Date: December 20, 2024

Memo code: CACFP 06-2025

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

To: Regional Directors, Child Nutrition Programs, All Regions

State Directors, Child Nutrition Programs, All States

The purpose of this memorandum is to provide recommendations on infant feeding and infant meal pattern requirements in the Child and Adult Care Food Program (CACFP) based on recommendations from the American Academy of Pediatrics (AAP) and guidance from the *2020-2025 Dietary Guidelines for Americans* (Dietary Guidelines). The attachment to this memorandum provides frequently asked questions and answers. This memorandum supersedes CACFP 11-2023, *Feeding Infants and Meal Pattern Requirements in the Child and Adult Care Food Program, Questions and Answers* (Revised September 2023).

In addition to the information included in previous memoranda, this memorandum specifically:

- Updates guidance regarding who may write medical statements to request modifications on behalf of infants with disabilities in the CACFP;
- Describes the option to substitute vegetables for grains in eligible areas;
- Updates product-based sugar limits for breakfast cereals and yogurt from total sugars to added sugars;
- Includes updated information on tofu crediting;
- Includes one new question regarding tempeh crediting;
- Adopts standardized terminology such as “institutions and facilities;” and
- Reorganizes information throughout the memorandum for clarity.

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" (81 FR 24347) to update the CACFP meal pattern regulations at 7 CFR 226.20 for the first time since the Program's inception in 1968.

The 2016 final rule amended CACFP regulations to update the infant meal pattern requirements from three into two infant age groups and began the introduction of solid foods around 6 months of age. When developing the updated infant meal pattern, FNS relied on recommendations from the AAP, the leading authority for children's developmental and nutritional needs from birth through 23 months. At the time, the Dietary Guidelines did not provide recommendations for children under the age of 2. However, the most recent 2020-2025 Dietary Guidelines include recommendations for children under 2 years of age.

On April 25, 2024, the USDA FNS published the final rule, "Child Nutrition Programs: Meal Patterns Consistent with the 2020 - 2025 Dietary Guidelines for Americans" (89 FR 31962), to better align Program nutrition requirements for consistency with the goals of the most recent edition of the Dietary Guidelines. This rule also seeks to better align CACFP nutrition requirements with school meal requirements in an effort to simplify operations for institutions and facilities that operate both programs. While the majority of provisions in the 2024 final rule focus on school meals, some provisions apply to infant feeding in the CACFP, including improvements to the nutritional quality of program meals supporting cultural food preferences.

Offering Infant Meals

Infants enrolled for care at a participating CACFP institution or facility must be offered a meal that complies with the CACFP infant meal pattern requirements (7 CFR 226.20(b)). An institution or facility must make reasonable modifications, including substitutions for meals

and snacks, for infants with a disability and whose disability restricts their diet (7 CFR 226.20(g)(1)).

CACFP regulations define an enrolled child as “a child whose parent or guardian has submitted to an institution a signed document which indicates that the child is enrolled for child care” (7 CFR 226.2). An institution or facility 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 institution or facility, not if the infant is enrolled in the CACFP.

Infants may experience hunger outside of typical mealtimes. For this reason, it is recommended that infants be fed on demand, which means feeding them when they show signs of being hungry. Infant meals must not be disallowed due solely to the fact that they are not served within the institution or facility’s established mealtime periods.

Creditable Infant Formulas

As part of offering a meal that is compliant with the CACFP infant meal pattern requirements, institutions and facilities with infants in their care must offer at least one type of iron-fortified infant formula (7 CFR 226.20(b)(2)). Institutions and facilities may purchase infant formula online or in-person from retailers (e.g., local, regional or national vendors), pharmacies, and membership-based warehouses.

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.

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 definedin 21 CFR 107.3. The FDA webpage, *Exempt Infant Formulas Marketed in the United States By Manufacturer and Category*, https://www.fda.gov/food/infant-formula-guidance-documents-regulatory-information/exempt-infant-formulas-marketed-united-states-manufacturer-and-category, provides more information and a list of FDA Exempt Infant Formulas.

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)) and meet the requirements for an infant formula under section 412 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 350a) and the regulations at 21 CFR parts 106 and 107[1]. 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,

[1] 21 CFR parts 106 and 107: https://www.ecfr.gov/current/title-21/chapter-I/subchapter-B

Infants, and Children's (WIC) infant formula requirements and helps to ensure 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 formula that is imported into the U.S. as a result of the 2022 FDA Infant Formula Enforcement Discretion Policy may be served in the CACFP as detailed in CACFP 01-2023, *Creditability of Infant Formulas Imported Through the Food and Drug Administration's 2022 Infant Formula Enforcement Discretion Policy in the Child and Adult Care Food Program*, https://www.fns.usda.gov/cacfp/creditability-infant-formulas-imported-through-fda-2022-enforcement-discretion-policy. Infant formulas that are not regulated by the FDA are not creditable in the CACFP.

Formulas classified as Exempt Infant Formulas by the 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 State licensed healthcare professional or a registered dietitian. Prior to the April 2024 final rule, institutions and facilities could only accept medical statements signed by licensed physicians or licensed healthcare professionals authorized by State law to write medical prescriptions.

Medical statements must be submitted and kept on file in a secure location by the institution or facility. For more information on providing meal accommodations for participants with disabilities, see CACFP 14-2017, *SFSP 10-2017 Modifications to Accommodate Disabilities in the Child and Adult Care Food Program and Summer Food Service Program*, https://www.fns.usda.gov/cn/modifications-accommodate-disabilities-cacfp-and-sfsp.

State agencies should contact their FNS Regional Office when they are uncertain if an infant formula is creditable.

PARENT OR GUARDIAN PROVIDED BREAST MILK OR FORMULA

An infant's parent or guardian may, at their discretion, decline the infant formula offered by the institution or facility and provide expressed breast milk or a creditable infant formula instead. Meals containing parent or guardian provided expressed breast milk 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 breast milk or infant formula. In recognition of the numerous benefits of breastfeeding, including the AAP and Dietary Guidelines recommendation to feed infants human milk (breast milk) exclusively for approximately 6 months after birth, if possible, and continue to feed infants breast milk, along with complementary foods through at least the first year of life, and longer if desired, institutions and facilities may claim reimbursement of meals when a parent directly breastfeeds their infant at the institution or facility. This includes meals when an infant is only consuming breast milk. This added flexibility in the infant meal pattern is consistent with FNS efforts to support and encourage breastfeeding. Therefore, meals when a parent directly breastfeeds their infant on-site are eligible for reimbursement.

While institutions and facilities must maintain menus to show what foods an infant is served, there is no Federal requirement to document the delivery method for breast milk (e.g., if it was served in a bottle by the day care provider or if the parent breastfed on-site). An institution or facility may simply indicate on the menu that the infant was offered breast milk. Additionally, institutions and facilities do not need to record the amount of breast milk a parent directly breastfeeds their infant.

When a parent or guardian chooses to provide breast milk (expressed breast milk or by directly breastfeeding on-site) or a creditable infant formula and the infant is consuming solid foods, the institution or facility must supply all the other required meal components for the meal to be reimbursable.

Expressed Breast Milk Storage

In the Pediatric Nutrition Handbook, 8th Edition, the AAP generally recommends storing expressed breast milk in the refrigerator for up to four days. This recommendation may vary if the breast milk is to be fed to an infant that is either preterm and/or ill. For general CACFP purposes, breast milk may be stored at the institution or facility in a refrigerator for up to four (4) days from the date the breast milk was expressed. Bottles of expressed breast milk must be stored in a refrigerator kept at 40° Fahrenheit (4° Celsius) or below. Previously frozen breast milk that is thawed and stored in the refrigerator should be used within 24 hours and should never be refrozen. This is consistent with recommendations from the AAP and the Centers for Disease Control and Prevention. If applicable State or local authorities have stricter health and safety regulations for handling and storing food, including breast milk or formula, the stricter regulations should be followed.

Formula Food Safety Considerations

The FDA strongly advises against homemade formula, stating that recipes are often not safe, do not meet infants' nutritional needs, and in some cases, can be life threatening. Homemade infant formulas are not regulated by the FDA and are not creditable under any circumstances in the CACFP.

When preparing infant formula, only use water from a safe source. If you are not sure if your tap water is safe to use for preparing infant formula, contact your local health department or use bottled water. Use the amount of water and number of powder scoops listed on the instructions of the infant formula label when preparing formula from powder. Be sure to use the scoop provided by the manufacturer. Always measure the water first and then add the powder. Using more or less water and powdered formula than instructed changes the amount of calories and nutrients in the bottle which can affect an infant's growth and development. Formula that is not prepared correctly cannot credit towards a reimbursable

meal or snack in the CACFP, unless a written medical statement from a State licensed healthcare professional or registered dietitian is provided.

Use prepared infant formula within 2 hours of preparation. If the prepared infant formula is not being fed within 2 hours, refrigerate it right away in a refrigerator kept at 40°Fahrenheit (4°Celsius) or below, keep refrigerated until feeding, and use within 24 hours. Once you start feeding an infant, make sure the infant formula is consumed within 1 hour. Throw away any leftover formula that is in the bottle.

Do not buy or use infant formula if the container has dents, bulges, pinched tops or bottoms, puffed ends, leaks, rust spots, or has been opened. The formula in these containers may be unsafe. Check the infant formula "use by" date. The "use by" date is the date up to which the manufacturer guarantees the nutrient content and the quality of the formula. After this date, a package or container of infant formula should not be fed to infants. Store unopened containers of infant formula in a cool, dry, indoor place – not in a refrigerator or freezer, or in vehicles, garages, or outdoors.

Institutions and facilities should prepare, use, and store infant formula according to the product directions on the container or as directed by the infant's health care provider.

SOLID FOODS (COMPLEMENTARY FOODS)

The 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 infant age groups are consistent with the infant age groups in the WIC program. In addition, the 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 developmentally ready to consume solid foods until midway through the first year of life. The Dietary Guidelines states that human milk (breast milk) can support an infant's nutrient needs for about the first 6 months of life, except for Vitamin D and

potentially iron. At about age 6 months, infants should be introduced to nutrient-dense, developmentally appropriate foods to complement breast milk or iron-fortified infant formula. Some infants show developmental signs of readiness before age 6 months but introducing complementary foods before age 4 months is not recommended. 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 institution or facility is required to offer them to the infant. FNS recognizes, though, that as solid foods are introduced gradually, new foods may be introduced one at a time over the course of a few days, and as an infant's eating patterns may change. For example, an infant may eat a cracker one week and not the next week. Institutions and facilities must follow the eating habits of the infant. 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.

There is no single, direct signal to determine when an infant is developmentally ready to accept solid foods. An infant's readiness depends on their rate of development and infants develop at different rates. Institutions and facilities should be in constant communication with infants' parents or guardians about when and what solid foods to serve while the infant is in their care. As a best practice, FNS recommends that parents or guardians request in writing when an institution or facility 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 their mouth when food comes their way. The infant may watch others eat, reach for food, and seem eager to be fed;
- The infant can move food from a spoon into their throat; and
- The infant has doubled their 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 institutions and facilities to work together with the infant's parents or guardians to determine when solid foods should be served.

Institutions and facilities are required to make substitutions to meals for participants with a disability that restricts a participant's diet on a case-by-case basis and only when supported by a written statement from a State licensed healthcare professional or registered dietitian. The statement must be submitted and kept on file in a secure location by the institution or facility.

Institutions and facilities may receive reimbursement for a meal variation without a medical statement when the accommodation can be made within the Program meal pattern. For example, if an infant has an allergy to one fruit or vegetable, the institution or facility can substitute another fruit or vegetable. Institutions and facilities are not obligated to meet requests that are not related to a participant's disability; however, Program regulations encourage Institutions and facilities to meet and consider participants' dietary preferences when planning and preparing meals and snacks. Variations must be consistent with the meal pattern requirements.

For more information and best practices on serving solid foods to infants with non-disability related dietary requests, please refer to CACFP 14-2017, *SFSP 10-2017 Modifications to Accommodate Disabilities in the Child and Adult Care Food Program and Summer Food Service Program*, https://www.fns.usda.gov/cn/modifications-accommodate-disabilities-cacfp-and-sfsp.

Vegetables and Fruits

The primary goal of the CACFP meal pattern is 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, no larger than ½ inch, 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, fruits, or a combination of both are required at breakfast, lunch, and supper meals as well as snacks for infants that are developmentally ready to accept them (around 6 months of age). However, fruit juice, vegetable juice, or a combination of both juices cannot be served as part of a reimbursable meal for infants of any age under the infant meal pattern.

Grains

Grains are an important part of meals and snacks in the CACFP. To make sure infants get enough grains, required amounts of grain items are listed in the infant meal pattern as ounce equivalents (oz eq). Ounce equivalents approximate the amount of grain in a portion of food. Iron-fortified infant cereal is the only grain that may count towards a reimbursable breakfast, lunch, or supper in the CACFP infant meal pattern. Serving infant cereal in a bottle is not allowed. Neither the infant cereal nor the breast milk or formula in the bottle may be claimed for reimbursement when infant cereal is added to breast milk or formula in a bottle, unless it is supported by a signed medical statement. Institutions and facilities may serve bread/bread-like items, crackers, iron-fortified infant cereal, or ready-to-eat cereal as part of

a reimbursable snack to infants that are developmentally ready to accept them. The ounce equivalent requirements vary for the different grain items.

As a reminder, all ready-to-eat cereals served to infants must meet the same sugar limits as breakfast cereals served to children and adults in the CACFP. The April 2024 final rule updated the product-based sugar limits for breakfast cereals by replacing *total sugar limits* with *added sugar limits*. Through September 30, 2025, breakfast cereals must contain no more than 6 grams of total sugars per dry ounce. By October 1, 2025, breakfast cereals must contain no more than 6 grams of added sugars per dry ounce. However, with State agency approval, institutions and facilities may choose to implement the added sugars limits for breakfast cereals (including ready-to-eat cereals for infants) early. 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 limits and creditable grains, please see memorandum CACFP 05-2025, Grain Requirements in the Child and Adult Care Food Program; *Questions and Answers*, December 19, 2024, https://www.fns.usda.gov/cacfp/grain-requirements-cacfp-questions-and-answers.

In an effort to accommodate cultural food preferences and to address product availability and cost concerns in outlying areas, eligible Institutions and facilities have the flexibility to serve vegetables to meet the grains requirement. Effective July 1, 2024, these eligible Program operators include institutions and facilities in American Samoa, Guam, Hawaii, Puerto Rico, and the U.S. Virgin Islands, and institutions or facilities in any State that serve primarily American Indian or Alaska Native participants. USDA recognizes the concern that allowing this flexibility for infants could result in a reduced consumption of critical nutrients, such as iron. However, the infant meal pattern allows a variety of foods to meet the required meal components for meals and snacks, and only currently requires a grain item at snack when an infant is developmentally ready to accept those foods. Allowing institutions and facilities to serve culturally responsive meals and snacks can improve meal consumption and

strengthen relationships between providers, families, and participants. Any vegetable, including vegetables such as breadfruit, prairie turnips, plantains, sweet potatoes, and yams, may be served to meet the grains requirement in eligible programs. Additional detail on this flexibility can be found in CACFP 03, 2025, *Substituting Vegetables for Grains in American Samoa, Guam, Hawaii, Puerto Rico, the U.S. Virgin Islands, and Tribal Communities*, October 30, 2024, https://www.fns.usda.gov/cn/substituting-vegetables-grains-hawaii-territories-tribal.

Meats and Meat Alternates

Meats and meat alternates are good sources of protein and provide essential nutrients, such as iron and zinc for growing infants. FNS acknowledges that yogurt is often served to infants as they are developmentally ready. In recognition of this, the infant meal pattern allows yogurt, including soy yogurt, as a meat alternate for older infants who are developmentally ready to accept yogurt. The April 2024 final rule updated the product-based sugars limits for yogurts by replacing *total sugars limits* with *added sugars limits.* Through September 30, 2025, yogurts must contain no more than 23 grams of total sugars per 6 ounces. By October 1, 2025, yogurt must contain no more than 12 grams of added sugars per 6 ounces. However, with State agency approval, Institutions and facilities may choose to implement the added sugars limits for yogurt early.

In addition, while cheese food and cheese spread are creditable for children one year and older, the infant meal pattern does not allow cheese food or cheese spread to credit as a meat alternate. This is due to these products' higher sodium content, and the AAP and Dietary Guidelines recommend caregivers choose products lower in sodium. Natural or processed cheese is creditable while cheese product is not creditable in the CACFP for infants or any other age group.

Tofu may credit as a meat alternate in the CACFP infant meal pattern. Tofu must be commercially prepared and meet the following definition, established in 7 CFR 226.2: "a

soybean-derived food…basic ingredients [in tofu] are whole soybeans, one or more food-grade coagulants (typically a salt or acid), and water." Noncommercial tofu and soy products are not creditable. The minimum serving amount of tofu for infants 6 through 11 months is 0-4 tablespoons (¼ cup), or 2.2ozw, containing at least 5 grams of protein. For more information refer to CACFP 02-2024, *Crediting Tofu and Soy Products in the School Meals Programs, Child and Adult Care Food Program, and Summer Food Service Program*, November 29, 2023, https://www.fns.usda.gov/cn/crediting-tofu-and-soy-yogurt-products-school-meal-programs-and-cacfp.

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. Since 2015, FNS allows 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. Infants with a known DHA allergy should not be served foods containing DHA.

COMPLIANCE

As currently required, institutions and facilities must demonstrate that they are serving meals that meet the meal pattern requirements, including the infant meal pattern requirements outlined in this memorandum. Institutions and facilities 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 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 CACFP 17-

2017, *Documenting Meals in the Child and Adult Care Food Program*, June 30, 2017, https://www.fns.usda.gov/cacfp/documenting-meals-child-and-adult-care-food-program.

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

State agencies are reminded to distribute this information to Institutions and facilities immediately. Institutions and facilities should direct any questions regarding this memorandum to the appropriate State agency. State agencies should direct questions to the appropriate FNS Regional Office.

For J. Kevin Maskornick
Director, Community Meals Policy Division
Child Nutrition Programs

Attachment

Attachment

Questions and Answers

GENERAL QUESTIONS

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

   CACFP institutions and facilities 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 hunger. This helps ensure that the infant gets the right amount of food for growth. This "on demand" feeding is considered better for the infant 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, institutions and facilities 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 meal components (i.e., breast milk 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 institution or facility, the infant may not be hungry for the breakfast meal when they first arrive. The institution or facility 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, 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 another FNS nutrition assistance program such as the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) to their infant's institution or facility?***

   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 institution or facility for general use. Parents or guardians with formula or food received through WIC that their infant has not consumed should be referred to their WIC program for guidance.

3. ***Are parents or guardians allowed to provide meal components for infants in the infant meal pattern?***

   Parents or guardians may only supply one meal component of a reimbursable meal in the CACFP infant meal pattern, except in cases of meal modifications due to disability reasons, where parents or guardians may supply more than one meal component as long as the institution or facility provides at least one required component. Any parent or guardian supplied components must comply 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. A parent may also directly breastfeed their 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 breastfeed on-site, then the institution or facility 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 creditable solid meal component if the infant is developmentally

ready to consume solid foods. In this situation, the institution or facility 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 institution or facility has not requested or required the parent or guardian to provide the component in order to complete the meal and reduce costs.

4. ***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 all solid 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: breast milk and solid foods. Under the infant meal pattern requirements, parents and guardians may only provide one component of a reimbursable meal.

5. ***How should institutions and facilities document infant menus when the items each infant eats vary so much?***

   Institutions and facilities 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, institutions and facilities 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, and the parents/guardians agree to starting solid foods in child care. Encourage parents and guardians to keep the child care site informed of any new foods they are offering their infant and any history of allergic reactions.

   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. Minimum serving sizes are listed as ranges for infants because not all babies are ready to eat solid foods at the same time. An infant that has not yet started solid foods would receive a serving size of 0 tablespoons. An infant that has just started eating a certain vegetable may receive 1 tablespoon. Once an infant has been regularly eating a specific solid food, they would receive 2 tablespoons. In all of these instances, the meal would be reimbursable.

FNS encourages State agencies to avoid additional paperwork requirements to the extent practicable to demonstrate compliance with the infant meal pattern requirements. 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 institutions and facilities while maintaining the integrity of the CACFP. For example, some licensing agencies may require institutions and facilities 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.

BREAST MILK 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. ***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 breast milk 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, breast milk (including expressed breast milk and a parent directly breastfeeding on-site), or a combination of both.

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

   There are various ways to document a meal when a parent directly breastfeeds their infant on-site. Institutions and facilities must document if the infant is served breast milk or infant formula to demonstrate compliance with the meal pattern requirements. However, institutions and facilities do not need to document the delivery method of breast milk (e.g., breastfed on-site or expressed breast milk in a bottle). Therefore, an institution or facility may simply indicate that an infant was offered breast milk. 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 breast milk the infant is served does not need to be documented. Ultimately, State agencies have the discretion to determine what is acceptable.

5. ***If an institution or facility is unable to provide a private place for parents to breastfeed and a parent chooses to breastfeed in their car, is that meal still reimbursable?***

   Yes. Institutions and facilities are strongly encouraged, but not required, to offer a quiet, private area that is comfortable and sanitary for parents who come to the institution or facility to breastfeed. However, if a parent chooses to breastfeed their infant in their car, on the grounds of the institution or facility, the meal could still be claimed for reimbursement. If the parent chooses to leave the premises to breastfeed their infant, the meal would not be reimbursable.

6. ***Can a provider, or any other staff member of a child care institution or facility, breastfeed their own infant on-site and claim the meal for reimbursement? If yes, does the staff member have to be "on the clock"?***

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

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

   Yes. As long as the infant is offered the minimum required serving size of expressed breast milk 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. The AAP provides evidence that babies have an innate ability to self-regulate their food and responsive feeding helps foster self-

regulation. 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. As a reminder, once you start feeding an infant, make sure the infant formula is consumed within 1 hour and that expressed breast milk is consumed within 2 hours. Throw away any leftover expressed breast milk or formula that is in the bottle.

In particular, some infants who are regularly breastfed 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 shows signs of hunger (7 CFR 226.20(b)(2)(ii)). This flexibility encourages breastfeeding and helps prevent wasting expressed breast milk.

8. ***If a State licensed healthcare professional or registered dietitian prescribes whole cow's milk or a fluid milk substitute as an alternative for breast milk 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 or a fluid milk substitute may be served as an alternative for breast milk and/or infant formula, and be part of a reimbursable meal, only if the alternative is supported by a medical statement signed by a State licensed healthcare professional or registered dietitian. A State licensed healthcare professional means an individual who is authorized to write medical prescriptions under State law. This may include, but is not limited to, a licensed physician, nurse practitioner, or physician's assistant, depending on State law. By October 1, 2025, Institutions and facilities must also accept a medical statement signed by a registered dietitian. 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 in a secure location by the institution or facility.

FNS recognizes that infants have unique dietary needs and 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 number 13 for more information.

9. ***If a parent breastfeeds their 13 month old, or older, child at the institution or facility, is the meal reimbursable?***

   Yes. Breast milk is an allowable substitute for fluid milk for children of any age. Therefore, if a parent chooses to breastfeed their infant past 1 year of age, the parent may breastfeed the child on-site or provide expressed breast milk and the institution or facility may claim reimbursement for those meals.

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

    No. If a parent wants their child (1 year old 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 their child, or a parent may breastfeed their child on-site and the parent does not need to provide a note.

11. ***If a parent breastfeeds their 13 month old, or older, child at the institution or facility prior to or after a meal service, which meal is it counted towards?***

    When a parent breastfeeds their 13 month old, or older, child on-site, the institution or facility should count it toward the meal that was closest to when the parent breastfed the child.

12. ***If a 1 year old child is still being breastfed and the parent 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?***

    Yes. If a parent chooses to breastfeed their 1 year old child, the required minimum fluid milk serving size still must be met. If a parent is unable to provide enough expressed breast milk to meet the fluid milk requirement, then whole unflavored milk must be served alongside the breast milk to the child to make up the difference and meet the minimum milk requirement. FNS encourages institutions and facilities to talk to parents or guardians about supplementing breast milk with whole milk prior to doing so. The two milks do not need to be mixed into the same cup. Please note, in this situation the institution or facility 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 the 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 creditable 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 State licensed healthcare professional or registered dietitian. 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 in a secure location by the institution or facility.

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 signed by a State licensed healthcare professional or registered dietitian. The statement must be submitted and kept on file in a secure location by the institution or facility.

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

    If a parent or guardian declines the iron-fortified infant formula that the institution or facility offers and chooses to provide their own infant formula, it is the responsibility of the institution or facility 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, an institution or facility may choose to have a form that indicates the parent or guardian declined the offered infant formula and that they will provide either breast milk or an infant formula that is iron-fortified and is regulated by FDA. An institution or facility may also 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 toward 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 towards 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 and breast milk are only creditable when served as a beverage.

17. How can providers thaw frozen breast milk at a child care site?

Providers may thaw the frozen container of breast milk in the refrigerator, under warm running water, or in a container of warm water. Providers should write the date and time that the milk was thawed on the bottle or container. The oldest breast milk should be thawed first, using a first-in-first-out approach. Thawed breast milk should be refrigerated and used within 24 hours. Once the thawed breast milk is at room temperature, it should be used within 2 hours. Leftover breast milk should be discarded after 2 hours.

Breast milk should never be thawed at room temperature, or thawed by mixing with warm breast milk. Breast milk should also never be heated in boiling water or in a microwave.

18. If frozen breast milk is thawed in the refrigerator and it must be used within 24 hours, when do you start counting the 24 hours?

According to the Centers for Disease Control (CDC), the 24-hour clock begins when the breast milk is completely thawed, not from the time it was removed from the freezer. Providers should make note of the date and time that the breast milk was thawed on the bottle or container. Breast milk should never be refrozen after it has thawed.

SOLID FOODS (COMPLEMENTARY FOODS)

1. If an infant is just starting to be introduced to solid foods, such as infant cereal, is the institution or facility required 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 meal component that is part of every meal pattern, such as vegetables and fruit, until the infant has established a tolerance for that solid meal 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 institution or facility 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. Institutions and facilities 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 institution or facility 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 might accept 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 the 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. 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 agree 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 institution or facility 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. Institutions and facilities 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?***

   Institutions and facilities must keep records of menus and indicate on the menu what solid foods are served to infants that are developmentally ready for solid foods.

   Otherwise, there are no additional Federal documentation requirements for serving solid foods prior to 6 months of age. As a best practice, FNS encourages institutions and facilities 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 institutions and facilities 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 those monitoring compliance with the infant meal pattern requirements (monitors) expect to see infants being served all the solid meal components for each meal and snack?***

   The American Academy of Pediatrics (AAP) recommends introducing solid foods to infants around six months of age, when the infant is developmentally ready. 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. Minimum serving sizes are listed as ranges for infants because not all babies are ready to eat solid foods at the same time. An infant that has not yet started solid foods would receive a serving size of 0 tablespoons. An infant that has just started eating a certain vegetable may receive 1 tablespoon. Once an infant has been regularly eating a specific solid food, they would receive 2 tablespoons. In all of these instances, the meal would be reimbursable. Monitors should engage in a conversation with the institution or facility 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 find an eight (8) month old infant is not being served solid foods?***

   The monitor should speak with the institution or facility 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 their own rate. If an 8 month old infant is not developmentally ready for solid foods and the institution or

facility is serving the required minimum serving size for expressed breast milk or infant formula for the 6 through 11 month old age group, the meal is reimbursable. Monitors can remind institutions and facilities to work with each infant's parents or guardians to determine when and what solid foods should be served to the infant while in care.

8. ***What should an institution or facility 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 an institution or facility 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 institution or facility 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 institution or facility should respect that decision and should not serve the infant solid foods. In this situation, as long as the institution or facility continues to serve the infant the required amount of breast milk 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 nine major food allergens identified by the FDA (milk, egg, fish, shellfish, tree nuts, peanuts, wheat, soybeans and sesame), 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.

For example, to align with scientific recommendations, FNS allows whole eggs to credit towards the meat alternate component of the infant meal pattern whereas previously only egg yolks were creditable due to concerns with developing food allergies in infants. Under the infant meal pattern requirements, the whole egg (yolk and white) must be served to the infant to credit towards the meat alternate component of the infant meal pattern.

Even though food allergies may only cause relatively minor symptoms, some food allergies can cause severe reactions that are possibly life-threatening. It is strongly recommended to consult with parents or guardians of all infants to learn about any concerns of possible allergies and their preference on how solid foods are introduced. Caregivers should know how to recognize and respond to severe allergic reactions in infants, especially as new foods are introduced.

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

Yes, tofu and soy yogurt may credit as a meat alternate in the infant meal pattern. The minimum serving amount of tofu for infants 6 through 11 months is 0-4 tablespoons (¼ cup), or 2.2ozw, containing at least 5 grams of protein. Tofu must be commercially prepared and meet the following definition, established in 7 CFR 226.2: “a soybean-derived food...basic ingredients [in tofu] are whole soybeans, one or more food-grade coagulants (typically a salt or acid), and water.” Noncommercial tofu and soy products are not creditable.

The serving size of soy yogurt is the same for dairy yogurt, 0-4 oz or ½ cup, for infants 6 through 11 months. Through September 30, 2025, yogurt must contain no more than 23 ounces of *total* sugars per 6 ounces. Effective October 1, 2025, all soy yogurt served to

infants must contain no more than 12 grams of *added* sugars per 6 ounces. However, with State agency approval, Institutions and facilities may choose to implement the added sugars limits for yogurt early. For additional information, see CACFP 02-2024, *Revised: Crediting Tofu and Soy Yogurt Products in the School Meals Programs, Child and Adult Care Food Program, and Summer Food Service Program*, November 29, 2023, https://www.fns.usda.gov/cn/crediting-tofu-and-soy-yogurt-products-school-meal-programs-and-cacfp.

11. Is tempeh creditable in the infant meal pattern?

Tempeh may credit toward the meats and meat alternates component in the infant meal pattern. Institutions and facilities may credit 1 ounce of tempeh as 1 ounce equivalent of meat alternate. In the CACFP infant meal pattern, the minimum serving amount of tempeh is 0-4 tablespoons (1/4 cup). This method of crediting applies to tempeh with ingredients limited to soybeans (or other legumes), water, tempeh culture and for some varieties, vinegar, seasonings, and herbs. The firm texture of tempeh may pose a choking hazard for infants and toddlers; therefore, operators should cook tempeh to soften the texture, then cut into an age-appropriate size and shape.

For tempeh that includes other ingredients that are creditable for infants, those ingredients may also credit toward other requirements of the infant meal pattern. For example, vegetables included in tempeh may count toward the vegetable requirement if documentation shows that the vegetable is present in minimum creditable quantities (0-2 tablespoons). Varieties of tempeh that include non-creditable foods in the infant meal pattern as ingredients, such as brown rice, sunflower seeds, sesame seeds, and/or flax seed, may be served to an infant, however, only the ingredients that are creditable in the infant meal pattern, such as vegetables, will count towards the reimbursable meal or snack. Documentation of a Child Nutrition (CN) Label or Product Formulation Statement

(PFS) must show how much tempeh and any other creditable foods these products contain.

12. Is yogurt creditable in the infant meal pattern?

Yes. Yogurt is an allowable meat alternate for infants consuming solid foods. Through September 30, 2025, yogurt must contain no more than 23 grams of total sugars per 6 ounces. Effective October 1, 2025, all yogurts served in the CACFP, including those served to infants, must contain no more than 12 grams of added sugars per 6 ounces. However, with State agency approval, Institutions and facilities may choose to implement the added sugars limits for yogurt early. 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.

13. 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 (CN) label or a Product Formulation Statement (PFS) from the manufacturer is required to determine how these foods credit towards the meal pattern requirements.

If served, these foods can, and must, be prepared in a way to reduce the risk of choking. These foods are best cut lengthwise and cut to no more than ½ inch in size to reduce the risk of 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 pattern, 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.

14. ***Are cooked grains, such as rice, quinoa, and pasta, creditable grains in the infant meal pattern?***

    While these grains are options for older children, cooked grains are not creditable towards the infant meal pattern. However, an infant may be served some mixed dishes that contain foods that do not credit towards the infant meal pattern, such as rice, quinoa, or pasta. The American Academy of Pediatrics recommends introducing single-ingredient foods to babies first before giving a mix of foods, or combination foods.

15. ***Can reimbursable infant meals and snacks contain foods that are deep-fat fried on- site?***

    Under the CACFP meal pattern 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)). Institutions and facilities 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 institutions and facilities 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, institutions and facilities 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.

16. 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 pattern. However, institutions and facilities are encouraged to serve whole grain-rich foods to infants, when possible, to promote acceptance of those foods later in life.

17. 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.

18. Is there a sugar limit for ready-to-eat and infant cereals served to infants?

Yes. Through September 30, 2025, ready-to-eat cereals must contain no more than 6 grams of total sugars per dry ounce. Effective October 1, 2025, all ready-to-eat cereals must contain no more than 6 grams of added sugars per dry ounce. However, with State agency approval, Institutions and facilities may choose to implement the added sugars limits for ready-to-eat cereals early.

19. 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. Institutions and facilities 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, institutions and facilities 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.

20. 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 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.

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

No. Honey and foods that contain honey, should never be fed to infants 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 an infant 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.

22. Are store-bought mixed or combination infant foods reimbursable in the infant meal pattern?

Combination baby foods are foods that include a mixture of two or more foods, such as meat and vegetables. Under certain circumstances, these foods may be counted towards a reimbursable infant meal or snack.

The American Academy of Pediatrics recommends introducing one "single ingredient" new food at a time, from any food group. Do not introduce other new foods for several days to observe for possible allergic reactions or intolerance. Combination baby foods should be offered only after the infant has been introduced to the individual ingredients in the combination food. For example, before an infant is given a chicken and vegetable

combination baby food, the infant should have already been introduced to both chicken and the vegetable individually as single component foods.

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 reduce the risk of 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 institutions and facilities to only serve foods with more than one meal component to older infants with well-established solid food eating habits. In the CACFP infant meal pattern, amounts of food served at meals and snacks are shown as ranges, such as 0 to 2 tablespoons. This range allows for new foods to be introduced slowly when the infant is developmentally ready. An infant that has not yet started a specific solid food would receive a serving size of 0 tablespoons. An infant that has just started eating a certain food may receive 1 tablespoon. Once an infant has been regularly eating a specific solid food, they would receive 2 tablespoons. In these examples, the meal would be reimbursable.

Since infants eating combination baby foods have already shown that they are developmentally ready and accepting of each food in the combination baby food, the combination baby food must contain the full required amount of the meal component or other foods must be offered to meet the full required amount of the meal component. While the full amount must be offered to the infant, the infant does not have to eat all of it.

23. Are baby pouch food products allowed in CACFP?

Yes. 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.

The American Academy of Pediatric Dentistry warns that sucking on baby food pouches may cause tooth decay and an increased risk for dental cavities, which can lead to early tooth loss the same as the practice of prolonged sucking of juice from bottles or sippy cups. Therefore, consider squeezing the food from the pouch onto a spoon or the infant's tray/plate instead of allowing them to suck the food from the pouch.

24. The Crediting Handbook for the Child and Adult Care Food Program, and the Food Buying Guide for Child Nutrition Programs provide minimum serving sizes for different meal components to count towards the meal pattern requirements. For example, to credit towards the vegetable component, a minimum serving size of an 1/8 cup of vegetable is required. Do these minimum serving sizes apply to the infant meal pattern?

No. Minimum creditable amounts do not apply to the infant meal pattern. Minimum serving sizes are listed as ranges for infants because not all babies are ready to eat solid foods at the same time. An infant that has not yet started solid foods would receive a serving size of 0 tablespoons. An infant that has just started eating a certain vegetable may receive 1 tablespoon. Once an infant has been regularly eating a specific solid food, they would receive 2 tablespoons. In each of these examples, the meal would be reimbursable.