-Based Infant Formula
- Albertson's Baby Basics Infant Formula with DHA & ARA
- Berkley & Jenson Infant Formula with DHA & ARA
- Bright Beginnings with Iron and DHA & ARA
- CVS Infant Formula with Iron
- CVS Infant Formula with Iron/DHA & ARA
- Full Circle Organic Milk-Based Infant Formula
- HEB Baby Infant Formula with Iron and DHA & ARA
- HyVee Gentle Milk-Based Infant Formula
- Kozy Kids Gentle Infant Formula with DHA & ARA
- Kozy Kids Infant Formula with DHA & ARA
- Kroger Comforts Gentle Infant Formula with DHA & ARA
- Kroger Comforts Infant Formula with Iron and DHA & ARA
- Kroger Comforts Lactose-free Infant Formula with DHA & ARA
- Kroger Comforts Milk-Based Infant Formula
- Kroger Comforts Probiotic Milk-Based Infant Formula
- Kroger Lactose-Free Infant Formula with DHA & ARA
- Kroger Private Selection Organic Milk-Based Infant Formula
- Meijer Gentle Milk-Based Infant Formula
- Meijer Infant Formula with Iron and DHA & ARA
- Meijer Organic Milk-Based Infant Formula
- Member's Mark Infant Formula with Iron and DHA & ARA
- Parent's Choice Infant Formula with DHA & ARA

- Pathmark Infant Formula with Iron and DHA & ARA
- Pathmark Organic Milk-Based Formula
- Price Chopper Infant Formula with Iron and DHA & ARA
- Rite Aid Infant Formula with DHA & ARA
- Target Infant Formula with Iron and DHA & ARA
- Target Lactose-free Infant Formula
- Top Care with Iron
- Top Care Infant Formula with DHA & ARA
- Top Care Gentle Infant Formula
- Walgreens Gentle Infant Formula with DHA & ARA
- Walgreens Infant Formula with Iron and DHA & ARA
- Walgreens Lactose-free Infant Formula with DHA & ARA
- Walgreens Milk-based Infant Formula with Iron and DHA & ARA
- Wal-Mart Parent's Choice Gentle Milk-based Infant Formula
- Wal-Mart Parent's Choice Milk-based Organic Infant Formula
- Wal-Mart Parent's Choice Milk-based Sensitivity Infant Formula
- Wegman's Gentle Infant Formula
- Wegman's Infant Formula with Iron and DHA & ARA
- Western Family Infant Formula with DHA & ARA
- Western Family Gentle Milk-based Infant Formula

Soy-based Infant Formulas:

Mead Johnson

- Enfamil ProSobee LIPIL (Formerly Enfamil ProSobee)
- Enfamil Lactofree LIPIL

Nestle

- Good Start Soy DHA & ARA

Abbott Nutrition

- Similac Go and Grow Soy-based Milk
- Similac Isomil Advance

PBM (formerly known as Wyeth)

- AAFES/NEXCOM Baby's Choice Soy Infant Formula
- AAFES/NEXCOM Baby's Choice Soy Infant Formula with DHA & ARA
- Albertson's Baby Basics Soy Infant Formula with DHA & ARA
- HyVee Mother's Choice Soy Infant Formula
- HyVee Mother's Choice Soy Infant Formula with DHA & ARA
- Kozy Kids Soy-based Infant Formula with DHA & ARA
- Kroger Comforts Soy Infant Formula with Iron and DHA & ARA
- Parent's Choice Infant Formula with Soy and DHA & ARA

- PathMark Soy Infant Formula with DHA & ARA
- Price Chopper Soy Infant Formula with Iron and DHA & ARA
- Rite Aid Soy Infant Formula with DHA & ARA
- Target Soy with Iron
- Target Soy Infant Formula with Iron and DHA & ARA
- Top Care Soy Infant Formula with DHA & ARA
- Walgreens Soy Protein Formula with Iron and DHA & ARA
- Wegman's Soy Infant Formula with Iron and DHA & ARA
- Western Family Soy Infant Formula with DHA & ARA

Follow-up Iron-fortified Formulas That *Do Not Require* Medical Statements When they are Served to Infants at the Ages Indicated

When Served to Infants 4 Months and Older

These types of formulas do not require medical statements when they are served to infants 4 months of age or older. (A medical statement is required if any of them is served to infants younger than 4 months of age.):

- Mead Johnson Enfamil Next Step LIPIL
- Mead Johnson Enfamil Next Step Prosobee LIPIL
- Nestle Good Start 2 DHA and ARA
- Nestle Good Start 2 Natural Culture
- Nestle Good Start 2 Soy DHA and ARA

How to Store, Handle, and Feed Breastmilk and Infant Formula

Breastmilk must be stored and handled safely to keep it from spoiling. Follow health and safety regulations required by local authorities for safe food handling. Here are general tips for handling breastmilk:

Before Arriving at the Facility

Ask the parent to:

- Store breastmilk in the refrigerator or freezer immediately after collecting it and label the bottles with: the infant's name, and the date and time the breastmilk was collected.
- Store the milk in hard plastic bottles if possible to prevent breakage.
- Fill the bottles with the amount of breastmilk the infant usually drinks at one feeding. The parent can freeze some bottles with 1 to 2 ounces of breastmilk for times when the baby wants some extra breastmilk.
- Carry bottles of fresh or frozen breastmilk to the facility in a cooler with an ice pack to keep the milk at a cold temperature.

Handling and Storing Breastmilk at the Facility

- Breastmilk from a mother is designed specially to meet the needs of her infant. Make sure that each bottle is clearly labeled with the correct infant's name. Never accept an unlabeled bottle from a parent.
- Refrigerate bottles immediately when they arrive and until ready to use.
- Use bottles of breastmilk only for the infant for whom they are intended.
- To prevent spoiling, do not allow bottles of breastmilk to stand at room temperature.
- Use refrigerated bottles of fresh breastmilk, kept at 40° Fahrenheit or below, within 48 hours from the time of collection. Discard unused breastmilk if not used within 48 hours. Although some suggest that fresh breastmilk can be stored for longer than 48 hours, the 48-hour period assures safety.
- Breastmilk can be stored in a freezer (with a separate door from the refrigerator), for up to 3 months from when it was collected. Freezer temperature should be 0° Fahrenheit or below. If the freezer is not working or if there is a power failure, frozen milk may thaw out and become spoiled before 3 months.
- Rotate frozen breastmilk, using the oldest milk first.
- Protect breastmilk in an air-tight container (hard plastic bottles are recommended) while in the freezer. Once the breastmilk is removed from the freezer and thawed, refrigerate it at 40° Fahrenheit or below and use it within 24 hours; do not refreeze it.
- Do not save and reuse breastmilk leftover from bottles.
- Wash skin on which breastmilk has spilled with soap and water immediately.

Preparing and Using Stored Breastmilk for Feeding

- Wash your hands.
- Thaw a bottle of frozen breastmilk in the refrigerator or hold it under running cold water. Thaw only as much frozen breastmilk as you think a baby will need for a feeding.
- Do not thaw frozen breastmilk at room temperature, by heating on a stove, or in a microwave. Liquid may become very hot when microwaved even though the bottle feels cool. The hot liquid could seriously burn infants. Also, heating damages special substances in breastmilk that protect infant's health.
- If breastmilk has a bad odor after thawing, it may have spoiled and should be discarded.
- Once thawed, do not refreeze breastmilk.
- For those infants who prefer a warm bottle, hold the bottle under running warm (not hot) water immediately before feeding the infant. Warm only as much breastmilk as you think an infant will need for a feeding. Feed breastmilk immediately after warming.
- Shake the bottle of breastmilk before feeding the infant because the breastmilk separates into two layers when it is stored.
- After a feeding, discard any unused breastmilk left in a bottle and wash the bottle with soap and hot water immediately.
- Follow the infant's lead in the amount of breastmilk to feed. Feed the infant until the infant is no longer hungry.
- Clean and sanitize bottles and their parts before reusing or filling with new expressed breastmilk. Throw out disposable nursing bags, if used, after each use.

Purchasing, Storage, Sanitary Preparation and Handling of Infant Formula

Infant formula needs to be purchased, stored, prepared and handled properly in order to be safe for an infant. Follow the specific health and safety regulations that are required by the state and local health authorities for safe food handling. General tips for use of infant formula follow.

Purchasing Cans of Formula

- Ready-to-feed formula is the most convenient and sanitary.
- If you are preparing liquid concentrate or dry powdered formula, it must be mixed very carefully according to directions on the container. Adding too little water to formula puts a burden on the infant's kidneys and digestive system and may lead to dehydration. Adding too much water to formula may interfere with the infant's proper growth because it does not contain adequate calories and nutrients and can cause water intoxication.
- Instructions on using special formulas should be provided by the infant's doctor.
- Make sure the label says "with iron" or "iron-fortified."
- Do not purchase cans of infant formula that have dents, bulges, pinched tops or bottoms, puffed ends, leaks or rust spots. The formula in such cans may be unsafe.
- Check the formula's expiration date on the lid or label to make sure the product is not too old. If the expiration date has passed, the nutrient quality of the formula may have deteriorated and you should not select the can.

Storing Cans of Formula

Before using stored formula, check the expiration date on the lid or label to make sure the product is not too old. If the expiration date has passed, throw out the can. Store unopened cans of infant formula in a cool, dry indoor place—not in a refrigerator or in vehicles, garages, or outdoors (in these places, the cans are exposed to water and temperature extreme which can rust the can or affect the quality of the formula).

Handling of Formula Prepared By Parents

- If parents prepare formula themselves and bring it to the facility, ask them to:
 - Label the bottles with: the infant's name and the date and time the formula was prepared.
 - Store the formula in hard plastic bottles if possible to prevent breakage.
 - Disinfect nipples, bottles, rings and caps by boiling for 5 minutes in a pot with enough water to cover, and then remove with sanitized tongs, let cool, and air dry.
- If disposable plastic bottle liners are used:
 - Throw out the bag after one use; and
 - Clean and sterilize the nipples, rings and caps as described above.
- Before opening a formula can, wash can lid with soap and clean water and rinse to remove dirt that could contaminate the formula. Before using, wash the can opener with soap and hot water.
- Prepare the formula properly according to directions on the formula container.
- Put a clean nipple right side up on each bottle and cover with a nipple cap.
- Do not put cereal or other food in a bottle because this interferes with the infant's natural

ability to obtain the right amount of calories, forces the infant to eat cereal, and may cause the infant to choke. Eating cereal does not affect infant's ability to sleep.

Storing Bottles of Formula

- Make sure the bottles are labeled with the infant's name and the date and time the formula was prepared. Use bottles of formula only for the infant for which they are intended.
- Refrigerate prepared bottles until ready to use and use them within 48 hours from the time they were prepared. Store in the back of the refrigerator (colder area).
- To prevent spoiling, do not allow prepared bottles of formula to stand at room temperature. Do not feed an infant a bottle left out of the refrigerator for one hour or longer. Throw out prepared formula not used within 48 hours.
- Opened cans of formula should be covered, refrigerated, and used within 48 hours. Throw out formula that is not used within 48 hours.
- Do not freeze infant formula.
- Throw out any unused formula left in a bottle after a feeding and rinse the bottle in cool water to remove formula. Do not reuse a bottle containing formula after the infant has fed from it. The mixture of formula with infant's saliva promotes the growth of disease-causing germs.
- Clean and sanitize bottles and their parts before reusing them.

Warming Infant Formula

- For infants who prefer a warm bottle, warm the bottle immediately before feeding by holding it under running warm water. Warm only as much formula as you think the infant will need for a feeding.
- Always test the temperature of the liquid before feeding to make sure it is not too hot or cold. Shake the bottle well and test the temperature by squirting a couple of drops of the liquid onto your wrist or back of your hand. The temperature is correct when it feels neither warm nor cold.
- Never use a microwave oven to heat the bottles — this is dangerous. Liquid may become very hot when microwaved even though the bottle feels cool. The liquid could seriously burn infants. Covered bottles, especially vacuum-sealed, metal-capped bottles of ready-to-feed formula, can explode when heated in a microwave.

Basic Principles for Introducing Solid Foods

- Talk with the parents before introducing solid foods. Only introduce solid foods when infants are developmentally ready for them.
- Coordinate with each infant's parents so that the same new foods and textures are introduced at the same time as at home.
- Do not serve solid foods to an infant younger than 4 months of age without a doctor's written instructions.

How to Feed When Infant is Ready for Solid Foods

- Sit directly in front of the infant to encourage the infant. Offer the spoon. Wait for the infant's mouth to open before attempting to feed. If infants are not ready to eat from a spoon, they are not ready to eat solid foods.
- In feeding solid foods, use a small spoon and place a tiny amount of food between a young infant's lips. At first much of it may slide out of the mouth, but gradually the infant will learn to move the food to the back of the mouth for swallowing.
- Do not force the infant to finish the serving. Infants are the best judge of how much food they need. Feed until the infants indicates fullness by: not opening the mouth, pulling away from the spoon, turning away, pushing food or spoon back out of the mouth, or throwing the food on the floor.
- Be calm and friendly but not overwhelming. Follow the infant's lead on when to feed, what to feed, and how much to feed.
- Do not put cereal or any other solid food in a bottle or infant feeder. Use a spoon for feeding instead. An infant feeder is a hard plastic container with a spout at one end and a plunger at the other end, which is used to push a liquid mixture of solid food into an infant's mouth. Infants fed food in a bottle or infant feeder are forced to eat the food, can choke, and may not learn to eat foods properly.
- Any special equipment needed for feeding children with disabilities should be used. Consult with the parents on how to feed infants with special needs.
- Make the texture of the food appropriate for the infant's stage of development. Providing new textures encourages the infant's further development.

Feeding Safety

- Test the temperature of foods before feeding them to make sure they are not too hot.
- When feeding solid foods, seat infants in highchairs appropriate for their age and development. Fasten the infant into the highchair with safety straps before feeding. Keep the highchair away from the table, counter, wall, or other surface so that the infant cannot push off from it.
- Infants being fed and older infants learning to feed themselves should be closely supervised by an adult seated at the same table or next to the infant's highchair. Make sure that the infant does not eat while talking, crying, or laughing. Also, the adult should watch for "squirreling" (keeping several pieces of food in the mouth without swallowing) which can cause choking.
- To prevent choking, make sure that infants (and children) are not eating while they are talking, crying, laughing, crawling, walking, running, playing, lying down, or riding in a vehicle.
- Use a small spoon, made of unbreakable material that will not splinter, that easily fits into the mouth (do not use plastic utensils). Place food in a clean small plastic unbreakable bowl or dish with edges that are not sharp.
- Keep hot liquids or foods out of reach of infants and children, not on the edge of a counter or table, or on a tablecloth that could be pulled down. Make sure that SNP staff or visitors do not consume hot liquids near infants or children. Infants and children can be burned from

hot liquids or foods tipped over.

Watching for Allergic Reactions

- Reinforce the introduction of new foods by serving the same foods as the parents are feeding. Wait at least one week between introducing new foods to watch for reactions (diarrhea, rashes, vomiting, and coughing, wheezing, general irritability, hives, and stomach pain).
- If an infant seems to be having a severe reaction to a food (e.g. hives, difficulty breathing, or shock), contact 911 or Emergency Medical Service and the infant's parents immediately.
- If an infant does not like the taste of a new food at first, you can try offering it again 3 or 4 weeks later after discussing this with the parents.

Drinking Water

An infant's doctor may recommend feeding a small amount of sterile water in a cup when solid foods are introduced. Consult with the infant's parents about the feeding of water. Sterile water is water that is brought to a very bubbly boil, boiled for 1 to 2 minutes, and then allowed to cool.

Foods Not to Feed Infants:

- Cow's Milk—is not as nutritious and may cause anemia in infants. Breastmilk or infant formula is best for the first year of life.
- Hard pieces of raw vegetable or raw fruit—can cause choking and be difficult to digest.
- Egg white, whole eggs, shellfish (shrimp, lobster, crab, oysters, clams, scallops, crawfish), and chocolate and cocoa may cause allergic reactions in infants.
- Shark, swordfish, king mackerel, or tilefish—may contain high levels of harmful mercury.
- Citrus (e.g., orange, tangerine, grapefruit), pineapple, or tomato juices or foods before 6 months of age may cause allergic reactions in infants.
- Home-prepared beets, carrots, collard greens, spinach, and turnips should not be fed before 6 months of age.
- Peanut butter and other nut and seed butters (e.g., soy nut, almond, cashew, or sunflower seed butter) and nuts and seeds can cause choking and may cause allergic reactions in some infants.
- Commercially prepared baby food desserts or commercial cakes, cookies, candies, and sweet pastries tend to be high in sugar and may contain less of the key nutrients that infants need.
- Sugar, maple syrup, corn syrup, molasses, glucose, or other syrups should not be added to food or beverages.
- Foods, beverages, or powders containing artificial sweeteners should not be fed to infants.
- Foods that could cause choking.

Never Feed Infants These Foods (Can Result in Death of Infant)

- Honey—Honey and products containing honey, including sources used in cooking or baking (such as in honey graham crackers), should never be fed to infants. Honey is sometimes contaminated with *Clostridium botulinum* spores, which may cause a type of illness called infant botulism.

- Raw milk—Raw cow’s or goat’s milk could be contaminated with harmful substances which can make an infant very sick. Only pasteurized milk products should be used once milk is introduced at 12 months of age.
- Raw or undercooked eggs, meat, poultry, or fish—These foods when raw or undercooked can contain harmful bacteria, parasites, and other harmful substances that can make an infant very sick.
- Home-canned foods—These foods may contain harmful bacteria if improperly canned.

Sanitary Food Preparation and Safe Food Handling

Infants are more susceptible to bacteria than older children, and unsanitary food conditions can cause serious infections. General cleanliness, proper food selection, and sanitary food preparation and storage are key to preventing illnesses related to food contamination in infants. Take extra care when handling infants’ food, bottles, and utensils to make sure they are safe and clean. Contact your local health department to obtain the local regulations and standards for food safety and sanitation and to ask about a local food handler course in your area.

Hand Washing

Proper hand washing can help prevent the spread of illness in child care settings and schools. Make sure to wash your hands thoroughly by following these steps:

- Wet your hands with warm running water.
- Add soap.
- Wash all surfaces on hands. Rub vigorously for at least 20 seconds. Wash carefully between fingers, around the tops and palms of hands, over wrists, and under nails using a clean nail brush.
- Rinse your hands well under warm running water; leave the water running while drying hands.
- Dry your hands with a clean, disposable paper towel.
- Turn off the faucet, using the disposable paper towel, instead of your clean bare hands.

When Should Hands Be Washed?

Wash your hands thoroughly **before** you:

- Bottle feed an infant;
- Handle, prepare, serve, or touch food or bottles;
- Handle food utensils and set the table;
- Touch raw meat, poultry, or fish;
- Eat, drink, or feed food to infants or children;
- Put away clean dishes; and
- Give medication.

Wash your hands thoroughly **after** you:

- Arrive at the site for the day;
- Handle raw meat, poultry, fish, or eggs;
- Change an infant’s or child’s diaper and/or clothing;

- Use the bathroom or assist a child in the bathroom;
- Handle an infant or child who is ill or give medication;
- Come in contact with any bodily fluids (e.g., soiled diapers, urine, blood, feces, vomit, mucus, spit, breastmilk);
- Sneeze or cough into tissues or hands;
- Get your hands dirty, or have been cleaning, or working outside, wipe noses, mouths, bottoms, sores or cuts; and
- Handle pets, or other animals or garbage.

Make sure to wash an infant's or child's hands before and after eating meals and snacks, and after changing a diaper (many babies place their hands in the diaper area during changing).

Cleaning and Sanitizing Food Preparation Areas, Equipment, Feeding Dishes and Utensils, and Dining Areas

Clean and sanitize all food preparation, foodservice, and dining areas (including countertops, tables, and high chairs) before and after each meal. Clean and sanitize all food preparation equipment, dishes, and utensils for serving and feeding after each use and store them in a clean and sanitary manner.

Before and after preparing and serving food, the following should be washed with soap and hot water and then rinsed thoroughly with hot water:

- All surfaces used to prepare food, including countertops and tables;
- Food preparation equipment and utensils (including food warmers); and
- Foodservice and dining areas (including highchairs).

After washing, sanitize all of the above according to applicable federal, state, and local foodservice rules and regulations for public institutions serving food to infants and children.

Using Commercially Prepared Baby Food

Keep the infant's food clean to keep it safe. Remember to wash your hands before handling any food.

When Purchasing Baby Foods

- Look at the "use-by" date on the baby food jar. If the date has passed, do not use the food.
- Buy baby food jars that are clean on the outside and do not have a broken vacuum seal. The seal is broken if the button on the center of the top is popped out.
- Single-ingredient baby foods, like single vegetables, fruits, and meats provide more nutrition ounce for ounce than baby food combination dinners and baby food desserts. Plain meats and plain vegetables or fruit can be mixed together if the infant likes the taste. Fruit can be served instead of a baby food dessert.
- Read the ingredient list on the baby food label. This way you can tell if foods contain vegetable, fruit, or meat as the first ingredient and if salt, butter, oil or cream, sugar, corn syrup, or other ingredients have been added.

When Serving Baby Food in Jars

- Look at the “use-by” date on the baby food jar. If the date has passed, do not use the food.
- Wash the lid and jar of baby food before opening.
- Make sure the jar lid is sealed and has not been broken before opening it. If the seal has not been broken, a “pop” noise should be heard when opening the lid of the jar.
- Do not tap the jar lid or bang it to open it—this could break glass chips into the food.
- Remove enough food from the jar for one feeding. Look closely at the food to make sure there are no abnormal pieces in it. Place the food in a dish for feeding. This way the infant’s saliva on the spoon will not spoil the leftover food in the jar. If additional food is needed, use a clean spoon.
- If needed, warm the baby food on a stove or in a food warmer. Stir the food and test its temperature before feeding. Do not leave baby food in jars to heat in a microwave - food can get very hot and could burn the infant’s mouth.
- Throw away any leftover food in the dish. Do not put it back in the jar.

When Storing Baby Food in Jars

- After opening a jar, replace the lid and place it in the refrigerator. Label the jar with the child’s name and the date and time that it was opened. Use the food within 2 days, except for baby food meats and egg yolks, which should be used within 24 hours. Throw out foods not used within those times.
- Regularly check to make sure that your refrigerator temperature is cold enough (40° Fahrenheit or lower) to keep the food safe.
- Look at the “use-by” date on the jar when storing unopened jars. If the date has passed, throw out the food and recycle the jar.
- Store unopened jars in a cool dry place like a kitchen cabinet or pantry (not in the refrigerator, car, garage, or outdoors).
- Rotate the stored jars so that you use the food previously purchased prior to newly purchased food.