

INFANT MEALS

PLANNING MEALS FOR INFANTS

Child care facilities participating in the Child and Adult Care Food Program (CACFP) must offer program meals to all eligible children, including infants who are enrolled for care in their facilities. ***If a center has infants in care, is required the center offer a minimum of one type of iron-fortified formula.*** A facility may not avoid this obligation by stating that the infants are not ENROLLED in CACFP. As long as the infant is in care during the meal service period, the facility must offer the infant a meal that complies with program requirements. As with all children in CACFP facilities, an infant's parent or guardian may decline what is offered and supply the infant's meals instead. The key factor is that the infant must be provided access to CACFP meals. If a parent or guardian does not want the facility to claim his or her infant's meals, an *Infant Meal Waiver* form must be on file for each infant.

Infants are children from birth through eleven months of age. Because they are so vulnerable nutritionally, day care facilities should design their feedings to meet individual needs by utilizing the United States Department of Agriculture (USDA) Infant Meal Pattern and any documented alteration of the meal pattern as prescribed by the child's doctor. Facilities 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, vegetables, meat products, or other ingredients such as milk, nonfat dry milk, whole milk solids, cheese, whey, wheat flour or other wheat products, tomato, and/or corn or corn products. Facilities 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 if the allergy is severe and life-threatening.

Meals served to infants from birth up to five months that contain only iron-fortified formula provided by the parent or the caregiver or breast milk provided by the parent may be claimed for reimbursement. To receive reimbursement, the caregiver must always offer a complete developmentally appropriate meal. Parents may only supply one component of the reimbursable meal.

Infant meals served must be documented using the *Infant Meals as Served* form. Documentation must include the infant's name, age, date, and actual components and quantities served to each infant at each meal service.

USDA Infant Meal Patterns are for breakfast, lunch, and snack meals. Young babies may need to eat every two to four hours. Older infants may need to eat more frequently than the specified times. When babies are hungry, give them part of their next feeding.

There are ranges given for each food portion in the meal pattern to allow for flexibility in how much food is served to the baby based on his or her appetite. Babies will vary day-to-day in the amounts they eat. The amounts listed are the **MINIMUM** portions you must serve to meet the requirements. Some babies will want more than these amounts. You may serve larger portions and additional foods to those babies.

CHILD AND ADULT CARE FOOD PROGRAM INFANT MEAL PATTERN

BREAKFAST	
Birth Through 5 Months	6 Through 11 Months
4-6 fluid ounces (fl oz) breast milk ¹ or formula ²	6-8 fl oz breast milk ¹ or formula ² and 0-1/2 ounce equivalent infant cereal ² or 0-4 tablespoons (Tbsp) meat fish poultry whole egg cooked dry beans or cooked dry peas or 0-2 oz of cheese or 0-4 oz (volume) of cottage cheese or 0-4 oz or 1/2 cup of yogurt ³ or a combination of the above ⁴ and 0-2 Tbsp vegetable or fruit or a combination of both ^{4,5}

¹ Breast milk or formula, or portions of both, must be served; however, it is recommended that breast milk be served in place of formula from birth through 11 months. For some breastfed infants who regularly consume less than the minimum amount of breast milk per feeding, a serving of less than the minimum amount of breast milk may be offered, with additional breast milk offered at a later time if the infant will consume more.

² Infant formula and dry infant cereal must be iron-fortified.

³ Yogurt must contain no more than 23 grams of total sugars per six ounces.

⁴ A serving of this component is required when the infant is developmentally ready to accept it.

⁵ Fruit and vegetable juices must not be served.

CHILD AND ADULT CARE FOOD PROGRAM

INFANT MEAL PATTERN

LUNCH AND SUPPER	
Birth Through 5 Months	6 Through 11 Months
4-6 fluid ounces (fl oz) breast milk ¹ or formula ²	6-8 fl oz breast milk ¹ or formula ² and 0 1/2 ounce equivalent infant cereal ² or 0-4 tablespoons (Tbsp) meat fish poultry whole egg cooked dry beans or cooked dry peas or 0-2 oz of cheese or 0-4 oz (volume) of cottage cheese or 0-4 oz or 1/2 cup of yogurt ³ or a combination of the above ⁴ and 0-2 Tbsp vegetable or fruit or a combination of both ^{4,5}

¹ Breast milk or formula, or portions of both, must be served; however, it is recommended that breast milk be served in place of formula from birth through 11 months. For some breastfed infants who regularly consume less than the minimum amount of breast milk per feeding, a serving of less than the minimum amount of breast milk may be offered, with additional breast milk offered at a later time if the infant will consume more.

² Infant formula and dry infant cereal must be iron-fortified.

³ Yogurt must contain no more than 23 grams of total sugars per six ounces.

⁴ A serving of this component is required when the infant is developmentally ready to accept it.

⁵ Fruit and vegetable juices must not be served.

CHILD AND ADULT CARE FOOD PROGRAM INFANT MEAL PATTERN

SNACK	
Birth Through 5 Months	6 Through 11 Months
4-6 fluid ounces (fl oz) breast milk ¹ or formula ²	2-4 fl oz breast milk ¹ or formula ² and 0-1/2 ounce equivalent bread ^{3,5,7} or 0-1/4 ounce equivalent crackers ^{3,5,7} or 0-1/2 ounce equivalent infant cereal ^{2,3} , or 0-1/4 ounce equivalent ready-to-eat breakfast cereal ^{3,4,5,7} and 0-2 Tbsp vegetable or fruit or a combina- tion of both ^{5,6}

¹ Breast milk or formula, or portions of both, must be served; however, it is recommended that breast milk be served in place of formula from birth through 11 months. For some breastfed infants who regularly consume less than the minimum amount of breast milk per feeding, a serving of less than the minimum amount of breast milk may be offered, with additional breast milk offered at a later time if the infant will consume more.

² Infant formula and dry infant cereal must be iron-fortified.

³ A serving of grains must be whole grain-rich, enriched meal, or enriched flour.

⁴ Breakfast cereals must contain no more than six grams of sugar per dry ounce (no more than 21.2 grams sucrose and other sugars per 100 grams of dry cereal).

⁵ A serving of this component is required when the infant is developmentally ready to accept it.

⁶ Fruit and vegetable juices must not be served

⁷ Only reimbursable at snack: bread, crackers, ready-to-eat cereal

SUMMARIES OF MEAL STANDARDS: INFANT

Encourage and Support Breast-feeding

- In addition to serving expressed breast milk provided by a parent, guardian, or wet nurse, providers may also receive reimbursement for meals when a breast-feeding mother comes to the child care setting and directly breast-feeds her infant.
- Only breast milk and infant formula are served to infants, birth through the end of 5 months, as developmentally appropriate.

Developmentally Appropriate Meals

- There are two age groups—birth through the end of 5 months and 6 months through the end of 11 months.
- Solid foods are gradually introduced around 6 months, as developmentally appropriate. See Developmental Readiness information below.

DEVELOPMENTAL READINESS

Developmental readiness for solid foods is one of the most important times for infants, parents, and guardians. However, when is an infant ready for solid foods? This question is very important because of the significance of the associated health challenges of introducing solid foods to infants too early.

According to the *American Academy of Pediatrics* (AAP), introducing solid foods to infants before they are ready increases an infant's risk of weight gain during the early years and being overweight later in life. In addition, when infants are not physically ready to accept solid foods, they are at a higher risk of choking because they have not developed the necessary skills for eating solid foods. Another major challenge of serving solid foods too early is infants may consume less breast milk or iron-fortified formula and not get enough essential nutrients for proper growth and development. Therefore, it is important to introduce solid foods to infants around six months when they are developmentally ready to accept them.

There is no single, direct signal to determine when an infant is developmentally ready to accept solid foods. An infant's readiness depends on his or her rate of development. The AAP provides the following guidelines to help determine when an infant is developmentally ready to accept solid foods:

- The infant is able to sit in a high chair, feeding seat, or infant seat with good head control.
- The infant opens his or her mouth when food comes his or her way. He or she may watch others reach for food and seems eager to be fed.
- The infant can move food from a spoon into his or her throat.
- The infant has doubled his or her birth weight.

As an early childhood professional working in a CACFP setting, it is important to maintain constant communication with an infant's parents or guardians about when and what solid foods should be served while the infant is in care. You may find it useful when talking to parents and guardians to use the AAP guidelines to help determine if an infant is developmentally ready to begin eating solid foods. Another great way to ensure you are meeting the needs of the infant is to request in writing when you should start serving solid foods to their infant.

INFANT MEAL WAIVER INSTRUCTIONS

Infants who are enrolled for child care must have access to CACFP meals. If a parent or guardian does not want his or her infant to participate in the CACFP, an *Infant Meal Waiver* must be completed and on file for each infant. The facility will not be able to claim the infant meals for reimbursement. The institution must have the Infant Meal Waiver on file.

1. Record the infant's first and last names.
2. Record the infant's birth date.
3. Parent/guardian must sign waiver.
4. Record the date the parent/guardian signs.

EXAMPLE

INFANT MEAL WAIVER

I wish to decline my child's participation in the Child and Adult Care Food Program (CACFP). I understand that the facility will not be claiming my child's meals for CACFP reimbursement.

Name of Infant: Sue Sanders

Date of Birth: 2/04/YYYY

Signature of Parent/Guardian: Edgar Sanders

Date: 10/4/YYYY

INFANT MEALS AS SERVED INSTRUCTIONS

All meal services offered infants each day may be recorded on the same page. Space is provided to record food items and the individual quantity of food served to five infants. It is required that the following information be recorded:

1. Indicate who completed this form
2. Date of meal service
3. Names and ages of all infants served.
4. Individual food items credited for each infant toward the required food component. The food item is to be recorded on the same row the infant's name and age are recorded.
5. Individual quantity of the food item served for each infant recorded.
6. Indicate formula or breast milk provided by the parent with an *.

The *Infant Meals as Served* form must be completed on a daily basis and must be kept on-site at all times. This record is the institution's documentation that meals claimed for reimbursement met minimum meal pattern requirements. The *Infant Meals as Served* form should be maintained with the Menus as Served Book.

EXAMPLE INFANT MEALS AS SERVED

FORM COMPLETED BY: **Tammy Cook**

DATE: **10/4/YYYY**

TOTAL INFANTS SERVED: 1

Breakfast: 1 Lunch/Supper: 1 Snack: 1 REMEMBER TO ADD INFANT MEALS TO THE MEAL COUNT WORKSHEET.

	Meal Type	Quantity Served Meat/Meat Alternate	Quantity Served Breads/Cereals	Quantity Served Fruit/Vegetable	Quantity Served Formula/Breast Milk
	Names and Ages				
Breakfast					
1.					
2.	HARRISON BUTLER—9 MO		4 TBSP INFANT CEREAL	4 TBSP PEACHES	8 OZ FORMULA*
3.					
4.					
5.					
Lunch/Supper					
1.					
2.	HARRISON BUTLER—9 MO	1 OZ CHEESE		4 TBSP CARROTS	8 OZ FORMULA*
3.					
4.					
5.					
Snack					
1.					
2.	HARRISON BUTLER—9 MO		2 CRACKERS	2 TBSP PEARS	8 OZ FORMULA*
3.					
4.					
5.					
Supper					
1.					
2.					
3.					
4.					
5.					

Place an asterisk (*) beside the formula or breast milk provided by the parent/guardian.

CREDITING FOODS FOR INFANT MEAL PATTERN

BREAST MILK AND FORMULA

- Meals containing breast milk or formula provided by the parent are reimbursable.
- Meals are reimbursable when a mother directly breast-feeds the child at the facility.
- All infant formulas, including soy-based formulas, may be served as long as they are iron-fortified and served according to the directions on the label.
- Milk may **NOT** be served to infants.

FRUITS AND VEGETABLES

- Fruits and vegetables are required at all meals, if developmentally ready.
- Commercial baby food fruits and vegetables that list fruit or vegetable as the first ingredient in the ingredient listing on the label may be credited.
- Commercial baby food fruits and vegetables that contain multiple fruits or multiple vegetables and list fruit or vegetable as the first ingredient in the ingredient listing on the label may be credited.
- Commercial baby foods in the **JARRED CEREAL WITH FRUIT** category are **NOT CREDITABLE** as a meal component in the fruit or infant cereal categories.
- 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) that list a fruit as the first ingredient in the ingredient listing are **NOT** creditable meal components.

FRUIT JUICE - MAY NOT be claimed at any meals served to infants.

MEAT AND MEAT ALTERNATES

- Commercial baby food meats with meat or poultry as the first ingredient in the ingredient listing are reimbursable.
- Junior baby food meat products (i.e., beef and beef gravy, chicken and chicken gravy, ham and ham gravy, turkey and turkey gravy, and veal and veal gravy) are creditable even if they do contain additional ingredients such as cornstarch and, in some cases, lemon juice concentrate.
- Meat sticks or *finger sticks* (which look like miniature hot dogs) are not creditable as a meat/meat alternate. They present a choking risk in infants and, by the manufacturer's declaration, 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** creditable as a meat/meat alternate. These foods are not designed by their manufacturers for consumption by infants. Infants may choke on these food items, and there may be an incidental bone in fish sticks and other breaded fish products.
- Yogurt is creditable as a meal component in the Infant Meal Pattern as long as it contains no more than 23 grams of total sugars per 6 oz.
- Soy yogurt is **NOT** creditable for infants.
- Whole eggs are now an allowable meat alternate.
- Nuts, seeds, and nut and/or seed butters are **NOT** creditable. These foods can cause an infant to choke and

can also cause allergic reactions in some infants.

- Cheese food and cheese spread are no not creditable for infants.

BREADS, CRACKERS, AND INFANT CEREALS

- Only infant cereal and bread or cracker-type products made from whole-grain or enriched meal or flour that is suitable for an infant to use as a finger food may be credited at snack only. *The Infant Meal Pattern does not specify the broad category of bread alternate.*
- Any iron-fortified dry cereal specially formulated for and generally recognized as cereal for infants that is routinely mixed with formula or breast milk prior to consumption may be credited. *A serving of infant cereal must be fortified to a minimum level of 45 percent of the Daily Value for iron as listed on the product's Nutrition Facts label.*
- Breads made from whole-grain or enriched meal or flour that are creditable at snack for infants aged 6 to 11 months include:
 - 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 creditable at snack **ONLY** for infants aged 6 to 11 months include:
 - Crackers (saltines or snack crackers made without nuts, seeds, or hard pieces of whole-grain kernels; matzo crackers)
- All bread and cracker-type products, if they are served, must be prepared in a form that is suitable for an infant to use as a finger food and reduce the chance of choking.
- Iron-fortified dry infant cereals containing fruit are **NOT** creditable.
- Commercial jarred baby food cereals (which are *wet*, not *dry*) are **NOT** creditable.
- Ready-to-eat breakfast cereals (cold, dry) containing less than 6 grams of sugar per dry ounce (1 ounce = 28 grams) are creditable when the infant is developmentally ready to accept it.

COMBINATION FOOD ITEMS (JARRED BABY FOOD)

- If there is at least one creditable component, the combination food may be offered
- If percentages listed, you may need to calculate the amount of each ingredient to determine the number of Tbsp or tsp, etc
-

Creditable Food Items

- See Appendix F: Infant Food List in the Feeding Infants in the CACFP Program

Non Creditable Food Items:

- Barley, Cooked grains, Dried or powered cheese, Freeze-dried vegetables, Granola, Macaroni and other pastas, Millet, and Mixed Grains

QUESTIONS AND ANSWERS ON INFANT MEAL PATTERN

I. GENERAL QUESTIONS

1. **Q What does it mean to feed an infant in a way that is *consistent with the infant's eating habits*?**

A CACFP centers and day care homes must offer all infants in their care meals that comply with the infant meal pattern requirements (7 CFR 226.20[b]). However, infants do not eat on a strict schedule so it is best to watch the infant for hunger cues and not the clock. Along with watching for hunger cues, child care providers should watch for cues to know when the infant is full. As long as all the required food components are offered over the course of the day, the meals may be reimbursable. Infant meals must not be disallowed due solely to the fact that they are served outside of the established meal time periods.

For example, if an infant was breast-fed at home right before arriving at the center or day care home, the infant may not be hungry for the breakfast meal when he or she first arrives. The center or day care home may offer the meal to the infant later in the morning when the infant is hungry and still claim it. Additionally, if an infant who is developmentally ready to eat pureed vegetables and is not hungry at lunch, then the pureed vegetable can be offered at another time during the day and the lunch meal may still be claimed for reimbursement. As a reminder, program participants, including infants, do not need to consume the entire meal offered in order for the meal to be reimbursed.

2. **Q May a parent donate extra formula or food received through WIC to his or her infant's center or day care home?**

A A parent may provide one meal component for his or her own infant or infants, such as infant formula received through WIC. However, parents or guardians cannot donate formula or food they receive through WIC to the center or day care home for general use. Parents or guardians with formula or food received through WIC that their infant has not consumed should be referred back to their WIC program for guidance.

3. **Q Why are parents or guardians no longer allowed to provide the majority of the meal components for infants in the updated meal patterns?**

A FNS made this change to help maintain the integrity of the CACFP. The previous infant meal pattern allows parents or guardians to supply all but one of the required components of a reimbursable meal. Under the updated infant meal patterns, parents or guardians may only supply one component of a reimbursable meal. FNS recognizes that infants have unique dietary needs and parents or guardians are often most in touch with their infant's dietary preferences. However, this change will help ensure that centers or day care homes are not encouraging or requiring parents or guardians to supply the food in order to reduce costs.

4. **Q What meal components can a parent or guardian provide for his or her infant?**

A Parents or guardians may choose to provide one of the meal components in the updated CACFP infant meal patterns as long as this is in compliance with local health codes. A parent or guardian may choose to supply expressed breast milk or a creditable infant formula, even when the infant is only consuming breast milk or infant formula. Another may directly breast-feed her infant on-site and the meal will be reimbursable.

If an infant is developmentally ready to consume solid foods and the parent or guardian chooses to supply expressed breast milk or a creditable infant formula or directly breast-feed on-site, then the center or day care home must provide all the other required meal

components in order for the meal to be reimbursable. Alternatively, a parent or guardian may choose to provide a solid food component if the infant is developmentally ready to consume solid foods. In this situation, the center or day care home must supply all the other required meal components, including iron-fortified infant formula.

It must be ensured that the parent or guardian is truly choosing to provide the preferred component and that the center or day care home has not requested or required the parent or guardian to provide the components in order to complete the meal and reduce costs.

5. **Q An infant is breast-feeding and the parent wants the infant to be fed organic vegetables, but the food the center or day care home serves is not organic. Therefore, the parent decides to provide food for his or her infant. Can the center or day care home claim those meals for reimbursement?**

A No. This is because the parent is providing more than one meal component; breast milk and solid foods. Under the updated meal pattern requirements, parents and guardians may only provide one component of a reimbursable meal.

6. **Q How should centers or day care homes document infant menus when the items each infant eats varies so much?**

A Centers or day care homes can have a standard menu for all the infants in their care and adapt the menu for each infant based on what each infant is offered. For example, a center or day care home could use a template that outlines the meal pattern requirements in one column and space in another column for the center or day care home to fill in what components are served to each infant. As a reminder, centers or day care homes will need to vary the foods served to each infant based on the infant's developmental readiness. All infants must be served breast milk or infant formula, but not all infants should be served solid foods unless they are developmentally ready.

II. BREAST MILK AND INFANT FORMULA

1. **Q Do CACFP infant formulas have to be approved by WIC?**

A No. CACFP infant formulas do not have to be approved by WIC. WIC's infant formula requirements vary slightly from CACFP's, including a higher iron requirement (1.5 mg of iron per 100 calories). Therefore, some infant formulas that may be creditable in CACFP, such as infant formulas with 1 mg of iron per 100 calories, may not be eligible in WIC.

2. **Q What is an *iron-fortified* infant formula?**

A The FDA considers an infant formula to be *iron fortified* if it has 1 mg of iron or more per 100 kilocalories. The AAP recommends formula-fed infants receive iron-fortified infant formula to prevent iron-deficiency anemia.

3. **Q When an infant receives both breast milk and formula, is the meal eligible for reimbursement?**

A Yes. Meals served to infants younger than 12 months of age may contain iron-fortified infant formula, breast milk (including expressed breast milk and a mother directly breast-feeding on-site), or a combination of both.

4. **Q How should meals be documented when a mother directly breast-feeds her infant on-site?**

A There is great flexibility on how to document a meal when a mother directly breast-feeds her infant on-site. Centers or day care homes must document if the infant is served breast milk or infant formula to demonstrate compliance with the meal pattern requirements.

They do not need to document the delivery method of the breast milk (e.g., directly breast-feed on-site or expressed breast milk in a bottle).

When an infant is served expressed breast milk or infant formula in a bottle, the center or day care home must document the quantity of breast milk or infant formula served to the infant. However, when an infant is breast-fed on-site, it is acceptable to simply indicate that the infant was breast-fed on-site. In this situation, the quantity of breast milk the infant is served cannot be determined and, therefore, does not need to be documented.

5. **Q If a center or day care home is unable to provide a private place for mothers to breast-feed and a mother chooses to breast-feed in her car, is that meal still reimbursable?**

A Yes. Centers or day care homes are strongly encouraged, but not required, to offer a quiet, private place that is comfortable and sanitary for mothers who come to the center or day care home to breast-feed. However, if a mother chooses to breast-feed her infant in her car on the grounds of the center or day care home, the meal could still be claimed for reimbursement. If the mother chooses to leave the premises to breast-feed her infant, the meal would not be reimbursable.

6. **Q Can a staff member or provider of a day care breast-feed her own infant on-site and claim the meal for reimbursement? If Yes, does the staff member or provider have to be *on the clock*?**

A A staff member of a day care or provider of a day care home may breast-feed her infant on-site, and the day care may claim the meal for reimbursement if the infant is enrolled at the center or home. The staff member or provider can breast-feed her infant while she is working, during a break, or during off-work hours. Whether a staff member or provider is *on the clock* when she breast-feeds her infant is a business decision to be made by the day care. As long as the staff member or provider breast-feeds her infant on-site and the infant is enrolled for care, the meal can be claimed for reimbursement.

7. **Q If an infant does not finish the required minimum serving size of expressed breast milk or formula offered to him or her, is the meal still reimbursable?**

A Yes. As long as the infant is offered the minimum required serving size of expressed breast milk or iron-fortified formula, the meal is reimbursable. Infants do not eat on a strict schedule and should not be force fed. Infants need to be fed during a span of time that is consistent with the infant's eating habits. Therefore, there may be times when an infant does not consume the entire serving size that is offered.

In particular, some infants who are regularly breast-fed may consume less than the minimum serving size of breast milk per feeding. In these situations, infants may be offered less than the minimum serving size of breast milk and additional breast milk must be offered at a later time if the infant will consume more (7 CFR 226.20[b][2][ii]). This flexibility encourages breast-feeding practices and helps prevent wasting expressed breast milk.

8. **Q If a physician or state-recognized medical authority prescribes whole cow's milk as a substitute for breast milk or infant formula for an infant younger than 12 months of age, is the meal reimbursable?**

A For children younger than 12 months of age, cow's milk may be served as a substitute for breast milk and/or infant formula and be part of a reimbursable meal if the substitution is supported by a medical statement signed by a licensed physician or a state-recognized medical authority. A state-recognized medical authority for this purpose is a state-licensed health care professional who is authorized to write medical prescriptions under

state law.

The statement must explain the need for the substitution and must be kept on file by the center or day care home in order for the meal to be reimbursable.

FNS recognizes that infants have unique dietary needs and that decisions concerning diet during the first year of life are for the infant's health care provider and parents or guardians to make together. In addition, FNS understands that a transition period is needed when infants are weaned from breast milk or infant formula to cow's milk. Therefore, a one-month transition period is allowed for children 12 to 13 months of age. Please see Question 12 for more information.

9. Q If a mother breast-feeds her 13-month-old or older child at the center or day care home, is the meal reimbursable?

A Yes. Breast milk is an allowable substitute for fluid milk for children of any age. Therefore, if a mother chooses to breast-feed her infant past 1 year of age, she may breast-feed the child on-site or provide expressed breast milk and the center or day care home may claim reimbursement for those meals.

10. Q If a mother breast-feeds her 13-month-old or older child at the center or day care home prior to or after a meal service, which meal is it counted toward?

A When a mother breast-feeds her 13-month-old or older child on-site, the center or day care home should count it toward the meal that was closest to when the mother breast-fed the child.

11. Q Must a parent submit a written request to substitute breast milk or fluid milk for children aged 1 year or older? Does it matter if the substituted breast milk is expressed or breast-fed?

A No. If a parent wants his or her child (aged 1 year or older) to be served breast milk in place of fluid milk, a written request is not required. This is true no matter the delivery method. Therefore, a parent may provide expressed breast milk for his or her child or a mother may breast-feed her child on-site and the parent does not need to provide a note.

12. Q If a 1-year-old child is still being breast-fed and the mother is only able to provide 2 fluid ounces of expressed breast milk, can 2 fluid ounces of whole, unflavored milk be served as a supplement to meet the minimum milk requirement?

A Yes. If a mother chooses to breast-feed her 1-year-old child, the minimum fluid milk serving size must still be met. If a mother is unable to provide enough expressed breast milk to meet the fluid milk requirement, then whole, unflavored milk may be served alongside the breast milk to the child to make up the difference and meet the minimum milk requirement. The two milks do not need to be mixed into the same cup. Please note that in this situation the center or day care home must provide all other required meal components in order for the meal to be reimbursable.

13. Q Are meals served to children aged 12 months and older reimbursable if they contain infant formula?

A Yes, for a period of one month; when children are 12 to 13 months of age, meals that contain infant formula may be reimbursed to facilitate the weaning from infant formula to cow's milk. While weaning, infants should be presented with both types of foods at the same meal service to gradually encourage acceptance of new food. Breast milk continues to be considered an acceptable fluid milk substitute for children over 12 months of age, and a medical statement is not required.

Meals containing infant formula that are served to children aged 13 months and older are

reimbursable when it is supported by a medical statement signed by a licensed physician or a state-recognized medical authority. A state-recognized medical authority for this purpose is a state-licensed health care professional who is authorized to write medical prescriptions under state law. The statement must explain the need for the substitution and must be kept on file by the center or day care home.

14. Q If a parent supplies an infant formula that is not iron-fortified (*low iron*), would service of this product require a medical statement to be creditable toward a reimbursable infant meal?

A Infant formulas that are not iron-fortified are generally not reimbursable in the CACFP. However, infant formulas that are not iron-fortified may be creditable toward a reimbursable meal if the substitution is supported by a medical statement. The medical statement must explain the need for the substitution, indicate the recommended infant formula, and be signed by a licensed physician or a state-recognized medical authority. A state-recognized medical authority for this purpose is a state-licensed health care professional who is authorized to write medical prescriptions under state law. The statement must be submitted and kept on file by the center or day care home.

15. Q If a parent chooses to provide infant formula and remixes it at home, how is the center or day care home supposed to know if it is iron-fortified?

A If a parent or guardian declines the iron-fortified infant formula that the center or day care home offers and he or she chooses to provide his or her own infant formula, it is the responsibility of the center or day care home to inform the parent or guardian that he or she must provide formula that is creditable (e.g., it is iron-fortified and is regulated by FDA). A center or day care home may choose to have a form that indicates the parent or guardian declined the offered infant formula and that he or she will provide either breast milk or an infant formula that is iron-fortified and is regulated by FDA. Or, a center or day care home may request the infant formula label to determine if it is iron-fortified. However, this documentation is not a federal requirement.

16. Q Can iron-fortified infant formula and iron-fortified infant cereal credit toward a reimbursable meal when they are used in a pancake or muffin recipe?

A When using iron-fortified infant formula and iron-fortified infant cereal for making pancakes, muffins, or other grain foods, the iron-fortified cereal in these types of recipes can credit toward a reimbursable meal. However, the iron-fortified infant formula cannot credit toward a reimbursable meal when used in these types of recipes. Iron-fortified infant formula is only creditable when it is served as a beverage.

III. SOLID FOODS

1. Q Can solid foods be served to infants younger than 6 months of age?

A Yes. Meals containing solid foods are reimbursable when the infant is developmentally ready to accept them, even if the infant is younger than 6 months of age. A written note from a parent or guardian stating his or her infant should be served solid foods is recommended as a best practice, but is not required. Infants develop at different rates, meaning some infants may be ready to consume solid foods before 6 months of age and others may be ready after 6 months of age. Centers or day care homes are required to serve solid foods once an infant is ready to accept them. In general, infants should be consuming solid foods from all food groups (vegetables, fruits, grains, protein foods, and dairy) by 7 to 8 months of age.

2. Q If an infant is just starting to be introduced to solid foods such as infant cereal, does

the center or day care home have to serve that solid food at every meal where that component is required?

A It depends. Solid foods are introduced gradually, which means that it may be appropriate to serve the solid foods only once per day. The infant does not need to be offered a solid food component that is part of every meal pattern until the infant has established tolerance for that solid food component.

3. **Q If parents and the child care provider are in agreement that a five-month-old infant is developmentally ready to start eating some solid foods such as applesauce, may the child care provider still claim reimbursement for those meals with solid foods?**

A Yes. If an infant is developmentally ready to accept solid foods prior to 6 months of age, the center or day care home may serve the solid foods and claim reimbursement for those meals. Most infants are not developmentally ready to accept solid foods until around 6 months of age; however, infants develop at different rates. Centers or day care homes should talk about the introduction of solid foods with infants' parents or guardians and can share the signs for developmental readiness discussed in the body of this memorandum.

4. **Q What documentation is required when solid foods are served prior to 6 months of age?**

A Once an infant is developmentally ready for solid foods, the center or day care home must indicate on menus what solid foods are being served and the serving size of the food served. Otherwise, there are no additional federal documentation requirements for serving solid foods prior to 6 months of age. As a best practice, FNS encourages centers or day care homes to work closely with each infant's parents or guardians and to obtain a written note from the parents or guardians indicating that solid foods should be served to the infant while in care. In addition, it is good practice for center or day care home providers to check with parents or guardians of all infants to learn about any concerns of possible allergies and their preferences on how and what solid foods are introduced.

5. **Q At what age should monitors expect to see infants being served all the solid food components for each meal and snack?**

A The AAP recommends introducing solid foods to infants around six months of age. In addition, the AAP recommends that by 7 or 8 months of age infants should be consuming solid foods from all food groups (vegetables, fruits, grains, protein foods, and dairy). However, it is important to keep in mind that infants develop at different rates. Not all infants will be eating solid foods at 6 months of age, nor will all infants be eating solid foods from each food group by 7 or 8 months of age. Monitors should engage in a conversation with the center or day care home to learn more about the infants' eating habits and ensure that the meal being served is appropriate for that infant's developmental readiness.

6. **Q What should a monitor do when conducting an on-site review and he/she finds an 8-month-old infant is not being served solid foods?**

A The monitor should speak with the center or day care home to understand why the infant is not being served solid foods. Infants are typically developmentally ready to consume solid foods by 8 months of age; however, each infant develops at his or her own rate. If an 8-month-old infant is not developmentally ready for solid foods and the center is serving the required serving size for breast milk or infant formula for the 6- through 11-month-old age group, the meal is reimbursable. Monitors can remind center or day care home to work with each infant's parents or guardians to determine when and what solid foods should be served to the infant.

7. Q What should a center or day care home do if they feel an infant is developmentally ready to start eating solid foods but the infant’s parents or guardians do not want the infant to be introduced to solid foods?

A If a center or day care home believes that an infant is developmentally ready to start eating solid foods, they should engage in a conversation with the infant’s parents or guardians. The provider can tell the parents or caregiver about the signs they have seen indicating the infant is ready to start solid foods and ask if they would like solid foods to be served while the infant is in day care. Child care providers should be in constant communication with the infant’s parents or caregivers about the infant’s eating habits as well as when and what solid foods should be served while the infant is in their care.

If the parent or guardian does not want his or her infant to be served solid foods while the infant is in care, the center or day care home should respect that decision and should not serve the infant solid foods. In this situation, as long as the center or day care home continues to serve the infant the required amount of breast milk or iron-fortified infant formula, then the meals are still reimbursable.

8. Q Are tofu and soy yogurt allowed in the infant meal pattern?

A No. Tofu and soy yogurt are only allowed as a meat alternate in the CACFP meal patterns. Allowable meat/meat alternates in the infant meal pattern are meat, poultry, fish, dry beans and peas, whole eggs, cheese, cottage cheese, and yogurt. This is consistent with the National Academy of Medicine’s report, which only recommended tofu as a meat alternate for children and adult participants.

9. Q Is there a whole grain-rich requirement for infants?

A No. The requirement to serve at least one whole grain-rich food per day is only required under the CACFP children and adult meal patterns.

10. Q Is there a sugar limit for ready-to-eat cereals served to infants?

A Yes. All breakfast cereals served in the CACFP must contain no more than 6 grams of sugar per dry ounce (21 grams of sugar per 100 grams of dry cereal). Breakfast cereals include ready-to-eat cereals, instant, and regular hot cereals.

11. Q Can infant cereal be served in a bottle to infants?

A No. Serving infant cereal in a bottle to infants is not allowed. Neither the infant cereal nor the infant breast milk or formula in the bottle may be claimed for reimbursement when they are served in the same bottle unless it is supported by a medical statement.

12. Q Is yogurt creditable in the infant meal pattern?

A Yes. Yogurt is an allowable meat alternate for infants consuming solid foods. All yogurts served in the CACFP, including those served to infants, must contain no more than 23 grams of sugar per 6 ounces. Yogurt is a good source of protein and the AAP recommends infants consume foods from all food groups to meet infants’ nutritional needs. Please note, though, that soy yogurt is not allowed in the infant meal pattern; see Question 8.

13. Q Are foods that are considered to be a major food allergen or foods that contain these major food allergens allowed for infant meals?

A Foods that contain one or more of the eight major food allergens identified by the FDA (milk, egg, fish, shellfish, tree nuts, peanuts, wheat, and soybeans) and are appropriate for infants, are allowed and can be part of a reimbursable meal. The AAP recently concluded

that there is no current convincing evidence that delaying the introduction of foods that are considered to be major food allergens has a significant positive effect on the development of food allergies.

To align with scientific recommendations, FNS is allowing whole eggs to credit toward the meat alternate component of the updated infant meal patterns. Under the updated infant meal pattern requirements, the whole egg (yolk and white) must be served to the infant in order to be creditable. Previously, only egg yolks were allowed due to concerns with developing food allergies when infants were exposed to the protein in egg whites. Please see memorandum SP-42-2016, CACFP 14-2016: *Early Implementation of the Child and Adult Care Food Program Meal Patterns*, www.fns.usda.gov/sites/default/files/cn/SP42_CACFP14_2016os.pdf, for more information.

Even though most food allergies cause relatively mild and minor symptoms, some food allergies can cause severe reactions, possibly life-threatening. With this in mind, it is good practice to check with parents or guardians of all infants to learn about any concerns of possible allergies and their preference on how solid foods are introduced.

14. Q Are commercially prepared mixed or combination infant foods (e.g., infant dinners with vegetables and chicken) reimbursable in the infant meal pattern?

A Commercially prepared mixed or combination foods that contain more than one food component are not reimbursable in the infant meal pattern. It is extremely difficult to identify the required food components and prove that the amount of the food components in mixed infant meals meet the meal pattern requirements. For example, an infant dinner with vegetables and chicken is not reimbursable. However, infant foods with more than one vegetable or fruit may be reimbursable because vegetables and fruit are one component under the infant meal pattern. Additionally, many commercially prepared mixed infant food products may have added sugar that may promote the development of tooth decay as well as provide few nutrients.

15. Q Are baby pouch food products allowed in CACFP?

A Commercially prepared infant foods that contain one food component and are packaged in a jar, plastic container, pouch, or any other packaging are creditable in CACFP. The way a food is packaged does not impact whether a food is creditable or not.

Providers should serve food from a pouch in the same way that it is served from a jar or plastic container, which is by using a spoon. Spoon-feeding is the most appropriate method for feeding pureed or mashed foods to infants. Infants benefit developmentally from the experience of eating from a spoon. Different tongue and lip motions are used for sucking than for eating from a spoon. Additionally, the American Academy of Pediatric Dentistry warns that sucking on baby food pouches may have the same negative effect as the practice of prolonged sucking of juice from bottles or sippy cups.