



CHILD AND ADULT CARE FOOD PROGRAM
(CACFP)

FY2020 3rd Trimester Handout with Self-Study Unit:
Transitional Feeding for Infants
06/01/20 – 09/30/20

Please note: 4-C CACFP Self-Study Units are a benefit of participation with the 4-C CACFP. You must currently be enrolled in the 4-C CACFP to receive training credit for these assignments.

THIS TRAINING IS OPTIONAL FOR
CACFP PARTICIPANTS
AS WELL AS THEIR ASSISTANTS.

Upon correct completion, up to 2 hours of CACFP credit will be issued for each provider/assistant (submit a separate, completed quiz for each individual).
The quiz is due back into the 4-C office by 10/31/2020.

155 N 3rd St, Suite 300 DeKalb IL 60115

This institution is an equal opportunity provider.



Transitional Feeding for Infants on the CACFP

Feeding is among the many first experiences a child will have in their first year. Like other developmental functions, feeding can influence the child's own relationship with food and the trust they have with their parent or caregiver. It can also determine a child's physical and developmental outcomes in the first year and beyond. Most importantly it can establish how a child feels about their competency as an eater and how they feel about their bodies.

Our well intentioned efforts can inspire a child's own innate curiosity or can make a child feel less competent in their ability to tune into their own cues to self-regulate, or acquire the skills needed to self-feed and explore food on their own. Early experiences can shape a child's attitude about how and what they eat, and whether they trust themselves or their caregivers to know what is best in terms of foods being offered and confidence in the feeding experience.

When children are allowed to develop their own level of comfort around food, we encourage them to explore the intricacies of their own sense of *smell, sight, taste* and *touch*. In turn when we allow children to "try" foods and at times "refuse" foods, we teach them that feeding can be a safe, calm and an enjoyable experience. Children will also get the *internal* message that their bodies are full and will feel confident in their ability to self-regulate and trust that more food will be coming in the future. They will also have more opportunities to sample *familiar* foods as well as try *new* foods. They learn to trust that their parent or caregiver will attend to these cues for *hunger* and *fullness/satiety* and will respond accordingly.

Should a child's internal cues be met with pressure to eat past fullness or to eat food that doesn't satisfy their taste, a child will respond with confusion, frustration and eventual mistrust for their caregiver. If future feeding experiences are met with pressure, a child will lose their own sense and ability to self-regulate and will be dependent on their caregiver to determine what or how much food is right for them. The child is no longer in charge and must rely on *external* forces to meet their individual needs.

This creates an unnecessary struggle that is hard to reverse, in terms of re-establishing trust between the child and parent or caregiver and for the child to trust their own relationship with food. This can have lifelong consequences and lead to other eating behaviors. Looking at our *own* relationship with food can create an awareness that may influence our role of teaching and responding to a children's own instincts and needs for feeding in the early stages of development. We in turn can have a positive impact on their relationship and experiences with food.

Infant Readiness - infants may give many indications that they are ready to start solids, and we can take these observations as a time to start having conversations with the parent or their caregiver as to when it's appropriate to begin the feeding process. As a provider you come with knowledge, experience and the bond you have developed with the infant in the early months of feeding.

You rely on the information and education you have received from the Food Program on when it's recommended to start solids and have had experiences with other children you've supported through this feeding stage of life. You've also watched the infant progress and have learned how they respond to new situations. You know the child and their ability to adapt and acquire new skills such as sitting upright, reaching for objects and bringing them to their mouth. They also show that they are able to move onto solids when they have the tongue thrust to swallow and can manage foods being offered. They don't "gag" or "choke" or resist attempts to feed them and show a curiosity to taste foods they are experiencing for the very first time.



Parent's may have started serving infants solids at home and have given you the go ahead and a list of foods to try, with instructions of how and when to serve foods to their infant. You and the parent engage in conversation to give feedback as to how it went with feeding and if any changes need to be made to make the feeding experience more enjoyable for the infant.

Parents can also give you important information from the child's doctor as to the child's rate of growth, what foods to start with and specifics related to that particular child, should the child need any modifications to their diet. As you set out on this new adventure into the transitional feeding stage, communication through cues from the infant, parent experiences with early introduction of food at home and your continuation of starting solids and first foods while in care, will help shape the process as you all go through it together. With this team approach you will be able to meet the child's individual nutritional and developmental needs.

Different Ways to Feed Infants – There are many methods or approaches to feeding infants. We will discuss two of those feeding methods and also how the CACFP Infant Meal Pattern helps to support the approach that is best for an infant's particular needs. In choosing a method that works best for the infant, it's best to follow the child's lead, their ability, their instincts and readiness to begin the process of transitional feeding.

BABY-LED WEANING

Baby-led Weaning is a feeding method that encourages the infant to transition to feeding while still supporting formula or breast feeding. Its philosophy is that of exploration of food, by-passing the pureed, mashed up phase of feeding and allows the infant to pick and choose the foods they want to try. Mastering picking up food, tasting food and eating are secondary to the experiencing of food from a sensory perspective. "The child as part of exploring sets their own

pace of each meal maintaining an emphasis on play and exploration rather than on feeding, enables the transition to solids to take place as natural as possible". Gill Rapley, 2008, Baby-led Weaning.

Children must be able to sit upright as the child will be feeding him or herself. Foods are served in pieces or strips a child can hold rather, than cubed or cut into mouth-sized pieces. For example, a piece of broccoli has a built-in handle that an infant can manage and put into their mouth. Soft fruits can be served to infants whole or in strips, and vegetable must be cooked until soft to avoid posing a choking hazard. Meats, cheeses, eggs, bread are to be cut up into strips to encourage the child to hold the food on their own, feeding themselves rather than with assistance from the parent or caregiver.



Important elements of this method of feeding must be followed to assure a child's success, safety and safety to avoid hazards while feeding:

- ❖ "The parent and care giver must provide foods that are safe to manage in the child's mouth, which means no fast food or ready to eat meals or foods that have added salt and sugar".
- ❖ The parent or care-giver must be seated in front of the child for the entire meal to share in the experience and to assure that a child is safe and able to swallow foods they are eating. Some first foods can pose a choking hazard so with this method the child should be observed for the whole meal.
- ❖ Allowing a child to explore a food for the first time may be messy. Foods may go to waste and a lot of food may end up on the floor rather than in the child's stomach. Remember this feeding method is about encouraging infants to explore food on their own, allowing them to choose what they want to eat.
- ❖ This method emphasizes that children will eventually start feeding themselves, will gain skills, confidence and grow at their own pace.
- ❖ See resources to learn more about Baby-led Weaning

Please view the video on Weaning Baby-led Weaning:

<https://www.youtube.com/watch?v=jivY-tLfigc> it's important to note that vegetables should be cooked, and soft to feed infants with this method to avoid choking.

ELLYN SATTER'S DIVISION OF RESPONSIBILITY

Feeding Infants with the Ellyn Satter's Division of Responsibility is a method which recognizes each child's individual needs as to when, what and how to transition to semi-solid or solid foods. "It's based on what a child can do, not on the age of the child". "The child's own development and oral motor capability provide the trustworthy guide for the *transitional* phase in infant feeding". Ellyn Satter, 2018 – Starting Solids – Ellyn Satter Institute. An ambitious

eater may prefer to have *pureed or lumpy* foods served from a spoon, whereas a more adventurous, independent infant may choose to move onto what everyone else is having and vocalize it as a demand for more solid foods served in a more *bite-sized*, manageable fashion. Still you may have an infant who is not interested in any of the above and actually exhibits fearfulness and unhappiness with the prospect of food that comes other than from the breast or bottle.



With this method the focus is on the *Division of Responsibility of Feeding* between infant and parent or caregiver. The child is in charge of what, and how much (if any) of the food that is offered to them they wish to eat. The parent or caregiver is in charge of what foods the child will be served and also sets up a regular feeding routine to make sure calorie requirements are met in a

timely fashion throughout the day. The infant with their own innate instincts knows what feels comfortable to them and will eat what tastes good to them. The parent or the caregiver in their knowledge and wisdom is responsible for providing the foods that meet the child's nutritional needs for the ages and stages of the child's development. Both infant and parent roles serve the purpose of guiding one another through the feeding process to obtain an achievable and sustainable outcome towards feeding.

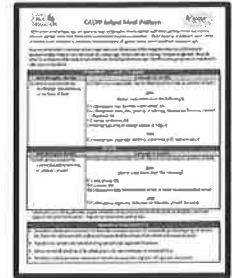
Important elements of this feeding method:

- ❖ Infant is in charge of what and how much they want to eat. They trust their *internal* cues to let them know when they are full and when to stop eating.
- ❖ Parents or caregivers serve foods that are nutritious and offer a gradual repertoire of foods that the child can become accustomed to and is familiar with. Foods are served in a matter of fact way, and enough is available to support the child's developmental need for more calories as they grow.
- ❖ Infants may love a food one day and reject it the next day. Infants have some *10,000* newly developing taste buds on the tongue, the roof of the mouth and on the back of the throat. This allows them to distinguish one food from another, whether a food is safe to eat or if a food is sweet, salty, sour or bitter.
- ❖ Parents and caregivers will respect the infant's ever-changing palate and allow the infant to acquire a taste for food on their own, serving new, or unfamiliar foods at least 15 times, served many different ways to increase acceptability and familiarity with the new food.
- ❖ See resources for more information on Ellyn Satter – Ellyn Satter Institute

Please view the following Ellyn Satter videos: Developmental Readiness Signs for introducing solids to infants: <https://www.youtube.com/watch?v=3WX1iQ2w3Gg&feature=youtu.be>
<http://pmp.ohioaap.org/4-6-months/nutrition/ellyn-satter-video-4-6-months/>

CACFP INFANT MEAL PATTERN

Feeding Infants using the New CACFP Meal Pattern – this method is established between the parent and doctor and feeding starts at home. The parent and provider communicate what, when and how much food is needed to support the infant’s specific growth and developmental needs by following the CACFP Infant Meal Pattern.



Important factors to consider with this feeding method:

1. Foods served to the infant following the CACFP Infant Meal Pattern have been agreed upon by both parent and provider.
2. Parent tries food(s) at home and tells provider when she can start solids at day care. Provider tries foods and gives parent feedback as to how it went with feeding and if more food is needed to support the child’s individual growth needs.
3. Parent can give provider a list of foods that the parents have tried at home or provider can create a list of foods that parent has approved to be served to the infant while in care.
4. The general rule of feeding is to introduce one food at a time wait three days and then try another new food. This allows a period of time to see if any food allergies or sensitivities may develop.
5. The CACFP meal pattern allows parents to choose from foods specific to ages and nutritional needs. It also allows for *flexibility* if a parent chooses to omit a food from the child’s diet. For example, a parent may choose to serve vegetables instead of infant cereal or serve another meat/meat alternate to assure a child’s iron levels are maintained. *By the end of 6 months of age an infant’s own iron stores are becoming depleted, so additional iron is needed to support the growing demand at this time.
6. Yogurt, whole eggs, cheese, cottage cheese, fish, dried beans, peas and lentils are acceptable protein sources to serve infants using the CACFP Infant Meal Pattern.
7. When beginning semi-solid or solid foods, infants may want a new food one day and not eat it the next time it’s offered. A child will eventually want to be served foods more frequently. Once this pattern becomes established and an infant is “developmentally ready,” foods **must** be offered on a regular basis to the infant. For example, an infant starts eating infant cereal and then eventually wants it every day. It is then necessary for the providers to provide the food(s) for the infant. Other foods may eventually be worked as a replacement or served along with another food. For example, an infant may start out eating infant cereal then progresses to meat or another meat alternate such as yogurt. The infant no longer wishes to have the infant cereal or prefers to have the infant cereal only served at breakfast.
8. Snacks play an important role in the CACFP Infant Meal Pattern. When the child shows “developmental readiness” the infant can also have a fruit or vegetable as well as a

bread or bread alternate at a snack along with breast milk or formula. The older infant will want to eat foods that the other children are eating along with being more social at the table. Increased need for more calories also occurs as the infant becomes more active and mobile requiring more frequent meals, including snacks.

9. The CACFP Meal Pattern encourages an infant's development and building of feeding skills at different stages. A provider supports the child's development and readiness by offering foods in a way that provides variety of color, textures, and temperatures, encouraging a child's curiosity and willingness to try foods for the first time. A taste could be an infant putting food into their mouth and taking it out and mashing it in-between their fingers just for the feel of it. An infant should be allowed to develop their own taste for foods in their own time and not be pressured to eat a food not to their liking. The provider knows it may take several attempts for a food to win over favor for these young, pre-emergent eaters.
10. The CACFP Meal Pattern has serving sizes specific for the infant's individual needs. Recommended serving sizes start at "0-4 Tablespoons", but is determined by the infant at a particular feeding. Enough food is available should the infant want more, but should never be made to finish, after the infant has decided they are full and wishes to stop feeding. It's important to consider that like older children and adults, the size of an infant's stomach is actually the size of their fist
11. Cups and spoons are available as the child progresses from a *bottle to a cup* or from *feeding from a spoon* to feeding themselves. Providers encourage *self-feeding* or developmental feeding skills to promote independence and self-confidence for infants to feed themselves. Providers also plan for messes knowing it's all part of the process of learning a new skill and have extra wash clothes, paper towels and wipes at the ready for spills and wiping up food.

Please view video on **Introduction to Feeding Solids to Infants:**

<https://www.youtube.com/watch?v=DhiYZKcD-QQ>

The following informational handouts show various aspects of feeding Infants on the CACFP for providers to familiarize themselves with should they have an infant in care:

- ✓ CACFP Infant Meal Pattern - https://dpi.wi.gov/sites/default/files/imce/community-nutrition/pdf/gm_12c_infantmeal_patt.pdf
- ✓ Foods for Infants in the CACFP - https://dpi.wi.gov/sites/default/files/imce/community-nutrition/pdf/foods_for_infants.pdf
- ✓ Infant Readiness Handout - https://dpi.wi.gov/sites/default/files/imce/community-nutrition/pdf/infant_development_readiness_handout.pdf This handout helps providers and parents understand the role they can play in making the feeding relationship between infant, parent and provider, creating room for adaptability and flexibility, using the new CACFP Meal Pattern.

*After reading the above handouts make any notes or list questions that you may have regarding the CACFP Infant Meal Pattern. Talk to your parents, your CACFP Nutrition Specialist and create a plan of how you will offer the Food Program to infants you have in care or may have in the future.

Foods to Serve to Infants

Lastly, it's time to think of what foods to serve to infants at different stages. Depending on the feeding method you may adjust the texture and way that foods are prepared to serve your infant. Here are some foods that you can serve infants at different stages of development to assure the infant's nutritional and developmental needs are being met.

At or around 6 months of age – infants may be starting on fruits and vegetables served pureed, chunky or whole. A provider may want to spoon feed a child or allow the child to serve themselves. **Vitamin A** is an important nutrient needed for the development of eyes and bones. It also helps protect the body from illnesses and assists with the function of liver, heart lungs, and kidneys. **Foods** high in Vitamin A can be found in orange, yellow, and green fruits and vegetables as well as in dairy, meat and in some fish. **Foods rich in Vitamin A** – Apricots, broccoli, cantaloupe, carrots, kale, mangoes, papaya, pumpkin, spinach, sweet potatoes, dairy products, meats, and salmon.



7 to 8 months of age – an infant is increasing the amount of meals that they have each day. The infant still relies on breast milk or formula, but is interested in the taste and exploration of



more solid food. This is a time to start to introduce *finger* foods so the infant can practice feeding and mastering picking up food with *finger-pinch* and grasp it to put into their mouths. Eventually they will grab for the spoon and attempt to feed themselves foods that are smooth or semi-soft in consistency – apple sauce, yogurt, or green peas.

Iron is an especially important nutrient at this stage of development. Towards the end of the 6 months an infant's iron stores have become more depleted and iron from foods can help build up the iron supply in their body. Serving foods like soups and stews, casseroles and pastas allows for lots of tastes and textures the older infant is craving. It's also a great opportunity to get in additional nutrients from vegetables, dried beans, peas and lentils.

Foods Rich in Iron – Dark green and leafy vegetables such as spinach, dried beans, peas and lentils, beef, chicken, eggs – particularly "egg yolks", iron-fortified infant cereal, pork and turkey. Prunes and other dried fruits, such as raisins or stewed or pureed prunes, are also high in iron. Caution should be used to prevent choking with serving dried fruits.

9 to 11 months of age – Infants this age have long past moved on from purees and so finely chopping and mashing foods and allowing the children to feed themselves have replaced the processing of early stages foods. Infants this age will try to manipulate foods between their fingers and hands, deciding how a food should be eaten. They will hold a food in one hand and transfer it back and forth to the other and eventually place it in their mouths when it has past their inspection.



Omega – 3 Fatty Acids – are needed for brain and eye development in the first two years of life. Because most children are starting to get teeth they can chew foods that have more texture and taste at this age. Mixing foods with sauces and meat juices can also add flavor to encourage these older infant's curiosities to try *new* foods.

Sources of Omega 3's – Whole eggs, salmon, tuna, kale, spinach and breads/bread alternates fortified with Omega 3's.

12 months and beyond – The infant is becoming more independent and in charge of their meal pattern as they may have semi-transitioned to “table” food, have started the “weaning “process, trading from a bottle to a cup. Milk will eventually replace the formula and breast milk and the need for calcium at this age increases.



Calcium helps supports bone development and plays a major role in muscle and nerve function. The need for calcium of from 1-3 years of age “triples” that of a child from birth to age 1 year.

Sources of Calcium – Broccoli, collard greens, kales, beans such as pinto and kidney, cow's milk, cheese and yogurt. Infants have learned what “dips” or “spreads” such as hummus and yogurt are great with fresh vegetables and fruits to dip. Should “cows” milk be served to children under 1-year-old? The CACFP requirements states that children should continue on breast milk and formula until they are 1 year of age. An infant can also continue on breast milk after the child turns 1 year on the CACFP. Cow's milk is one of the top allergens for infants, so it is served when the child turns 1 year. Cow's milk is also low in iron and can interfere with the child's ability to absorb iron. Too much milk can also fill up an infant or young child making them less likely to eat from the other food groups. Whole milk is also required when the child turns 1 year for brain development and can then be switched to skim or 1% when the child turns 2 years old.

In Summary: Feeding infants is one of the most important milestones that an infant, parent and provider will embark on, in the first year of a child's growth and development. The infant, parent and provider all have a pivotal role to play in the success of the feeding experience and the progress of development and eventual mastery of feeding for that infant. May the information in this Home Assignment assist you to have those important conversations with the parent as you focus your attention on the infant's individual needs during the transitional phase of feeding. **Good Luck and Have Fun with it!**

INFANT RECIPES

Make one of the recipes and give feedback in Activity Section of Home Assignment.

| | |
|--|--|
| <p style="text-align: center;">Pumpkin puree <i>(mild like butternut squash - great first food)</i></p> <p>1 cup fresh pumpkin that has been peeled, cubed and cooked until tender.</p> <p>Place in a food processor or use a masher to make into puree. Use water, breast milk or formula to make creamy.</p> <p>You can also use canned pumpkin to make a puree with homemade applesauce for some extra flavor.</p> <p>Eventually you can add cinnamon or vanilla to pique the older infant's taste buds.</p> | <p style="text-align: center;">Red lentil stew (baby Dahl) <i>(cook quickly and can be put in soups and stews to add extra protein and texture)</i></p> <ul style="list-style-type: none">• 1 cup of red, green, or brown lentils.• 1 ½ cups water.• 1/2 cup sweet potato peeled, and chopped into small pieces. <p>Place all ingredients in a pot. Cook on medium until it starts to boil, then turn to low and let it simmer for 45 minutes or until sweet potatoes and lentils are tender. Mash mixture.</p> <p>Cool slightly and serve.</p> |
| <p style="text-align: center;">Egg avocado salad</p> <ul style="list-style-type: none">• 1-2 eggs boiled to soft, cut into small pieces• ¼ slice of whole ripe avocado, mashed• ½ tsp of lemon juice• Pinch of salt <p>Mix all ingredients in a bowl.</p> <p>If you don't have any lemon juice, just use pinch of salt to keep avocado from turning brown if you're preparing ahead of time.</p> <p>Serve on either whole wheat bread squares or pita bread triangles.</p> | <p style="text-align: center;">Mac "n" greens</p> <ul style="list-style-type: none">• 1 qt. water, pinch of salt• 1 cup uncooked, whole wheat elbow noodles• 2 cups broccoli florets or 1 cup baby spinach, washed, chopped finely• ½ cup frozen peas• ¼ cup whole milk• 1 tbsp. butter• 1 cup grated cheddar cheese <p>In a saucepan, bring salt to a boil, over medium heat. Add noodles, and broccoli florets. Cook 8 minutes or until pasta is tender. Add spinach and peas and cook 1 minute. Drain pasta and vegetables. Put back in saucepan and add butter. Stir until combined. Add milk, cheese and stir until melted. Cool slightly.</p> |

RESOURCES:

CACFP Infant Meal Pattern <https://dpi.wi.gov/gov/community-nutrition/cacfp/new-cacfp-meal-pattern> - If you're on the Food Program you will have received a copy of the infant meal pattern in your new year file.

Infant webcasts – <https://dpi.wi.gov/community-nutrition/cacfp/training/webcast-cacfp> - Department of Instruction – CACFP – Child and Adult Care Food Program

Family Meals Focus – No. 78 Ellyn Satter Institute- online resource of infant and child feeding. Wonderful resource for sound feeding practices and scientific research for providers, parents, and nutrition or medical professionals. Ellyn is a dietitian from Madison, Wisconsin who had wrote several books on feeding infants and children. She has also worked with 4-C child care providers in the past.

<https://ellynsatterinstitute.org/shop/shop/videos.html?dir=asc&mode=list&order=name>

Baby-led Weaning – Gill Rapley <http://www.rapleyweaning.com/> - resource on Baby-led Weaning and feeding philosophy

Idiot's Guide to Home Baby and Toddler Food – book by Dietitians on feeding infants and toddlers. Information on developmental feeding of infants and toddlers and recipes

Meals without Squeals – Child Care Feeding Guide & Cook book. Christine Berman – Information on feeding, nutrition on foods and recipes.

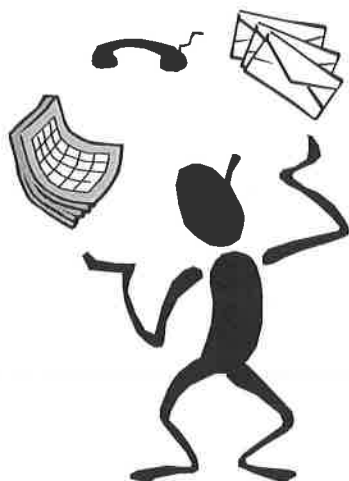
Super Snacks Super Kids book – Sarah Fox, MD, Julie Stephenson – both live in Mineral Point Wisconsin - recipe idea for Avocado egg salad. Other recipes for homemade applesauce, hummus, smoothies, healthy muffins and quick breads.

4-C, Madison, WI



Name: _____ (Please Print) Date: _____

Provider's Name (if you are an assistant) _____ (Please Print)



CACFP FY2020 TRANSITIONAL INFANT FEEDING TRAINING QUIZ

After you have carefully read the written information and viewed videos for the Transitional Feeding for Infants on the CACFP Training self-study, answer the questions on this quiz (that's these last 3 pages) and submit them to 4-C for up to two hours of training credit. The quiz will be reviewed for accuracy and, if necessary, corrections made. After processing, a certificate for up to 2 hours training will be sent to you (depending on quality of work completed). **Be sure to include your name and date above in order to receive credit!**

This is an optional training (for an assistants to receive credit, they are each required to complete a separate quiz with their own responses). To receive credit, **return the quiz by October 31, 2020** to 4-C via:

U.S. mail to: 4-C CACFP 155 N 3rd St, Ste 300, DeKalb IL 60115

or FAX to: 815.758.5652 (Attn: CACFP)

or scan and email it to: suew@four-c.org

Complete the activities and Q&A section and prepare a recipe from the recipe section. Your credit will be based on your level of participation in completing the self-study.

1. Viewing the different feeding methods videos – give the pros and cons of each method.

- Baby-Led Weaning Feeding Method:

- Pros: _____

- Cons: _____

- Ellyn Satter's Division of Responsibility Feeding Method:

- Pros: _____

- Cons: _____

-
- Would you incorporate this feeding method into your home day care? If so, how? _____
-

- Parent and Provider Feeding using the CACFP Infant Meal Pattern:

- Pros: _____
-

- Cons: _____
-

- Would you incorporate this feeding method into your home day care? If so, how? _____
-

2. Recipe Activity – Prepare one of the infant recipes and give us feedback as to how it went in terms of preparation and how the child responded to the taste of the recipe you prepared. If you don't have an infant in your care, you can prepare one of the recipes and serve it to any age child you have in care. List the recipe. Note their responses to the recipe served. Any suggestions for additions or variations to the recipe?

3. Question and Answer Section

A. How we as parents and caregivers approach feeding infants can impact what areas of an infant's first experiences with food. Circle all that apply.

- i. The child's relationship they have with food.
- ii. The trust they have with their parent or caregiver.
- iii. A child's physical and developmental outcomes are affected in the first year and beyond.
- iv. A child's competency is affected as an eater and how they feel about their bodies.

B. How do you know when it's best to start transitional feeding with an infant in care? What factors do you consider in your planning to start solids with an infant?

C. An infant's internal cues tell us what about him/her? Circle one answer.

- i. When the child is hungry or full.

- ii. When the child doesn't like the taste of a particular food.
- iii. When the child feels that their needs are being met.
- iv. All of the above.

D. How can looking at our own relationship with food impact the role we play in how we teach and support an infant's first experiences with food?

E. What role do infant's parents and caregivers have in the feeding of infants?

F. What nutrient is needed when an infant starts solid food at around 6 months of age? What foods supply this key nutrient?

G. What nutrient is needed when an infant is 7-8 months of age? What foods supply this key nutrient?

H. What nutrient is needed when an infant is 9 – 11 months of age? What foods supply this key nutrient?

I. What nutrient is needed when a child is 1 year old and beyond? What foods supply this key nutrient?

J. What type of milk is required for a 1 year old child until they turn age 2?

Congratulations – you're all done!