

Illinois State Board of Education

Child and Adult Care Food Program (CACFP) – Family Day Care Home (FDCH) Infant Feeding Webinar Questions and Answers

Developmental Readiness

1. Infants try foods gradually. How do we know when they are just beginning & when they are ready for all?

According to both the American Academy of Pediatrics and the World Health Organization, infants can begin eating solid foods at about 6 months old. By the time he or she is 7 or 8 months old, infants can eat a variety of foods from different food groups. ISBE would like to note that not every infant is developmentally ready to consume solid foods at 6 months, which is why we suggest using the proposed form to increase awareness on developmental readiness indicators.

Infant Grains

2. IFIC is the only acceptable "grain" at meals. We suggest not using the word grain as that confuses the conversation.

Grains acceptable for infants include iron-fortified infant cereal at breakfasts and lunches plus bread, crackers, and RTE cereal at snacks.

3. I thought the whole grain requirement is not required for infants.

Whole grains are not required for infants, but may be served.

Infant Solid Food Readiness Form

4. Can you please provide the Federal regulatory requirement used by ISBE to cite a sponsoring organization and participants for failing to maintain developmentally ready documentation before and after this webinar?

The bottom line is that if a menu does not meet meal pattern requirements for the age of the child, then the meal is not reimbursable. If any Illinois CACFP Sponsor is resistant to demonstrating that the provider is working with the parent to determine solid food readiness, then ISBE as a State agency has the authority to determine acceptable recordkeeping documents (7 CFR 226.15(e)) and may require this form as mandatory.

5. I just wanted to clarify is the documentation required starting at 6 months or 8 months?

Conversations between parents and providers regarding an infant's solid food readiness can begin at 5 months or earlier as an effort to ensure adequate communication occurs on introducing solid foods to baby.

6. Should the provider supply a copy of the Infant Solid Food Readiness Form each month with her meal claim?

If you choose to use the form, submission of the Infant Solid Food Readiness Form to the sponsoring organization or state agency with monthly meal claims is not a requirement. It is requested the form be kept on file with the provider. The Sponsoring Organization may request providers submit the Infant Solid Food Readiness Form monthly.

Recording Meals and Citing Missing Components

7. So until the infant can consume all three components a provider should not include any developmentally ready components except IFIF on the menu?

Correct.

8. So if a 9 month old is being served all components & ISBE conducts a visit, all meals the day after the visit must be disallowed that aren't complete now - or as of 10/01?

ISBE will start disallowing meals at 10/1/2019 and expects Illinois FDCH sponsoring organizations to also disallow meals beginning 10/1/2019.

9. Why are the serving sizes 0-2 T if '0' T are not allowed?

Zero serving sizes are for infants who are not developmentally ready for solid food. Once the infant is developmentally ready, they should be offered all components.

10. If a child is eating some solids, I understand from the webinar that a provider should not record ANY solids until he/she is ready for all. Is that really in the provider and the child's best interest? I would suggest the provider should be recording all foods – even if it is not a complete meal so there is a record of what the child has eaten.

We stand by our procedure explained during the webinar – solid foods must not be recorded until the parent signs the Infant Solid Food Readiness Form. To keep a record on a daily basis of the infant's eating habits while the baby is in the provider's care, the Infant Daily Activity Chart (appendix A) in the Feeding Infants manual is recommended.

11. I have a question on recording the infant components. Did I hear that the provider should not record any of the extra foods on her infant menu for an infant who is being introduced to some components but not all (Clear as mud)? So an infant who is just trying broccoli but not the third component should have nothing but IFIF/BM recorded? I think this is a good way for the provider to keep a record of new foods.

During the introduction phase of solid foods, to keep track on a daily basis of the infant's eating habits while in the provider's care, the Infant Daily Activity Chart (appendix A) in the Feeding Infants manual is recommended.

12. What happens when the parent is introducing solid foods throughout the day but does not want the infant to receive all components at all meals for a day?

When the parent signs the Infant Foods Readiness Form, 3 components must be offered at each infant meal.

13. Should we cite them for just trying solid foods?

No.

14. If an infant is NOT on the CACFP – per the parent's wishes – a provider still needs to follow all CACFP guidelines for that infant? Really?

FDCHs enrolled in the CACFP must extend benefits to all children in the home. ISBE highly recommends that a Family Day Care Home enrolled in the CACFP work to educate parents of enrolled children on the benefits of participation.

15. Is it acceptable to “skip” a solid food for an infant during an illness, especially since infants may be more susceptible to an allergic reaction when their immune system is compromised?

When seeking reimbursement, a required component is never allowed to be “skipped”. Each component must be served. The child may refuse to consume.

16. When provider is not claiming an infant on the program because the parent does not want to mess with the requirements for the infant and ISBE completes a review will the provider be reprimanded?

When a provider agrees to participate in the CACFP, CACFP benefits must be extended to all children in the provider's care.

17. The approach that the ISBE has chosen to take will push participants and parents to make infants non-participating. This will create barriers to participation and is facilitating an environment that promotes discrimination, especially since the ISBE started to cite and disallow before ever talking to anyone. How does the ISBE plan to counter this effect of their approach?

Participants in the CACFP are required to meet meal pattern requirements. We are not creating barriers. Together, now and in the past, we work with providers and parents to determine when babies are developmentally ready for solid foods. When the baby hits developmental readiness markers, solid foods are introduced. When solid foods are introduced and accepted by the infant, providers must meet infant meal pattern requirements.

Medical/Physician Statements

18. Does the medical/physician statement need to be on file at the sponsor for an 8 month old?

This is not a requirement, as there is no FNS policy for it. ISBE wants to make clear that there is no recommendation that there is no requirement for a medical/physician statement for an infant who is not eating solid foods. However, if a medical statement is on file, it may be provided in lieu of the Infant Solid Food Readiness form.

19. Does the USDA require a medical be completed when an infant is 8 months of age and not consuming all components at all meals?

No.

20. Is a copy of the medical to be maintained at the sponsor office?

It is not a requirement.

21. If a child is not developmentally ready at 8 months, the parent needs to get the child in to see the doctor (I doubt any physician would typically write a script indicating the child is NOT developmentally ready without seeing him/her) and this will take time – and money – for the parent to get the note. Push back will be an issue.

ISBE will not require a medical statement for an 8 month old infant who is not developmentally ready. However, we strongly encourage providers to communicate regularly with the parent regarding developmentally ready indicators. We suggest the provider share handouts from the Feeding Infants with parents to engage parents in starting solid foods as soon as the infant shows signs of being ready.

22. If they need a note from the doctor to say that the child is not developmentally ready, do they need to make a doctor's visit (expensive) to get the note? Sometimes they have to wait a long while before they can get in. will they still be cited. Can they wait for their next wellness check? Do we need to go back in and reimburse for the disallowed meals?

Mandating a medical statement at 8 months of age for infants who are not consuming infant foods is not consistent with FNS policy and is not required. ISBE recognizes that it may also

impose barriers to participation by requiring a note from a doctor, which may not be medically necessary.

- 23.** ISBE's approach does not consider infants who are developmentally delayed and who will not be able to get a physician statement at 8 months because that is not a life-threatening condition. How does the ISBE plan to address that?

ISBE expects providers to be engaged with the parents regarding the infant's eating habits and ensure the meals served to the infant are appropriate for that baby's developmental readiness. ISBE recommends providers who care for developmentally delayed babies to frequently use handouts and flyers to communicate with the parents and keep abreast of the baby's progress. The Infant Solid Food Readiness form is a great method to document and support the provider's menu for a developmentally delayed infant.

Warning Statements

- 24.** Is ISBE going to start giving warning statements?

Warning statements are a suggested communication tool for sponsoring organizations to use when processing infant menus that do not meet meal pattern requirements. Meals are not deducted with warnings. Instead, warnings are an opportunity to provide technical assistance. For example, a warning statement might read: Child XYZ is 8 months old. Infant menus submitted for Child XYZ do not meet the meal pattern requirements for an 8 month old. Please ensure you are engaged with the parents regarding the infant's eating habits and developmental readiness for solid foods. You may want to document your conversation with the parents on the Infant Solid Food Readiness form.

- 25.** Can you give us an example of a warning code?

See answer to question above.

- 26.** When a warning statement is warranted is the sponsor to disallow meals?

See answer to question above.

- 27.** You cannot require Sponsors who have specific software to meet requirements that other software cannot perform.

ISBE is not requiring use of a specific software. This webinar suggested warning statements as part of any claim processing system/method whether automated or manual.

Implementation

28. How can these ISBE scenarios have an effective date of 10/1/19?

ISBE understands that we are soon approaching the start of a new Fiscal Year.

29. FY19 Trimester 3 starts in 2 days. It is unrealistic that ISBE believes that all providers will be retrained on ISBE added regulation to deduct infant meals if an infant menu does not contain all components by 10-1-19. All infants are different. USDA would never change or add an extra regulation and expect it to be effective in 4 months. ISBE should reconsider the time frame [period]. We have not received any useful training from ISBE in years and are now expected to implement this change in a few short months. Our trimester 3 training is already in the hands of our program advisors. How are we realistically supposed to implement this? You need to take a look at your timeline and follow USDA footsteps.

The current infant meal pattern requirements have been in effect for over 18 months. At the two year mark on October 1, 2019, when infant menus do not meet requirements, sponsoring organizations must ensure the provider and parents are engaged in a conversation regarding the infant's eating habits and developmental readiness for solid foods. It is recommended providers and parents document that conversation on the Infant Solid Food Readiness form.

Partnering with ISBE for Resources and Support

30. Will we be receiving Infant feeding manuals from ISBE?

Feeding Infants manuals are not yet available for print as of this time. However, sponsoring organizations may place an order for their desired quantity via email at teamnutrition@usda.gov.

31. It takes three plus months to receive ISBE [review] reports so we cannot address these issues the day after.

ISBE is working to have more timely communication. Also, keep in mind that all FDCH reviews are first entered into ISBE's child nutrition system. Those review citations entered into the system are emailed to each sponsor in effort to provide early notice of review citations.

32. E-mail [review] reports do not match official [review] reports so they are unreliable at best.

ISBE apologizes if this has occurred. We ask that you please work with us, as we work to minimize those occurrences.

33. In the Scenarios from the Field, could you supply us with how the ISBE monitor will respond to each scenario?

Scenario 1

Monitor visits a day care home at breakfast. A 7 month old baby is receiving formula from a bottle. The monitor asks the provider about the baby's readiness for solid food.

Solid food introduction generally occurs around 6 months old. Therefore, in this situation with a 7 month old and no solid food, the monitor will ask for documentation from the parent indicating the child is not developmentally ready and/or receiving solid food.

If the provider does not have documentation from the parent, in this situation, the monitor will make a citation for no documentation. Payment for the meal will not be denied. However, ISBE will expect the sponsor to provide technical assistance to the provider to document communication with the parent. As part of your technical assistance, we recommend you suggest the provider give handouts from the Feeding Infants handbook, specifically pages 12 and 13 or page 63 to the parents.

Scenario 2

Monitor observes a 9 month old baby eating solid foods at lunch. In reviewing menus from prior days, the menus only indicate breast milk. This raises a red flag to the monitor. The monitor asks the provider for documentation from the parent about solid food readiness. The provider does not have anything from the parent indicating if the baby is developmentally ready.

In this example, the monitor will cite the provider for no documentation. No meals will be disallowed for days prior to the monitor's review. However, ISBE will indicate to the sponsor that the baby was consuming 3 components on the day of review. Therefore, beginning the day after the monitor's visit, ISBE expects the sponsor to deny payment for any meal with less than 3 components for this baby.

Scenario 3

Scenario 3 is from the perspective of the sponsor reviewing menus for compliance after the provider submits the monthly records.

In this example, we have an 8 month old infant. Solid foods dot the menu at various meal services throughout the month – for example, banana at p.m. snack, but no infant cereal, peas at lunch, but no food for the infant cereal or meat/meat alternates component, infant cereal at breakfast, but no fruits identified.

This particular infant is obviously eating a variety of solid foods; therefore, 3 components must be offered at each meal.

Thus, ISBE's expectation is that sponsors will not reimburse providers for incomplete meals.

Additional Resources

Included are two policy memos that may also be helpful.

Documenting Meals in the CACFP Program

Feeding Infants and Meal Pattern Requirements in the CACFP