

## **Infant Feeding and First Foods Check-In**

### **To: Parents/Guardians of infants, birth through 11 months old**

Your child's care provider participates in the Child and Adult Care Food Program (CACFP). The CACFP is administrated by the District of Columbia Office of the State Superintendent of Education and is funded by the United States Department of Agriculture (USDA). The CACFP subsidizes the cost of the healthy meals prepared and served to your infant while in care. Your provider follows the USDA Meal Pattern Requirements for Infants (see below), as age- and developmentally-appropriate for your baby.

As a participant in the CACFP, your provider must offer formula and meals to all enrolled infants and children.

*\*Please Note: The KidKare enrollment form you have completed and signed for your child has recorded your formula and food preference. This Infant First Check-In Form is to be completed when your child has reached developmental readiness for additional foods. Please complete this form and return it to your provider.*

<b>USDA Meal Pattern Requirements For Infants</b>			
<b>Age</b>	<b>Breakfast</b>	<b>Lunch or Supper</b>	<b>Snack</b>
<b>0 - 5 months</b>	4-6 fluid ounces formula <i>or</i> breast milk		4-6 fluid ounces formula <i>or</i> breast milk
<b>6 - 11 months</b>	6-8 fluid ounces formula <i>or</i> breast milk AND 0-2 Tbsp fruit <i>or</i> vegetable <i>or</i> both AND 0-4 Tbsp iron fortified infant cereal, meat, fish, poultry, egg yolk, cooked dry beans or peas; <i>or</i> 0-2 oz cheese; <i>or</i> 0-4 oz (volume) cottage cheese; <i>or</i> 0-4 oz or 1/2 cup of yogurt, or a combination of the above		2-4 fluid ounces formula <i>or</i> breast milk AND 0-2 Tbsp fruit <i>or</i> vegetable <i>or</i> both AND ½ slice bread; <i>or</i> 0-2 crackers; <i>or</i> 0-4 Tbsp infant cereal or ready-to-eat breakfast cereal

*\*Provider, please submit a completed copy of First Foods Check in to your sponsor and retain original w/the infant's original enrollment form.*

Provider ID# \_\_\_\_\_

### First Foods Check-Infant

Name of Infant: \_\_\_\_\_ Age of Infant: \_\_\_\_\_

Developmental Readiness Indicators  
Indicators from HealthyChildren.org by the AAP

Can your infant sit up with little or no help? (*in a high chair or feeding seat with good head control*) Yes:  No:

Does your infant open her mouth when food comes their way? (*tracking food on a spoon, reaching for food, eager to be fed*) Yes:  No:

Can your infant move food from a spoon into their mouth/throat? (*swallow without choking or gagging, little to no dribbling*) Yes:  No:

Has your infant doubled their birth weight? (*weighs at least 13 pounds*) Yes:  No:

Have you introduced solid foods to your infant? Yes:  No:

**If yes, select components and list which food items you have introduced to your infant?**

Components	Check below	Food items introduced
Iron-fortified infant cereal and/or grains	<input type="checkbox"/>	
Meat/meat alternates	<input type="checkbox"/>	
Fruits	<input type="checkbox"/>	
Vegetables	<input type="checkbox"/>	

**If yes, are there any foods that you do not want the institution to serve your infant? For example: beef, carrots, strawberries.**

Components	Check below	Food items to avoid
Iron-fortified infant cereal and/or grains	<input type="checkbox"/>	
Meat/meat alternates	<input type="checkbox"/>	
Fruits	<input type="checkbox"/>	
Vegetables	<input type="checkbox"/>	

Comments: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_