



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**


ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
BETH LOVETTE, MPH, BSN, RN • Acting Director
Division of Public Health

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Memorandum

NC CACFP 19-04
for USDA CACFP 02-2018

To: Institutions Participating in the Child and Adult Care Food Program

From: Mary Anne Burghardt, Nutrition Services Branch Head 

Subject: Feeding Infants and Meal Pattern Requirements in the Child and Adult Care Food Program; Questions and Answers

The purpose of this memorandum is to provide guidance on feeding infants and the infant meal pattern requirements in the Child and Adult Care Food Program (CACFP). It also includes Questions and Answers in the Attachment. This revision clarifies meal documentation requirements related to the infant meal pattern, as described in NC CACFP 17-07: *Documenting Meals in the Child and Adult Care Food Program* (<https://www.fns.usda.gov/cacfp/documenting-meals-child-and-adult-care-food-program>, USDA CACFP 02-2018). In addition, it incorporates updated guidance on providing meal accommodations for participants with disabilities as described in NC CACFP 17-09 *Modifications to Accommodate Disabilities in the Child and Adult Care Food Program and Summer Food Service Program* (<https://www.fns.usda.gov/modifications-accommodate-disabilities-cacfp-and-sfsp>, USDA CACFP 14-2017). This memorandum supersedes NC CACFP 17-01: *Feeding Infants and Meal Pattern Requirements in the Child and Adult Care Food Program; Questions and Answers*, January 17, 2017 (USDA CACFP 06-2017).

Background

On April 25, 2016, USDA's Food and Nutrition Service (FNS) published the final rule "Child and Adult Care Food Program: Meal Pattern Revisions Related to the Healthy, Hunger-Free Kids Act of 2010." This final rule amended CACFP regulations at 7 CFR 226.20 to update the meal pattern requirements. CACFP centers and day care homes had to start complying with the updated meal pattern requirements on October 1, 2017.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF PUBLIC HEALTH • NUTRITION SERVICES BRANCH

LOCATION: 5601 Six Forks Road, Building 2, Raleigh, NC 27609
MAILING ADDRESS: 1914 Mail Service Center, Raleigh, NC 27699-1914
www.ncdhhs.gov • TEL: 919-707-5800 • FAX: 919-870-4818

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

When developing the updated infant meal patterns, FNS relied on recommendations from the American Academy of Pediatrics (AAP), the leading authority for children’s developmental and nutritional needs from birth through 23 months, because the Dietary Guidelines do not currently provide recommendations for children under two years old. This memorandum outlines infant feeding requirements in the CACFP and explains the updated infant meal pattern requirements established in the final rule, including when solid foods must be served.

I. OFFERING INFANT MEALS

Infants enrolled for care at a participating CACFP center or day care home must be offered a meal that complies with the CACFP infant meal pattern requirements (7 CFR 226.20(b)). CACFP regulations define an enrolled child as “a child whose parent or guardian has submitted to an institution a signed document which indicated that the child is enrolled in child care” (7 CFR 226.2). A center or day care home may not avoid this obligation by stating that the infant is not “enrolled” in the CACFP, or by citing logistical or cost barriers to offering infant meals. Decisions on offering Program meals must be based on whether the infant is enrolled for care in a participating CACFP center or day care home, not if the infant is enrolled in the CACFP.

Infants do not eat on a strict meal schedule. Instead, infants must be fed during a span of time that is consistent with the infant’s eating habits. Infant meals must not be disallowed due solely to the fact that they are not served within the center or day care home’s established meal time periods. To learn more about hunger and satiety cues, see FNS’ *Feeding Infants: A Guide for Use in the Child Nutrition Programs*, available at <http://www.fns.usda.gov/tn/feeding-infants-guide-use-child-nutrition-programs>. FNS is updating the *Feeding Infants: A Guide for Use in the Child Nutrition Programs* to reflect the updated CACFP infant meal patterns.

Creditable Infant Formulas

As part of offering a meal that is compliant with the CACFP infant meal pattern requirements, centers and day care homes with infants in their care must offer at least one type of iron-fortified infant formula (7 CFR 226.20(b)(2)). The Food and Drug Administration (FDA) defines iron-fortified infant formula as a product “which contains 1 milligram or more of iron in a quantity of product that supplies 100 kilocalories when prepared in accordance with label directions for infant consumption” (21 CFR 107.10(b)(4)(i)). The number of milligrams (mg) of iron per 100 kilocalories (calories) of formula can be found on the Nutrition Facts label of infant formulas.

Previously, FNS provided a list of *Iron-Fortified Infant Formulas That Do Not Require a Medical Statement*. FNS no longer maintains such a list due to the continuous development of new or re-formulated infant formula products. This makes maintaining an accurate, all-inclusive list impractical. Instead, the following criteria may be used to determine whether a formula is eligible for reimbursement:

1. Ensure that the formula is not an FDA Exempt Infant Formula. An exempt infant formula is an infant formula labeled for use by infants who have inborn errors of metabolism or low birth weight, or who otherwise have unusual medical or dietary problems, as defined in 21 CFR 107.3. More information and a list of FDA Exempt Infant Formulas can be found at:

<http://www.fda.gov/Food/GuidanceRegulation/GuidanceDocumentsRegulatoryInformation/InfantFormula/ucm106456.htm>

2. Look for “Infant Formula with Iron” or a similar statement on the front of the formula package. All iron-fortified infant formulas must have this type of statement on the package.
3. Use the Nutrition Facts label as a guide to ensure that the formula is iron-fortified. The nutritive values of each formula are listed on the product’s Nutrition Facts label. To be considered iron-fortified, an infant formula must have 1 mg of iron or more per 100 calories of formula when prepared in accordance with label directions.

Additionally, to be creditable for reimbursement, infant formula must meet the definition of an infant formula in section 201(z) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 321(z))¹ and meet the requirements for an infant formula under section 412 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 350a)² and the regulations at 21 CFR parts 106 and 1073 . Requiring an infant formula to be compliant with the FDA regulatory standards on infant formula is consistent with the Special Supplemental Nutrition Program for Women, Infants, and Children’s (WIC) infant formula requirements. It also ensures that all infant formulas served in the CACFP meet nutrient specifications and safety requirements. If a formula is purchased outside of the United States, it is likely that the formula is not regulated by the FDA. Infant formulas that are not regulated by the FDA are not creditable in the CACFP.

Formulas classified as Exempt Infant Formulas by FDA may be served as a part of a reimbursable meal if the substitution is due to a disability and 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 be submitted and kept on file by the center or day care home. For more information on providing meal accommodations for participants with disabilities, see NC CACFP 17-09 *Modifications to Accommodate Disabilities in the Child and Adult Care Food Program and Summer Food Service Program* (<https://www.fns.usda.gov/modifications-accommodate-disabilities-cacfp-and-sfsp>, CACFP 14-2017).

Institutions should contact the NC CACFP Nutrition, Training, and Policy Team when they are uncertain if an infant formula is creditable.

¹ Section 201(z) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 321(z)): <http://www.gpo.gov/fdsys/pkg/USCODE-2010-title21/pdf/USCODE-2010-title21-chap9-subchapII-sec321.pdf>

² Section 412 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 350a): <http://www.gpo.gov/fdsys/pkg/USCODE-2010-title21/pdf/USCODE-2010-title21-chap9-subchapIV-sec350a.pdf>

³ 21 CFR parts 106 and 107: <http://www.ecfr.gov/cgi-bin/text-idx?gp=&SID=39344f21c8c795a9fc3f485db0aefeb9&mc=true&tpl=/ecfrbrowse/Title21/21CIsubchapB.tpl>

II. PARENT OR GUARDIAN PROVIDED BREASTMILK OR FORMULA

An infant's parent or guardian may, at their discretion, decline the infant formula offered by the center or day care home and provide expressed breastmilk or a creditable infant formula instead. Meals containing parent or guardian provided expressed breastmilk or creditable infant formula that are served to the infant by the child care provider are eligible for reimbursement, including meals when an infant is only consuming breastmilk or infant formula. Additionally, in recognition of the numerous benefits of breastfeeding, and that the AAP recommends breastmilk as the optimal source of nutrients through the first year of life, centers and day care homes may claim reimbursement of meals when a mother directly breastfeeds her infant at the center or day care home. This includes meals when an infant is only consuming breastmilk. This added flexibility in the updated infant meal patterns became effective October 1, 2017 and is consistent with other FNS efforts, such as in WIC, to support and encourage breastfeeding. Therefore, meals when a mother directly breastfeeds her infant on-site are eligible for reimbursement.

While centers and day care homes must maintain menus to show what foods an infant is served, there is no Federal requirement to document the delivery method for breastmilk (e.g., if it was served in a bottle by the day care provider or if the mother breastfed on-site). A center or day care home may simply indicate on the menu that the infant was offered breastmilk. Additionally, centers and day care homes do not need to record the amount of breastmilk a mother directly breastfeeds her infant. Please see the Questions and Answers in the Attachment for more information and best practices for documenting infant meals.

When a parent or guardian chooses to provide breastmilk (expressed breastmilk or by directly breastfeeding on-site) or a creditable infant formula and the infant is consuming solid foods, the center or day care home must supply all the other required food components in order for the meal to be reimbursable.

Expressed Breastmilk Storage

In the *Pediatric Nutrition Handbook, 7th Edition*, the AAP recommends an optimal storage time of 72 hours for refrigerated expressed breastmilk. Accordingly, to follow current scientific recommendations, breastmilk may be stored at the center or day care home in a refrigerator for up to 72 hours from the date the breastmilk was expressed. The previously established standard was 48 hours from the time it was collected. FNS made this change via policy guidance in 2015 to support breastfeeding practices and increase flexibility for centers and day care homes. Bottles of expressed breastmilk must be stored in a refrigerator kept at 40o Fahrenheit (4.4o Celsius) or below. This is consistent with recommendations from the AAP and the Centers for Disease Control and Prevention. Centers and day care homes should continue to follow all other breastmilk handling and storage guidelines listed in *Feeding Infants: A Guide for Child Nutrition Programs* (<http://www.fns.usda.gov/tn/feeding-infants-guide-use-child-nutrition-programs>).

III. SOLID FOODS (COMPLEMENTARY FOODS)

The updated CACFP infant meal pattern includes two infant age groups: birth through the end of 5 months and the beginning of 6 months through the end of 11 months. These updated infant age groups are consistent with the infant age groups in the WIC program. In addition, the updated infant age groups will help delay the introduction of solid foods until around 6 months of age. It is important to delay the introduction of solid foods until around 6 months of age because most infants are typically not physiologically developed to consume solid foods until midway through the first year of life. According to the AAP, 6 to 8 months of age is often referred to as a critical window for initiating the introduction of solid foods to infants. In addition, by 7 to 8 months of age, infants should be consuming solid foods from all food groups (vegetables, fruits, grains, protein foods, and dairy).

Solid foods must be served to infants around 6 months of age, as it is developmentally appropriate for each individual infant. Once an infant is developmentally ready to accept solid foods, the center or day care home is required to offer them to the infant. FNS recognizes, though, that solid foods are introduced gradually, new foods may be introduced one at a time over the course of a few days, and an infant's eating patterns may change. For example, an infant may eat a cracker one week and not the next week. Centers and day care homes must follow the eating habits of infants. Meals should not be disallowed simply because one food was offered one day and not the next if that is consistent with the infant's eating habits. In addition, solid foods served to infants must be of a texture and consistency that is appropriate for the age and development of the infant being fed. Please see Question 2 under "III. SOLID FOODS" in the attached Questions and Answers for more information.

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 and infants develop at different rates. Centers and day care homes should be in constant communication with infants' parents or guardians about when and what solid foods to serve while the infant is in care. As a best practice, FNS recommends that parents or guardians request in writing when a center or day care home should start serving solid foods to their infant. When talking with parents or guardians about when to serve solid foods to infants in care, the following guidelines from the AAP can help determine if an infant is developmentally ready to begin eating 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 eat, reach for food, and seem eager to be fed;
- The infant can move food from a spoon into his or her throat; and
- The infant has doubled his or her birth weight and weighs about 13 pounds or more.

Allowing solid foods to be served when the infant is developmentally ready (around 6 months of age) better accommodates infants' varying rates of development and allows centers and day care homes to work together with the infant's parents or guardians to determine when solid foods should be served. For more information and best practices on serving solid foods to infants,

please see *Feeding Infants: A Guide for Child Nutrition Programs* (<http://www.fns.usda.gov/tn/feeding-infants-guide-use-child-nutrition-programs>).

Vegetables and Fruits

The primary goal of updating the CACFP meal patterns was to help children establish healthy eating patterns at an early age. Offering a variety of nutrient dense foods, including vegetables and fruits (cooked, mashed, pureed, or small diced as needed to obtain the appropriate texture and consistency), can help promote good nutritional status in infants. Additionally, the AAP recommends infants consume more vegetables and fruits. Vegetables and fruits are already required at breakfast, lunch, and supper meals for infants that are developmentally ready to accept them (around 6 months of age). To further help increase infants' exposure and consumption of vegetables and fruits, the updated meal patterns requires vegetables and/or fruits be served at snack for infants that are developmentally ready to accept them. In addition, juice can no longer be served as part of a reimbursable meal for infants of any age under the updated meal patterns.

Grains

To provide greater flexibility to the menu planner, the updated infant meal pattern allows ready-to-eat cereals to be served at snack for infants that are developmentally ready to accept them. All ready-to-eat cereals served to infants must meet the same sugar limit as breakfast cereals served to children and adults in the CACFP. This means, ready-to-eat cereals served to infants at snack must contain no more than 6 grams of sugar per dry ounce. As a reminder, ready-to-eat cereals must also be whole grain-rich, enriched, or fortified in order to be creditable in the CACFP. For more information on the breakfast cereal sugar limit and creditable grains, please see memorandum NC CACFP 18-08: *Grain Requirements in the Child and Adult Care Food Program; Questions and Answers* ([Grain Requirements in the CACFP-Qanda, USDA CACFP 09-2018](#)). The flexibility to serve ready-to-eat cereals at infant snacks went into effect October 1, 2017.

Meat and Meat Alternates

Meat and meat alternates are good sources of protein and provide essential nutrients for growing infants, such as iron and zinc. FNS acknowledges that yogurt is often served to infants as they are developmentally ready. In recognition of this, the updated infant meal pattern allows yogurt as a meat alternate for older infants who are developmentally ready to accept them. All yogurts served in the CACFP, including those served to infants, must contain no more than 23 grams of sugar per 6 ounces. In addition, the updated infant meal pattern no longer allows cheese food or cheese spread as creditable meat alternates. This is due to their higher sodium content, and the AAP recommends caregivers choose products lower in sodium. Regular cheese, however, is still creditable.

The updated infant meal patterns allow whole eggs as meat alternates. Previously, only egg yolks were creditable in the infant meal pattern because there were concerns with developing food allergies when infants are exposed to the protein in the egg white. However, the AAP recently concluded that there is no convincing evidence to delay the introduction of foods that are considered major food allergens, such as eggs.

Crediting yogurt and whole eggs as meat alternates and the disallowance of cheese food and cheese spread in the infant meal patterns went into effect October 1, 2017.

DHA Enriched Infant Foods

Docosahexaenoic acid, known as DHA, is an omega-3 fatty acid that may be added to infant formulas and infant foods. While more research on the benefits of DHA and ARA (arachidonic acid, an omega-6 fatty acid) is needed, some studies suggest they may have positive effects on visual function and neural development.

Previously, serving any infant foods containing DHA was prohibited in the CACFP due to the concern that the source of DHA in infant foods, such as egg yolk, and other ingredients, additives, or extenders in those foods may result in a food sensitivity or a food allergy (USDA CACFP memorandum *Baby Foods and Vegetables with DHA*, December 19, 2002). However, as stated in the section above, there is no current convincing evidence to warrant delaying the introduction of foods considered to be major food allergens. Therefore, FNS issued guidance in 2015 allowing infant foods containing DHA to be creditable in the CACFP infant meal pattern. Infant foods containing DHA may be served and claimed as part of a reimbursable meal, as long as they meet all other crediting requirements.

IV. COMPLIANCE

As currently required, centers and day care homes must demonstrate that they are serving meals that meet the meal pattern requirements, including the infant meal pattern requirements outlined in this memorandum. Centers and day care homes must keep records of menus (7 CFR 226.15(e)(10)). However, State agencies have the authority to determine other types of acceptable recordkeeping documents (7 CFR 226.15(e)). To the extent practicable, State agencies should not impose additional paperwork requirements to demonstrate compliance with the updated meal pattern requirements for infants. Rather, FNS encourages State agencies to maintain current recordkeeping requirements or update existing forms to avoid any additional burden. For additional information on documenting meals, please see NC CACFP 17-07: *Documenting Meals in the Child and Adult Care Food Program* (<https://www.fns.usda.gov/cacfp/documenting-meals-child-and-adult-care-food-program>, USDA CACFP17-2017).

Please see the Questions and Answers in the Attachment for examples of best practices for demonstrating compliance with the updated infant meal patterns.

V. SUMMARY OF IMPLEMENTATION DATES

Implementation Date	Requirement
Previously in Effect	<ul style="list-style-type: none"> • Infant formula must be iron-fortified and regulated by FDA • Reimbursement of meals with parent or guardian provided expressed breastmilk or a creditable infant formula • Breastmilk may be stored in a refrigerator at a center or day care home (at 40o F or below) for up to 72 hours • Infant foods containing DHA are creditable
Became Effective October 1, 2017	<ul style="list-style-type: none"> • Reimbursement of meals when a mother breastfeeds her infant on-site • Yogurt and whole eggs are allowable meat alternates • Cheese food and cheese spread are not allowable meat alternates • Ready-to-eat cereals may be served at snack • Vegetables and/or fruits must be served at snack for infants that are developmentally ready to accept them (around 6 months of age) • Juice is not allowed as part of a reimbursable infant meal

Program operators should direct any questions concerning this guidance to their Regional Consultant or the NC CACFP Nutrition, Training, and Policy Team at CACFPtraining@dhhs.nc.gov.

Attachment

Attachment 1

Questions and Answers

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)). Infants do not typically eat on a strict schedule and do not necessarily eat at traditional breakfast, lunch, or supper times. Rather, it is best to feed infants when they show signs of being hungry. This helps ensure that the infant gets the right amount of food for growth. This “on demand” feeding is considered better for the baby and is supported by FNS. Additionally, the quantity of food an infant consumes changes from feeding to feeding or day to day. Because of an infant’s varied eating pattern, centers and day care homes should be mindful of what the infant eats over the course of the entire day versus each individual feeding. As long as all the required food components (i.e., breastmilk and/or infant formula and the solid foods the infant is developmentally ready to accept) are offered over the course of the entire day, they may be counted towards reimbursable meals. Infant meals must not be disallowed due solely to the fact that foods are served outside of 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 the breakfast meal. As another example, if an infant who is developmentally ready to eat pureed vegetables is not hungry for the pureed vegetables at lunch, then the pureed vegetables may 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 (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 patterns allow 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 and day care homes are not encouraging or requiring parents or guardians to supply the food in order to reduce costs.

4. What food components can a parent or guardian provide for their infants?

Parents or guardians may choose to provide any one of the required food 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, 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 food 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 food 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 food 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 vary so much?**

Centers and day care homes must keep records of menus and State agencies have the discretion to determine how best to document the varying meals infants are offered. As a reminder, centers and 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 breastmilk or infant formula, but not all infants should be served solid foods unless they are developmentally ready.

One option for demonstrating the various foods infants are served is to have a standard menu for all the infants in 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.

FNS encourages State agencies to avoid additional paperwork requirements to the extent practicable to demonstrate compliance with the updated infant meal pattern requirements. State agencies should maintain current recordkeeping requirements or update existing forms to avoid any additional burden. As part of this effort, CACFP State agencies may want to consider collaborating with their State child care licensing agency to develop a menu template that satisfies both the CACFP and child care licensing requirements. This will help reduce burden on centers and day care homes while maintaining the integrity of the CACFP. For example, some licensing agencies may require centers and day care homes to provide parents daily records of what their infant consumed during care. CACFP State agencies could work with their State child care licensing agency to explore ways to use the daily parent records to also meet the CACFP requirements.

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 the CACFP, such as infant formulas with 1 mg of iron per 100 calories, may not be eligible in WIC. 2.

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 (birth through 11 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 onsite?**

There are various ways to document a meal when a mother directly breastfeeds her infant onsite. Centers and day care homes must document if the infant is served breastmilk or infant formula to demonstrate compliance with the meal pattern requirements. But centers and day care homes do not need to document the delivery method of breastmilk (e.g., breastfed onsite or expressed breastmilk in a bottle). Therefore, a center or day care home may simply indicate that an infant was offered breastmilk. Another option for indicating an infant was breastfed on-site is to write “breastfed” or “mom” on the menu or meal count form. When an infant is breastfed on site, the quantity of breastmilk the infant is served does not need to be documented. Ultimately, State agencies have the discretion to determine what is acceptable.

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 the CACFP operators. Additionally, CACFP State agencies may want to consider collaborating with their State child care licensing agency to develop a menu template that satisfies both the CACFP and child care licensing requirements. This will help reduce burden on centers and day care homes while maintaining the integrity of the CACFP.

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 the quantity of food an infant consumes changes from feeding to feeding or day to day. Infants 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 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 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 (birth through 11 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 should include a description of the infant’s physical or mental impairment and an explanation of how to modify the meal or meal service to accommodate the infant’s disability. The statement must be submitted and kept on file by the center or day care home. For more information on providing meal accommodations for participants with disabilities, please see, NC CACFP17-09: *Modifications to Accommodate Disabilities in the Child and Adult Care Food Program and Summer Food Service Program* (<https://www.fns.usda.gov/modifications-accommodate-disabilities-cacfp-and-sfsp>, USDA CACFP 14-2017).

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 13 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 onsite or provide expressed breastmilk and the center or day care home may claim reimbursement for those meals.

10. 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.

11. 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.

12. *If a 1-year old child is still being breastfed 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 required 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 food components in order for the meal to be reimbursable. FNS encourages centers and day care homes talk to parents or guardians about supplementing breastmilk with whole milk prior to doing so.

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 the 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 old 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 should include a description of the infant's physical or mental impairment and an explanation of how to modify the meal or meal service to accommodate the infant's disability. The statement must be submitted and kept on file by the center or day care home. For more information on providing meal accommodations for participants with disabilities, please see NC CACFP 17-07 *Modifications to Accommodate Disabilities in the Child and Adult Care Food Program and Summer Food Service Program* (<https://www.fns.usda.gov/modifications-accommodate-disabilities-cacfp-and-sfsp>, USDA CACFP 14-2017).

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

Yes. Infant formulas that are not iron-fortified are generally not creditable 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 should include a description of the infant's physical or mental impairment and an explanation of how to modify the meal or meal service to accommodate the infant's disability. The statement must 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. For more information on providing meal accommodations for participants with disabilities, please see NC CACFP 17-07 *Modifications to Accommodate Disabilities in the Child and Adult Care Food Program and Summer Food Service Program* (<https://www.fns.usda.gov/modifications-accommodate-disabilities-cacfp-and-sfsp>, USDA CACFP 14-2017).

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 is iron-fortified?

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 they must provide formula that is creditable (i.e., it is iron-fortified and is regulated by FDA). As a best practice, 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 and breastmilk are only creditable when served as a beverage.

III. SOLID FOODS

1. * 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 and then gradually increase the number of feedings per day. The infant does not need to be offered a solid food component that is part of every meal pattern, such as vegetables and fruit, until the infant has established a tolerance for that solid food component at multiple feedings per day. It is important to remember that the quantity of food an infant consumes changes from feeding to feeding or day to day. Infants may want to eat less food when teething or not feeling well and more food on days when they have a very good appetite.

2. *If an infant rejects food they once ate, does the center or day care home need to offer something else in order to claim the meal for reimbursement?**

It depends on the infant's current eating pattern. Solid foods are introduced to infants gradually. New foods may be introduced one at a time over the course of a few days and an infant's eating pattern may change. For example, an infant may eat mashed banana one week and not the next week. Centers and day care homes must follow the eating pattern of individual infants. Meals should not be disallowed simply because one food was offered one day and not the next if it is consistent with the infant's eating pattern. However, in this example, if an infant no longer eats mashed banana, but is eating another fruit or vegetable, the center or day care home must offer the other fruit or vegetable to the infant at meals when vegetables and/or fruit are required.

It is important to remember that it is normal for infants to refuse new foods. Child care providers are encouraged to continue providing opportunities for infants to try new foods and get used to different flavors and textures. The American Academy of Pediatrics states that it can take over ten tastes of a food before the child accepts it. If the infant refuses the food, that is okay. The meal is still reimbursable. Offering infants a variety of food over the course of the week helps them get the nutrition they need. It can take time for infants to be introduced to and accept a variety of foods.

3. 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.

4. 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.

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

Centers and day care homes must keep records of menus and indicate on the menu what solid foods are served to infants that are developmentally ready for solid foods. Please see Question 6 under "I. GENERAL QUESTIONS" for more guidance on infant menus. 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 while the infant is in care.

6. 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.

7. 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.

8. 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 guardians 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 care. Child care providers should be in constant communication with the infant's parents or guardians 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, the meals are still reimbursable.

9. *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. 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.

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.

10. 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.

11. *Is yogurt creditable in the infant meal pattern?**

Yes. Under the updated meal patterns, 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. FNS’ training worksheet “Choose Yogurts That Are Lower in Added Sugar” is a good resource for identifying yogurts within the sugar limit. The worksheet includes a chart with common yogurt serving sizes and the maximum amount of sugar the yogurt may contain per serving (<https://www.fns.usda.gov/tn/cacfp-meal-pattern-training-tools>). 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 10 above.

FNS is updating the *Feeding Infants: A Guide for Child Nutrition Programs* (<http://www.fns.usda.gov/tn/feeding-infants-guide-use-child-nutrition-programs>) to reflect the updated infant meal pattern requirements.

12. *Are chicken nuggets creditable in the infant meal pattern?**

Processed meats and poultry such as chicken nuggets, hot dogs (frankfurters), infant meat and poultry sticks (not dried or semi-dried, not jerky), fish sticks, and sausage may be part of a reimbursable meal. However, they are not recommended. The

American Academy of Pediatrics recommends limiting these foods because they are higher in sodium than other meat products. A Child Nutrition Label or product formulation statement is required for these foods to determine the number of pieces per serving and document that portions meet the meal pattern requirements.

These foods were not previously creditable towards the infant meal patterns due to the risk of choking. For example, sausage cut into rounds can cause choking. If served, these foods can, and must, be prepared in a way to reduce choking. Always cut foods to no more than ½ inch in size to avoid choking. All foods served to infants must be prepared in the appropriate texture and consistency for the age and development of the infant being fed. Allowing these foods to credit towards a reimbursable infant meal offers greater flexibility to the menu planner. Consistent with the child and adult meal patterns, hot dogs, infant meat and poultry sticks, and sausage must be free of byproducts, cereals, and extenders in order to be creditable in the infant meal pattern. Additionally, only the chicken and fish portion, not the breaded portion, of chicken nuggets and fish sticks are creditable as a meat.

13. *Can reimbursable infant meals and snacks contain foods that are deep-fat fried onsite?**

Under the updated CACFP meal patterns for all age groups, including infants, foods that are deep-fat fried on-site cannot contribute towards a reimbursable meal (7 CFR 226.20(d)). Centers and day care homes may still purchase foods pre-fried, flash-fried, or par-fried by the manufacturer, such as fish sticks. But those foods must be reheated using a method other than deep-fat frying.

FNS strongly discourages centers and day care homes from serving any type of deep-fat fried foods to infants. Once developmentally ready, infants benefit from being introduced to a variety of food textures, aromas, and flavors. However, along with considering the infant's developmental readiness, centers and day care homes should take into consideration the overall nutritional value of a food and how it contributes to the development of healthy eating habits prior to serving the food. Deep-fat fried foods are often high in calories and solid fats.

14. *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. Centers and day care homes are encouraged to serve whole grain-rich foods to infants to promote acceptance of those foods later in life.

15. *What are “ready-to-eat” cereals?**

Ready-to-eat cereals, or boxed cereals, are a type of breakfast cereal that can be eaten as sold and is typically fortified with vitamins and minerals. Some examples of ready-to-eat cereals are puffed rice cereals and whole grain O-shaped cereal. Oatmeal, steel cut oats, grits (enriched), and instant cereals are not ready-to-eat cereals. Only ready-

to-eat cereals, as developmentally appropriate, are allowed at snack under the infant meal pattern.

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

Yes. Starting October 1, 2017 all breakfast cereals, including ready-to-eat 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).

17. *What is the minimum amount of iron an infant cereal must contain in order to be considered “iron-fortified”?**

Infant cereal must contain some iron in order to be creditable in the CACFP. However, there is no minimum standard. Centers and day care homes should look at an infant cereal’s ingredient list to see if it contains iron. As long as one of the ingredients listed is “iron”, “ferric fumarate”, “electrolytic iron”, or “iron (electrolytic)”, then the cereal is iron-fortified. As an additional guide, centers and day care homes may refer to any State agency’s WIC approved infant cereal list to find a dry infant cereal that contains iron. Please note, WIC approved infant cereals are not an exhaustive list of infant cereals that contain iron.

18. *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. Please see NC CACFP 17-07 *Modifications to Accommodate Disabilities in the Child and Adult Care Food Program* (<https://www.fns.usda.gov/modifications-accommodate-disabilities-cacfp-and-sfsp>, USDA CACFP 14-2017) for more information about providing meal accommodations for participants with disabilities.

19. *Are cereals with honey creditable in the infant meal pattern?**

Honey, and foods that contain honey, should never be fed to babies less than 1 year of age. Honey may contain substances that can cause “infant botulism,” a serious type of food related illness that can make a baby very sick. Honey should not be added to food, water, or formula that is fed to babies, or used as an ingredient in cooking or baking (e.g., yogurt with honey, peanut butter with honey, baked goods that contain honey). This also applies to commercially prepared foods such as cereals sweetened with honey or honey graham crackers.

20. *Are mixed or combination infant foods reimbursable in the infant meal pattern?**

The American Academy of Pediatrics recommends introducing single ingredient foods to infants first, one at a time. This will help to monitor if an infant has an allergic reaction.

Once developmentally ready, infants benefit from being introduced to a variety of food textures, aromas, and flavors, including mixed dishes. When considering food combinations, be sure that the infant has been introduced to all ingredients, that the food is the appropriate texture to prevent choking, and that the food is not high in added sugars, fats, or sodium. Be aware that some mixed dishes may contain foods that do not credit towards the infant meal pattern, such as rice or pasta.

With that in mind, FNS encourages centers and day care homes to only serve foods with more than one food component to older infants with well-established solid food eating habits.

21. Are baby pouch food products allowed in CACFP?

Commercially prepared infant foods 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.

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.