Infant Feeding Questions and Answers
March 6, 2017
New or updated questions are preceded by three asterisks (***)

I. GENERAL QUESTIONS

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

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 satiety 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 breastfed 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 is not hungry for the pureed vegetables at lunch, then the pureed vegetables 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. May a parent donate extra formula or food received through the Special Supplemental Nutrition Program for Women, Infants, and Children’s (WIC) to his or her infant’s center or day care home?

A parent may provide one meal component for their 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. Why are parents or guardians no longer allowed to provide the majority of the meal components for infants in the updated infant meal patterns?

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, starting October 1, 2017, 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 and day care homes are not encouraging or requiring parents or guardians to supply the food in order to reduce costs.
4. **What meal components can a parent or guardian provide for their infants?**

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 breastmilk or a creditable infant formula, even when the infant is only consuming breastmilk or infant formula. And, starting October 1, 2017, a mother may directly breastfeed 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 breastmilk or a creditable infant formula or directly breastfeed 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.

State agencies and sponsoring organizations must ensure 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. ***An infant is breastfeeding and the parent wants the infant to be fed organic vegetables, but the food the day care home serves is not organic. Therefore, the parent decides to provide food for their infant while the infant is in care. Can the day care home claim those meals for reimbursement?***

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

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

Centers and 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 could use a template that outlines the meal pattern requirements in one column and space in another column for the provider to fill-in what components are served to each infant. As a reminder, providers will need to vary the foods served to each infant based on the infant’s developmental readiness. All infants must be served breastmilk or infant formula, but not all infants should be served solid foods unless they are developmentally ready.
II. BREASTMILK AND INFANT FORMULA

1. Do CACFP infant formulas have to be approved by the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)?

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. What is an “iron-fortified” infant formula?

The Food and Drug Administration considers an infant formula to be “iron-fortified” if it has 1 milligram of iron or more per 100 kilocalories. A “low-iron” infant formula has less than 1 milligram of iron per 100 kilocalories. The American Academy of Pediatrics recommends formula-fed infants receive iron-fortified infant formula to prevent iron-deficiency anemia.

3. When an infant receives both breastmilk and formula, is the meal eligible for reimbursement?

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

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

There is great flexibility on how to document a meal when a mother directly breastfeeds her infant on-site. Centers and day care homes must document if the infant is served breastmilk or infant formula to demonstrate compliance with the meal pattern requirements. They do not need to document the delivery method of the breastmilk (e.g., directly breastfeed on-site or expressed breastmilk in a bottle).

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

FNS strongly emphasizes that State agencies should not undertake any new paperwork requirements to ensure compliance with the updated infant meal patterns to avoid adding unnecessary administrative burdens to CACFP operators.

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

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

6. **Can a provider, or any other staff member of a child care center or day care home, breastfeed her own infant on-site and claim the meal for reimbursement? If yes, does the staff member have to be “on the clock”?

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

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

Yes. As long as the infant is offered the minimum required serving size of expressed breastmilk or iron-fortified infant 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 that are regularly breastfed may consume less than the minimum serving size of breastmilk per feeding. In these situations, infants may be offered less than the minimum serving size of breastmilk and additional breastmilk must be offered at a later time if the infant will consume more (7 CFR 226.20(b)(2)(ii)). This flexibility encourages breastfeeding practices and helps prevent wasting expressed breastmilk.

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

For children younger than 12 months of age, cow’s milk may be served as a substitute for breastmilk 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 breastmilk 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 number 12 for more information.

9. **If a mother breastfeeds her 13 month old, or older, child at the center or day care home, is the meal reimbursable?**

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

10. **If a mother breastfeeds 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 towards?**

When a mother breastfeeds her 13 month old, or older, child on-site, the center or day care home should count it towards the meal that was closest to when the mother breastfed the child.

11. **Must a parent submit a written request to substitute breastmilk for fluid milk for children 1 year of age or older? Does it matter if the substituted breastmilk is expressed or breastfed?**

No. If a parent wants their child (one year old or older) to be served breastmilk 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 breastmilk for his or her child or a mother may breastfeed her child on-site and the parent does not need to provide a note.

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

Yes. If a mother chooses to breastfeed her 1 year old child the minimum fluid milk serving size still must be met. If a mother is unable to provide enough expressed breastmilk to meet the fluid milk requirement, then whole unflavored milk may be served alongside the breastmilk 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, 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. Are meals served to children 12 months and older reimbursable if they contain infant formula?  

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. Breastmilk 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 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. 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 towards a reimbursable infant meal?

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

If a parent or guardian declines the iron-fortified infant formula that the center or day care home offers and they choose to provide their own infant formula, it is the responsibility of the center or day care home to inform the parent or guardian that they 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 they will provide either breastmilk 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. ***Can iron-fortified infant formula and iron-fortified infant cereal credit towards a reimbursable meal when they are used in a pancake or muffin recipe?

When using iron-fortified infant formula and iron-fortified infant cereal for making pancakes, muffins, or other grain foods, the iron-fortified infant cereal in these types of recipes can credit toward a reimbursable meal. However, the iron-fortified infant formula cannot credit towards 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. **Can solid foods be served to infants younger than 6 months of age?**

   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 and 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. **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?**

   It depends. Solid foods are introduced gradually, which means that it may be appropriate to serve the solid food 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. **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?**

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

   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 and day care homes to work closely with each infant’s parents and 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 and day care home providers to check with parents or guardians of all infants to learn about any concerns of possible allergies and their preference on how and what solid foods are introduced.
5. ***At what age should monitors expect to see infants being served all the solid food components for each meal and snack?***

The American Academy of Pediatrics (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 provider to learn more about the infants’ eating habits and ensure that the meal being served is appropriate for that infant’s developmental readiness.

6. ***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?***

The monitor should speak with the center or day care home provider 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 or day care home is serving the required minimum serving size for breastmilk or infant formula for the 6 through 11 month old age group, the meal is reimbursable. Monitors can remind center and day care home providers to work with each infant’s parents or guardians to determine when and what solid foods should be served to the infant while he or she is in care.

7. ***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?***

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 their 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 breastmilk or iron-fortified infant formula, then the meals are still reimbursable.

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

No. Tofu and soy yogurt are only allowed as a meat alternate in the child and adult 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. **Is there a whole grain-rich requirement for infants?**

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

    Yes. Starting October 1, 2017 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. ***Can infant cereal be served in a bottle to infants?***

    No. Serving infant cereal in a bottle to infants is not allowed. Neither the infant cereal nor the infant breastmilk 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. **Is yogurt creditable in the infant meal pattern?**

    Yes. Starting October 1, 2017, 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 starting October 1, 2017. Yogurt is a good source of protein and the American Academy of Pediatrics 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 above.


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

    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 American Academy of Pediatrics 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 towards the meat alternate component of the updated infant meal patterns starting October 1, 2017. 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 are exposed to the protein in egg whites. State agencies have the discretion to begin allowing reimbursement of meals containing whole eggs prior to October 1, 2017. Please see memorandum SP 42-2016, CACFP 14-2016: Early Implementation of the Child and Adult Care Food Program Meal Patterns (http://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. **Are commercially prepared mixed or combination infant foods (e.g., infant dinners with vegetables and chicken) reimbursable in the infant meal pattern?**

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 foods 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. ***Are baby pouch food products allowed in CACFP?***

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.