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DEPARTMENT OF EDUCATION  
LANSING

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**FISCAL YEAR 2016  
CHILD AND ADULT CARE FOOD PROGRAM  
FAMILY DAY CARE HOME SPONSOR MEMORANDUM #25**

**TO:** Family Day Care Home Sponsors

**FROM:** Marla J. Moss, Director  
Office of School Support Services

**DATE:** September 16, 2016

**SUBJECT:** Feeding Infants and Meal Pattern Requirements in the Child and Adult Care Food Program

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). This memorandum supersedes Fiscal Year (FY) 2015 Operational Memoranda #29: *Infant Feeding in the CACFP-Revised* available on the [CACFP website](http://www.michigan.gov/cacfp) ([www.michigan.gov/cacfp](http://www.michigan.gov/cacfp)).

**Background**

The Healthy, Hunger-Free Kids Act of 2010 (the Act), Public Law 111-296, amended section 17 of the Richard B. Russell National School Lunch Act (NSLA), 42 U.S.C. 1766(g), to require the United States Department of Agriculture (USDA) to update the CACFP meal pattern requirements to make them more consistent with (a) the most recent version of the Dietary Guidelines for Americans, (b) the most recent relevant nutrition science, and (c) appropriate authoritative scientific agency and organization recommendations. 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." This final rule amended CACFP regulations at 7 CFR 226.20 to update the meal pattern requirements.

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.

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## **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 7 CFR 226.2 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.” A center or day care home may not avoid this obligation by stating that the infant is not “enrolled” (not claimed) 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 center or day care home, not if the infant is enrolled (or claimed) 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. To learn more about hunger and satiety cues, review the [Feeding Infants: A Guide for Use in the Child Nutrition Programs](http://www.fns.usda.gov/tn/feeding-infants-guide-use-child-nutrition-programs) (<http://www.fns.usda.gov/tn/feeding-infants-guide-use-child-nutrition-programs>). Please note the *Feeding Infants Guide* is being revised to reflect the updated CACFP infant meal patterns. Infant meals must not be disallowed due solely to the fact that they are not served within the established meal time periods.

### **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 making 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 on the [FDA website](http://www.fda.gov/Food/GuidanceRegulation/GuidanceDocumentsRegulatoryInformation/InfantFormula/ucm106456.htm) (<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 nutrition 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.

To be creditable for reimbursement, infant formula must meet:

1. The [definition of an infant formula in section 201\(z\)](http://www.gpo.gov/fdsys/pkg/USCODE-2010-title21/pdf/USCODE-2010-title21-chap9-subchapII-sec321.pdf) (<http://www.gpo.gov/fdsys/pkg/USCODE-2010-title21/pdf/USCODE-2010-title21-chap9-subchapII-sec321.pdf>) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 321(z))
2. Meet the [requirements for an infant formula under section 412](http://www.gpo.gov/fdsys/pkg/USCODE-2010-title21/pdf/USCODE-2010-title21-chap9-subchapIV-sec350a.pdf) (<http://www.gpo.gov/fdsys/pkg/USCODE-2010-title21/pdf/USCODE-2010-title21-chap9-subchapIV-sec350a.pdf>) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 350a)
3. The [regulations at 21 CFR parts 106 and 107](http://www.ecfr.gov/cgi-bin/text-idx?gp=&SID=39344f21c8c795a9fc3f485db0aefeb9&mc=true&tpl=/ecfrbrowse/Title21/21CISubchapB.tpl) (<http://www.ecfr.gov/cgi-bin/text-idx?gp=&SID=39344f21c8c795a9fc3f485db0aefeb9&mc=true&tpl=/ecfrbrowse/Title21/21CISubchapB.tpl>)

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 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 with 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 who may sign a medical statement for meal modifications due to a disability, see FY 2015 Operational Memorandum #20 *Statements Supporting Accommodations for Children with Disabilities in the Child Nutrition Programs*, available on the [CACFP website](http://www.michigan.gov/cacfp) ([www.michigan.gov/cacfp](http://www.michigan.gov/cacfp)).

Institutions should contact the Michigan Department of Education (MDE) when they are uncertain of the creditability of an infant formula.

## **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 by the child care provider to the infant 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 becomes effective October 1, 2017, and is consistent with other FNS efforts, such as in WIC, to support and encourage breastfeeding. Therefore, starting October 1, 2017, meals where a mother directly breastfeeds her infant on-site are eligible for reimbursement. Centers and day care homes do not need to quantify and record the amount of breastmilk a mother directly breastfeeds her infant.

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 meal components in order for the meal to be reimbursable.

### **Expressed Breastmilk Storage**

The AAP recommends an optimal storage time of 72 hours for refrigerated expressed breastmilk. Accordingly, to follow current scientific recommendations, breastmilk may be stored for no longer than 72 hours. 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 39° Fahrenheit (3.9° Celsius) or below. 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. 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 as 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. By 7 to 8 months of age, infants should be consuming solid foods from all food groups (vegetables, fruits, grains, protein foods, and dairy).

Starting October 1, 2017, solid foods must be served to infants around 6 months of age, as it is developmentally appropriate for the 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 it 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 infants' readiness depends on his or her rate of development. Centers and day care homes should be in constant communication with infants' parents or guardians about when and what solid foods should be served 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
- The infant has doubled his or her 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) (<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, or pureed 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 fruit. 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). Therefore, starting October 1, 2017, to further help increase infants exposure of and consumption of vegetables and fruits, the updated meal patterns requires vegetables and fruits to be served at snack for infants that are developmentally ready to accept them. In addition, juice cannot be served to infants of any age starting October 1, 2017.

### **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 are subject to the same sugar limit as breakfast cereals served to children and adults in the CACFP that begins October 1, 2017. Ready-to-eat cereals served to infants at snack must contain no more than 6 grams of sugar per dry ounce. This flexibility to serve ready-to-eat cereals at infant snacks goes 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 and to be consistent with the WIC food packages for infants, the updated infant meal pattern allows yogurt as a meat alternate for older infants that are developmentally ready to accept them. The updated infant meal pattern no longer allows cheese food or cheese spread as reimbursable meat alternates. This is due to their higher sodium content, and the AAP recommends caregivers choose products lower in sodium.

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 meal alternates and the disallowance of cheese food and cheese spread in the infant meal patterns goes 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. For these reasons, manufacturers and consumers are interested in adding DHA and ARA to infant formula and food products.

Previously, the service of any infant foods containing DHA was prohibited in 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 (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 single-ingredient infant foods containing DHA to be creditable in the CACFP infant meal pattern. Infant foods containing DHA may be served and claimed for reimbursement, as long as they meet all other crediting requirements.

**IV. SUMMARY OF IMPLEMENTATION DATES**

Implementation Date	Requirement
<b>In Effect</b>	<ul style="list-style-type: none"> <li>• Infant formula must be iron-fortified and regulated by FDA</li> <li>• Reimbursement of meals with parent or guardian provided expressed breastmilk or a creditable infant formula</li> <li>• Breastmilk may be stored at a center or day care home (at 39° F or below) for no longer than 72 hours</li> <li>• Infant foods containing DHA are reimbursable</li> </ul>

<b>Implementation Date</b>	<b>Requirement</b>
<b>Effective October 1, 2017</b>	<ul style="list-style-type: none"><li>• Reimbursement of meals when a mother breastfeeds her infant on-site</li><li>• Yogurt and whole eggs are allowable meat alternates</li><li>• Ready-to-eat cereals may be served at snack</li><li>• Vegetables and fruits must be served at snack for infants that are developmentally ready to accept them (around 6 months of age)</li><li>• Juice is not allowed as part of a reimbursable infant meal</li></ul>

If you have any questions, contact MDE at 517-373-7391.

## 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). However, infants do not eat on a strict schedule so it is best to watch the infant for hunger cues, and not the clock. Along with watching for hunger cues, child care providers should watch for satiety cues to know when the infant is full. If an infant does not consume all the food that is served to them at a meal or snack, the child care provider may safely store the remaining food and serve it at another time. As long as all the required food components are offered over the course of the day, the meals may be reimbursable. Infant meals must not be disallowed due solely to the fact that they are served outside of the established meal time periods.

**2. \*\*\*May a parent donate extra formula or food received through the Special Supplemental Nutrition Program for Women, Infants, and Children’s (WIC) to his or her infant’s center or day care home?**

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

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

FNS made this change to help maintain the integrity of the CACFP. The previous infant meal pattern allows parents or guardians to supply all but one of the required components of a reimbursable meal. Under the updated infant meal patterns, starting October 1, 2017, parents or guardians may only supply one component of a reimbursable meal. FNS recognizes that infants have unique dietary needs and parents or guardians are often most in touch with their infant’s dietary preferences. However, this change will help ensure that centers and day care homes are not encouraging or requiring parents or guardians to supply the food in order to reduce costs.

**4. \*\*\*What meal components can a parent or guardian provide for their infants?**

Parents or guardians may choose to provide one of the meal components in the updated CACFP infant meal patterns, as long as this is in compliance with local health codes. A parent or guardian may choose to supply expressed breastmilk or a creditable infant formula even when the infant is only consuming breastmilk or infant formula and the meal will be reimbursable. And, starting October 1, 2017, a mother may directly breastfeed her infant on-site and the meal will be reimbursable.

If an infant is developmentally ready to consume solid foods and the parent or guardian chooses to supply expressed breastmilk or a creditable infant formula or directly breastfeed on-site, then the center or day care home must provide all the other required meal components in order for the meal to be reimbursable.

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

State agencies and sponsoring organizations must ensure that the parent or guardian is truly choosing to provide the preferred component and that the center or day care home has not requested or required the parent or guardian to provide the components in order to complete the meal and reduce costs.

## **II. BREASTMILK AND INFANT FORMULA**

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

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

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

There are currently two types of infant formula available in the United States, either "iron-fortified" or "low-iron." The Food and Drug Administration considers an infant formula to be "iron-fortified" if it has 1 milligram of iron or more per 100 kilocalories. A "low-iron" infant formula has less than 1 milligram of iron per 100 kilocalories. The American Academy of Pediatrics recommends formula-fed infants receive iron-fortified infant formula to prevent iron-deficiency anemia.

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

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

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

There is great flexibility on how to document a meal when a mother directly breastfeeds her infant on-site. For example, state agencies can update existing forms to document that a mother directly breastfeeds her infant on-site. 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 necessary administrative burdens to CACFP operators.

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

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

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

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

For children younger than 12 months of age, cow's milk may be served as a substitute for breastmilk and/or infant formula, and be part of a reimbursable meal, if the substitution is supported by a medical statement signed by a licensed physician or a state recognized medical authority. A state recognized medical authority for this purpose is a state licensed health care professional who is authorized to write medical prescriptions under state law. The statement must explain the need for the substitution and must be kept on file by the center or day care home in order for the meal to be reimbursable. FNS recognizes that infants have unique dietary needs and that decisions concerning diet during the first year of life are for the infant's health care provider and parents or guardians to make together.

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

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

**8. Are meals served to children 12 months and older reimbursable if they contain infant formula?**

Yes, for a period of one month, when children are 12 to 13 months of age, meals that contain infant formula may be reimbursed to facilitate the weaning from infant formula to cow's milk. While weaning, infants should be presented with both types of foods at the same meal service to gradually encourage acceptance of new food. Breastmilk continues to be considered an acceptable fluid milk substitute for children over 12 months of age. Meals containing infant formula that are served to children 13 months and older are reimbursable when it is supported by a medical statement signed by a licensed physician or a state recognized medical authority. A state recognized medical authority for this

purpose is a state licensed health care professional who is authorized to write medical prescriptions under state law. The statement must explain the need for the substitution and must be kept on file by the center or day care home.

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

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

### **III. SOLID FOODS**

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

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

**2. \*\*\*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.

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

Yes, starting October 1, 2017, all breakfast cereals served in the CACFP must contain no more than 6 grams of sugar per dry ounce (21 grams of sugar per 100 grams of dry cereal). Breakfast cereals include ready-to-eat cereals, instant, and regular hot cereals.

**4. \*\*\*Is yogurt creditable in the infant meal pattern?**

Yes, starting October 1, 2017, yogurt is an allowable meat alternate for infants consuming solid foods. All yogurts served in the CACFP, including those served to infants, must contain no more than 23 grams of sugar per 6 ounces starting October 1, 2017. Yogurt is a good source of protein and the American Academy of Pediatrics recommends infants consume foods from all food groups to meet infants' nutritional needs.

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) (<http://www.fns.usda.gov/tn/feeding-infants-guide-use-child-nutrition-programs>) to reflect the updated infant meal pattern requirements. State agencies have the discretion to begin allowing reimbursement of infant meals containing yogurt prior to October 1, 2017. Please see [memorandum SP 42-2016, CACFP 14-2016 Early Implementation of the Child and Adult Care Food Program Meal Patterns](http://www.fns.usda.gov/sites/default/files/cn/SP42_CACFP14_2016os.pdf) ([http://www.fns.usda.gov/sites/default/files/cn/SP42\\_CACFP14\\_2016os.pdf](http://www.fns.usda.gov/sites/default/files/cn/SP42_CACFP14_2016os.pdf)) for more information.

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

Foods that contain one or more of the eight major food allergens identified by the FDA (milk, egg, fish, shellfish, tree nuts, peanuts, wheat, and soybeans), and are appropriate for infants, are allowed and can be part of a reimbursable meal. The American Academy of Pediatrics recently concluded that there is no current convincing evidence that delaying the introduction of foods that are considered to be major food allergens has a significant positive effect on the development of food allergies.

To align with scientific recommendations, FNS is allowing whole eggs to credit towards the meat alternate component of the updated infant meal patterns starting October 1, 2017. Under the updated infant meal pattern requirements, the whole egg (yolk and white) must be served to the infant in order to be creditable. Previously, only egg yolks were allowed due to concerns with developing food allergies when infants are exposed to the protein in egg whites. State agencies have the discretion to begin allowing reimbursement of meals containing whole eggs prior to October 1, 2017. Please see [memorandum SP 42-2016, CACFP 14-2016 Early Implementation of the Child and Adult Care Food Program Meal Patterns](http://www.fns.usda.gov/sites/default/files/cn/SP42_CACFP14_2016os.pdf) ([http://www.fns.usda.gov/sites/default/files/cn/SP42\\_CACFP14\\_2016os.pdf](http://www.fns.usda.gov/sites/default/files/cn/SP42_CACFP14_2016os.pdf)) for more information.

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

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

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