



SECTION 7: Infant Feeding

Family day care homes, group homes and sponsoring organizations participating in CACFP must provide meals that meet meal pattern guidelines to infants enrolled in care.

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Infant Feeding

Infants enrolled for care at a participating Child and Adult Care Food Program (CACFP) family day care homes (FDCH) and group homes must be offered a meal that complies with the CACFP infant meal pattern requirements (7 CFR 226.20(b)). CACFP regulations define an **enrolled child** as “a child whose parent or guardian has submitted to an institution a signed document which indicated that the child is enrolled in child care” (7 CFR 226.2). An FDCH or group home may not avoid this obligation by stating that the infant is not “enrolled” in the CACFP or 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 FDCH or group home, not if the infant is enrolled in the CACFP.

Infant Feeding Highlights

- At least one brand of iron-fortified infant formula must be on hand at the home. This is considered the “house” formula and must be offered as a choice. The “house” formula should be one that is used by the majority of infants in care.
- Every infant must have an individual **Infant and Toddler Feeding and Care Plan** (MO 500-3306) or the **Infant Feeding Preference** form (CACFP-647) to document the breastmilk, formula, and solid food feeding preferences as the infant progresses through the two infant age groups. All infants in care must have this form on file, signed and dated by a parent or guardian, and updated as needed.
- Complete a daily Infant Meal Record for each infant and serve them food per the Food Chart for Infants according to age group: birth to five months and six through 11 months. File Infant Meal Records with other monthly records.
- Infants must be recorded on the daily attendance and daily meal count records and claimed for reimbursement the same as for older children: two meals and one snack or two snacks and one meal per infant per day.
- Serve infant meals that meet the minimum requirements by age group listed on the Food Chart for Infants.
- Infants may get hungry at times 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 FDCH’s established mealtime periods. To learn more about hunger and satiety cues, see FNS’ [Feeding Infants in the CACFP](#) guide at <https://www.fns.usda.gov/tn/team-nutrition>.
- Since infants eat on demand when hungry, record each meal if it contains all the required meal components. The meal components do not have to be served as a unit. Foods served at different times may be grouped together to form a reimbursable meal.
- Meals containing parent or guardian-provided expressed breastmilk, or creditable infant formula served to the infant by the home provider are eligible for reimbursement, including meals when an infant is only consuming breastmilk or formula.
- Providers may claim reimbursement of meals when a mother directly breastfeeds her infant at the FDCH or group home. This includes meals when an infant is only consuming breastmilk.
- When a parent or guardian chooses to provide breastmilk (expressed breastmilk or by directly breastfeeding on site) or creditable infant formula and the infant is consuming solid foods, the FDCH or group home must supply all the other required food components for the meal to be reimbursable.
- Introduce solid foods of appropriate texture and consistency when each infant is developmentally ready. The parent or guardian should update the [Infant and Toddler Feeding and Care Plan](#) or the [Infant Feeding Preference](#) as their infant becomes developmentally ready for solid foods.
- The FDCH or group home 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)).

Creditable Infant Formulas

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

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

1. Ensure that the formula is not an FDA Exempt Infant Formula. An exempt infant formula is an infant formula labeled for use by infants who have inborn errors of metabolism or low birth weight, or who otherwise have unusual medical or dietary problems, as defined in 21 CFR 107.3. The FDA has a webpage, [Exempt Infant Formulas Marketed in the United States By Manufacturer and Category](#) that 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. Additional information on feeding the formula-fed infant can be found in Chapter 3 of the [Feeding Infants in the CACFP guide](#).

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. 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 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 012023](#). Infant formulas that are not regulated by the FDA are not creditable in the CACFP.

Formulas classified as [Exempt Infant Formulas by FDA](#) may be served as a part of a reimbursable meal if the substitution is due to a disability and is supported by a medical statement signed by a licensed physician or a state-recognized medical authority. A state-recognized medical authority for this purpose is a State-licensed health care professional who is authorized to write medical prescriptions under State law. The statement must be submitted and kept on file in a secure location by the FDCH. 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](#)

Parent or Guardian Provided Breastmilk or Formula

An infant's parent or guardian may, at their discretion, decline the infant formula offered by the family day care home (FDCH) or group home and provide expressed breastmilk or a creditable infant formula instead. Meals containing parent or guardian provided expressed breastmilk or creditable infant formula that are served to the infant by the home provider are eligible for reimbursement, including meals when an infant is only consuming breastmilk or infant formula. In recognition of the numerous benefits of breastfeeding, including the recommendation of the American Academy of Pediatrics (AAP) and the Dietary Guidelines for Americans (DGAs) to feed infants human milk (breastmilk) exclusively for approximately six months after birth, if possible, and continue to feed infants breastmilk, along with complementary foods through at least the first year of life, and longer if desired, homes may claim reimbursement of meals when a parent directly breastfeeds their infant at the home. This includes meals when an infant is only consuming breastmilk. 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 FDCH and group homes must maintain menus to show what foods an infant is served, there is no Federal requirement to document the delivery method for breastmilk (e.g., if it was served in a bottle by the home provider or if the parent breastfed on-site). A home may simply indicate on the menu that the infant was offered breastmilk. Additionally, home's do not need to record the amount of breastmilk a parent directly breastfeeds their 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 FDCH or group home must supply all the other required meal components for the meal to be reimbursable.

Source: CACFP 11-2023 Feeding Infants and Meal Pattern Requirements in the Child and Adult Care

Food Program; Questions and Answers (Revised September 2023)

<https://www.fns.usda.gov/cacfp/feeding-infants-and-meal-pattern-requirements-qas>

Breastmilk and Formula Food Safety Considerations

Expressed Breastmilk Storage

In the *Pediatric Nutrition Handbook, 8th Edition*, the AAP generally recommends storing expressed breastmilk in the refrigerator for up to four days. This recommendation may vary if the breastmilk is to be fed to an infant that is either preterm and/or ill. For general CACFP purposes, breastmilk may be stored at the family day care home (FDCH) or group home in a refrigerator for up to four days from the date the breastmilk was expressed. The previously established standard was 72 hours (or three days) from the time it was expressed. Bottles of expressed breastmilk must be stored in a refrigerator at 40° Fahrenheit (4° Celsius) or below. Previously frozen breastmilk 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. Homes should continue to follow all other breastmilk handling and storage guidelines listed in the [Feeding Infants in the CACFP](#) guide. If your local authorities have stricter health and safety regulations for handling and storing food, including breastmilk or formula, follow those regulations.

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 on the infant formula label when preparing the 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 be credited towards a reimbursable meal or snack in the CACFP unless the change is due to a disability and is supported by a medical statement signed by a licensed physician or a State-recognized medical authority. A State-recognized medical authority for this purpose is a State-licensed health care professional who is authorized to write medical prescriptions under State law. The statement must be submitted and kept on file in a secure location by the center. 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](#).

Use prepared infant formula within two hours of preparation. If the prepared infant formula is not being fed within two 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 one 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.

FDCH’s 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. More information on formula handling and storage can be found in the [Feeding Infants in the CACFP](#) guide.

Source: CACFP 11-2023 Feeding Infants and Meal Pattern Requirements in the Child and Adult Care

Food Program; Questions and Answers (Revised September 2023)

<https://www.fns.usda.gov/cacfp/feeding-infants-and-meal-pattern-requirements-qas>

Solid Foods (Complementary Foods)

The Child and Adult Care Food Program (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 Special Supplemental Nutrition Program for Women, Infants, and Children (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 for Americans (DGAs) state that human milk (breastmilk) 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 breastmilk 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 family day care home or group home is required to offer them to the infant. However, 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. Homes 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. Homes 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, it is recommended that parents or guardians request in writing when a 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 American Academy of Pediatrics (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 homes to work together with the infant's parents or guardians to determine when solid foods should be served.

Homes are required to make substitutions to meals for participants when the substitution is due to a disability and is supported by a medical statement signed by a licensed physician or a State-recognized medical authority. A State-recognized medical authority for this purpose is a State-licensed health care professional who is authorized to write medical prescriptions under State law. The statement must be submitted and kept on file in a secure location by the home. 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](#)

Homes may receive reimbursement for a meal modification request 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 home can substitute another fruit or vegetable. Homes are encouraged to use flexibilities whenever possible. In situations where the home does not obtain a medical statement, they are encouraged to make note of the actions taken in acknowledging children's accommodations.

For more information and best practices on serving solid foods to infants, including food safety considerations and for infants with special dietary needs, please see the [Feeding Infants in the CACFP guide](#).

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. Homes may serve bread/bread-like items, crackers, iron-fortified infant cereal, or ready-to-eat cereal as part of a reimbursable snack to infants who are developmentally ready to accept them. The ounce equivalent requirements vary for the different grain items. For more information on crediting grains in ounce equivalents, please see the [Feeding Infants Using Ounce Equivalents for Grains in the CACFP worksheet](#) at [TeamNutrition.USDA.gov](#).

As a reminder, all ready-to-eat cereals served to infants must meet the same sugar limit as breakfast cereals served to children and adults in the CACFP. This means ready-to-eat cereals served to infants at snack must contain no more than 6 grams of sugar per dry ounce. Ready-to-eat cereals must also be whole grain-rich, enriched, or fortified to be creditable in the CACFP. For more information on the breakfast cereal sugar limit and creditable grains, please see memorandum [CACFP 09-2018: Grain Requirements in the Child and Adult Care Food Program; Questions and Answers](#). Team Nutrition has a number of [CACFP Training Tools](#), including training slides, training worksheets, and recorded webinars to assist CACFP operators in implementing the CACFP meal pattern requirements.

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. Since yogurt is often served to infants as they are developmentally ready, the infant meal pattern allows yogurt as a meat alternate for older infants who are developmentally ready to accept them. All yogurts served in the CACFP, including those served to infants, must contain no more than 23 grams of sugar per 6 ounces. [Training worksheets](#) are available from Team Nutrition to assist operators in choosing yogurts lower in sugar that meet the sugar limit. 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 as a creditable meat alternate. This is due to these products' higher sodium content, and the AAP and DGA recommend that caregivers choose products that are lower in sodium. Natural or processed cheese is creditable, while cheese products are not creditable in the CACFP for infants or any other age group.

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

DHA Enriched Infant Foods

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

Previously, serving any infant foods containing DHA was prohibited in the CACFP due to the concern that the source of DHA in infant foods, such as egg yolk, and other ingredients, additives, or extenders in those foods may result in a food sensitivity or a food allergy (CACFP memorandum *Baby Foods and Vegetables with DHA*, December 19, 2002). However, the United States Department of Agriculture (USDA) Food and Nutrition Service (FNS) issued guidance in 2015 allowing infant foods containing DHA to be creditable in the CACFP infant meal pattern. Infant foods containing DHA may be served and claimed as part of a reimbursable meal if they meet all other crediting requirements. Infants with a known DHA allergy should not be served foods containing DHA.

Source: CACFP 11-2023 Feeding Infants and Meal Pattern Requirements in the Child and Adult Care Food Program; Questions and Answers (Revised September 2023)
<https://www.fns.usda.gov/cacfp/feeding-infants-and-meal-pattern-requirements-gas>



INFANT AND TODDLER FEEDING AND CARE PLAN

FOR CHILD CARE FACILITY USE

The formula provided by this child care facility is:

CHECK A BOX
 YES
 NO

This child care facility is **participating** in the Child and Adult Care Food Program (CACFP). In order to claim meals and reimbursement, the center must provide infant cereal and other foods when the child is developmentally ready for them.

INSTRUCTIONS (FOR PARENTS)

Please complete for child who is less than 24 months of age. **Update information as needed.** Use a new form or initial/date changes on this form.

CHILD'S NAME

DATE OF BIRTH

DATE ENROLLED

If you or a member of your immediate family ever served in the U.S. Armed Forces, [click here for more information about militaryrelated services in Missouri](#) or visit www.dese.mo.gov/veterans-services.

FEEDING INFORMATION

TYPE OF FOOD	FEEDING TIME	KINDS OF FOOD	AMOUNT OF FOOD
Breastmilk			
Formula			
Infant Food			
Table Food			

Who is preparing (mixing) the formula? Check all that apply: Parent Caregiver

Does your child have any problems with feedings, such as choking or spitting up?

Yes Explain: _____
 No

Does your child use a pacifier? Yes No

Note: Pacifiers, if used, cannot be hung around an infant's neck. Pacifier mechanisms or pacifiers that attach to infant clothing cannot be used with sleeping infants.

INFANT FEEDING PREFERENCE (under 12 months)

MARK YOUR PREFERENCE (CHECK ALL THAT APPLY).

I will provide breast milk for my infant.

I will nurse my infant at the center at these times: _____

The facility's formula may be used to supplement feedings if necessary: Yes No

If breast milk is unavailable for a feeding, the facility should: _____

I request that the formula provided by the child care facility be served to my infant.

I will provide infant formula for my infant. Name of formula: _____

I request that the child care facility provide solid foods for my infant as s/he is ready for them, and after I have discussed it with child care facility staff. **OR**

I will provide solid foods for my infant.

TODDLER FEEDING PREFERENCE (12 THROUGH 23 MONTHS)

Check all that apply: Spoon Cup Feeds Self Feeding Table or Chair

TYPE OF FOOD	FEEDING TIME	KINDS OF FOOD	AMOUNT OF FOOD
Breastmilk			
Milk			
Table Food			

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; or fax: (833) 256-1665 or (202) 690-7442; or email: Program.Intake@usda.gov This institution is an equal opportunity provider.

ARRANGEMENTS FOR SLEEP – Licensing rules require that infants be placed on their back to sleep.

TIME(S) CHILD USUALLY NAPS	LENGTH OF NAP
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ADDITIONAL INSTRUCTIONS RELATED TO SLEEPING:

Note: When, in the opinion of the infant's licensed health care provider, an infant requires alternative sleep positions or special sleeping arrangements that differ from those required by rule, the provider must have on file at the facility written instructions, signed by the infant's licensed health care provider, detailing the alternative sleep positions or special sleeping arrangements for such infant. The caregiver(s) must put the infant to sleep in accordance with such written instructions.

My child is 12 months or older, and I give my permission for my child to sleep on a cot.

SIGNATURE OF PARENT/LEGAL GUARDIAN	DATE
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DIAPERING INSTRUCTIONS

LIST ANY LOTIONS AND/OR OINTMENTS, ETC. THAT YOU HAVE PROVIDED AND GIVE PERMISSION FOR CAREGIVERS TO USE ON YOUR CHILD:

FOR WET BOWEL MOVEMENT RASH OTHER

I do not want caregivers to use any lotions, powders, ointments, or similar items on my child.

I WILL FURNISH THE FOLLOWING BABY SUPPLIES FOR MY CHILD; CLEARLY LABELED WITH MY CHILD'S NAME:

SPECIAL INSTRUCTIONS FOR CARE (E.G., RESTRICTIONS, ALLERGIES, ETC.):

SIGNATURE OF PARENT/LEGAL GUARDIAN	DATE
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MISSOURI DEPARTMENT OF HEALTH AND SEIONR SERVICES
 COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA)
 CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
INFANT FEEDING PREFERENCE

INSTRUCTIONS FOR PARENTS

Complete for children less than 12 months of age. *Update information as needed and sign below or use a new form.*

INFANT'S NAME (FIRST AND LAST NAME)	DATE OF BIRTH	DATE ENROLLED
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The child care center will feed your infant: breastmilk provided by you; formula provided by you; or the following iron-fortified formula purchased by the center. You may also choose to breastfeed your infant at the center.

The iron-fortified formula provided by the child care center is:

INFANT FEEDING PREFERENCE

	DATE:	DATE:
Mark your preference (check all that apply)	Birth to 5 months	6 through 11 months
I will provide expressed breastmilk.	<input type="checkbox"/>	<input type="checkbox"/>
I will breastfeed at the center.	<input type="checkbox"/>	<input type="checkbox"/>
I want the center to provide formula.	<input type="checkbox"/>	<input type="checkbox"/>
I will purchase/provide formula. Name of formula:	<input type="checkbox"/>	<input type="checkbox"/>
I want the center to provide infant cereal and other foods based on CACFP guidelines.		<input type="checkbox"/>
I will provide infant cereal and other foods when developmentally ready.		<input type="checkbox"/>

COMMENTS:

This center is participating in the Child and Adult Care Food Program (CACFP). In order to claim meals for reimbursement, the center must provide infant cereal and other solid foods when your infant is developmentally ready according to the Food Chart – Infants available on our webpage at www.health.mo.gov/cacfp - Forms. Parents or guardians may provide one meal component (including breastmilk or formula) if they chose; however the center must provide all other components in order to claim the infant meal.

SIGNATURE OF PARENT OR LEGAL GUARDIAN	DATE
SIGNATURE OF PARENT OR LEGAL GUARDIAN	DATE

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

mail:
 U.S. Department of Agriculture
 Office of the Assistant Secretary for Civil Rights
 1400 Independence Avenue, SW
 Washington, D.C. 20250-9410; or

fax: (833) 256-1665 or (202) 690-7442; or

email: Program.Intake@usda.gov

This institution is an equal opportunity provider.

Missouri Department of Health & Senior Services
Child & Adult Care Food Program
Infant Food Chart

	Meal Components & Food Items	Birth through 5 months	6 through 11 months
Breakfast, Lunch, or Supper	Breastmilk ¹ or Iron-fortified formula ²	4-6 fluid oz.	6-8 fluid oz.
	Vegetable or Fruit or both ^{4, 6, 7}		0-2 tablespoons
	Iron-fortified infant cereal ^{2, 6, 8} or Meat/Meat Alternate or both		0-1/2 oz. eq. of iron-fortified infant cereal; or 0-4 tablespoons meat, fish, poultry, whole eggs, cooked beans, peas, or lentils ⁴ ; or 0-2 oz. of cheese; or 0-4 oz. by volume of cottage cheese; or 0-4 oz. of yogurt ⁵ ; or a combination
Snack	Breastmilk ¹ or Iron-fortified formula ²	4-6 fluid oz.	2-4 fluid oz.
	Vegetable or Fruit or both ^{4, 6, 7}		0-2 tablespoons
	Iron-fortified infant cereal ^{2, 6, 8} bread/bread-like item or crackers or ready-to-eat cereal ^{3, 8}		0-1/2 oz. eq. of bread/bread items; or 0-1/4 oz. eq. of crackers; or 0-1/2 oz. eq. of iron-fortified infant cereal; or 0-1/4 oz. eq. ready-to-eat cereal
USDA Feeding Infants Using Ounce Equivalents for Grains in the CACFP worksheet			

- ¹ Breastmilk or iron-fortified infant formula, or portions of both, must be served; however, it is recommended that breastmilk be served in place of formula from birth through 11 months. For some breastfed infants who regularly consume less than the minimum amount of breastmilk per feeding, a serving of less than the minimum amount of breastmilk may be offered, with additional breastmilk offered later if the infant will consume more.
- ² Infant formula and dry infant cereal must be iron-fortified.
- ³ Breakfast cereals must contain no more than 6 grams of sugar per dry ounce. Ready-to-eat cereal may be served as part of a reimbursable snack.
- ⁴ Cooked beans, peas, and lentils may credit as either a vegetable or as a meat alternate, but not as both in the same meal. Immature beans and peas, such as green beans, wax beans, and green peas credit as vegetable only; they do not credit as a meat alternate.
- ⁵ Yogurt must contain no more than 23 grams of total sugars per 6 ounces.
- ⁶ A serving of this component is required when the infant is developmentally ready to accept it.
- ⁷ Fruit and vegetable juices must not be served.
- ⁸ A serving of grains must be whole grain-rich, enriched meal, or enriched flour. Iron-fortified infant cereal is the only grain that may count toward a reimbursable breakfast, lunch, or supper. Ready-to-eat cereals, bread/bread-like items, and crackers may be served as part of a reimbursable snack.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE
 CHILD AND ADULT CARE FOOD PROGRAM
INDIVIDUAL INFANT MEAL RECORD BIRTH-5 MONTHS (5 DAY)

Infant's Name						Age in months		Date of Birth / /		
Center/Provider				Breastmilk <input type="checkbox"/> Yes <input type="checkbox"/> No		Formula Type		Claim Month/Year /		
Claim only approved meals. Meals claimed <input type="checkbox"/> Breakfast <input type="checkbox"/> Snack <input type="checkbox"/> Lunch <input type="checkbox"/> Supper										
Requirements	Date / /		Date / /		Date / /		Date / /		Date / /	
	Amount Eaten	Time	Amount Eaten	Time	Amount Eaten	Time	Amount Eaten	Time	Amount Eaten	Time
4-6 fluid ounces of breastmilk or iron fortified formula										
4-6 fluid ounces of breastmilk or iron fortified formula										
4-6 fluid ounces of breastmilk or iron fortified formula										
4-6 fluid ounces of breastmilk or iron fortified formula										
4-6 fluid ounces of breastmilk or iron fortified formula										
4-6 fluid ounces of breastmilk or iron fortified formula										

Note: Minimum serving sizes per age group and meal requirements as listed on the Food Charts must be followed for a creditable **CACFP** meal.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE
 CHILD AND ADULT CARE FOOD PROGRAM
INDIVIDUAL INFANT MEAL RECORD 6-11 MONTHS (5 DAY)

Infant's Name			Age in months	Date of Birth / /		
Center/Provider		Breastmilk <input type="checkbox"/> Yes <input type="checkbox"/> No		Formula Type	Claim Month/Year / /	
List specific foods consumed by this infant. Foods from child menu may be used if infant is developmentally ready.						
Meals claimed <input type="checkbox"/> Breakfast <input type="checkbox"/> Snack <input type="checkbox"/> Lunch <input type="checkbox"/> Supper						
Requirements						
Breakfast		Date / /	Date / /	Date / /	Date / /	Date / /
Iron fortified formula or breastmilk; AND	6-8 fluid ounces					
Vegetable, fruit or both; AND	0-2 tablespoons					
Infant cereal, meat, fish, poultry, whole eggs, cooked dry beans or peas; or	0-4 tablespoons					
cheese; or	0-2 ounces					
cottage cheese; or	0-4 ounces					
yogurt; or	0-4 ounces					
a combination						
Snack						
Iron fortified formula or breastmilk; AND	2-4 fluid ounces					
Vegetable, fruit or both; AND	0-2 tablespoons					
Infant cereal or ready to eat cereal; or	0-4 tablespoons					
Slice of bread; or	0-1/2 slice					
Crackers	0-2					
Lunch/Supper						
Iron fortified formula or breastmilk; AND	6-8 fluid ounces					
Vegetable, fruit or both; AND	0-2 tablespoons					
Infant cereal, meat, fish, poultry, whole eggs, cooked dry beans or peas; or	0-4 tablespoons					
cheese; or	0-2 ounces					
cottage cheese; or	0-4 ounces					
yogurt; or	0-4 ounces					
a combination						

Note: Minimum serving sizes per age group and meal requirements as listed on the Food Charts must be followed for a creditable **CACFP** meal.

Feeding Infants Using Ounce Equivalents for Grains in the Child and Adult Care Food Program



Grains in the form of bread/bread-like items, crackers, iron-fortified infant cereal, or ready-to-eat cereals are an important part of meals and snacks in the Child and Adult Care Food Program (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 tell you the amount of grain in a portion of food.

As a reminder, iron-fortified infant cereal is the only grain that may count toward a reimbursable breakfast, lunch, or supper in the CACFP infant meal pattern. You may serve bread/bread-like items, crackers, iron-fortified infant cereal, or ready-to-eat cereals as part of a reimbursable snack.



Reminder!

Infant cereals and ready-to-eat cereals must be iron-fortified. Ready-to-eat cereals must contain no more than 6 grams of sugar per dry ounce.

All grains served must be enriched, fortified, or whole grain-rich.

Breakfast/Lunch/Supper	
Grain Item	Requirements
Iron-Fortified Infant Cereal; or meats/meat alternates; or both	0-½ oz eq

Snack (choose at least one item below)	
Grain Item	Requirements
Bread/Bread-like Items; or	0-½ oz eq
Crackers; or	0-¼ oz eq
Iron-Fortified Infant Cereal; or	0-½ oz eq
Ready-to-Eat Cereal	0-¼ oz eq

For more information on the CACFP infant meal pattern, see the “Feeding Infants in the Child and Adult Care Food Program” guide at [TeamNutrition.USDA.gov](https://www.teamnutrition.usda.gov).

Using the Grains Measuring Charts

The Grains Measuring Charts on pages 3–4 tell you how much bread/bread-like items, crackers, iron-fortified infant cereal, and ready-to-eat cereals you need to serve to meet CACFP infant meal pattern requirements. To use these charts:

1 Find the chart that applies to the grain item you want to serve:
Iron-Fortified Infant Cereal (Page 3), Bread/Bread-Like Items (Page 3), Ready-To-Eat Cereal (Page 4), Crackers (Page 4).

2 Find the grain you want to serve under the “Grain Item and Size” column.

3 Check if the chart lists a size or weight by the name of the grain. If the chart:

- **Lists a weight** for the grain, such as **at least 28 grams**, then use the Nutrition Facts label for the item you want to serve to make sure it weighs the same or more than the grain on the chart. See page 5.
- **Lists a size** for the grain, such as **about 2" by 2"**, then check if the item is the same size or larger than this amount. See page 6.
- **Does not list a weight or size** for the grain, then you do not need to check the size or weight of the product before using the chart.

Grains Measuring Chart for the CACFP Infant Meal Pattern

Grain Item and Size

Bread at least 28 grams

Cracker, Saltine (about 2" by 2")

Iron-Fortified Infant Cereal
(single and multigrain)



Reminder!

Do not offer babies crackers containing seeds and nuts.
These items can increase a baby's risk of choking.



Reminder!

Cut breads and bread-like items into thin strips or small pieces no larger than ½ inch.
This will reduce the risk of a baby choking.





BREAD/BREAD-LIKE ITEMS = ½ oz eq



IRON-FORTIFIED INFANT CEREAL = ½ oz eq

Grains Measuring Chart for the CACFP Infant Meal Pattern

Grain Item and Size		½ oz eq is about...	Creditable at Meals or Snacks?
Biscuit at least 28 grams	★	½ biscuit or 14 grams	Snack only
Bread at least 28 grams	★	½ slice or 14 grams	Snack only
Bun or Roll (entire bun or roll) at least 28 grams	★	½ bun/roll or 14 grams	Snack only
Corn Muffin at least 34 grams	★	½ muffin or 17 grams	Snack only
English Muffin (top and bottom) at least 56 grams	★	¼ muffin or 14 grams	Snack only
Iron-Fortified Infant Cereal (single and multigrain)		4 tablespoons (¼ cup) dry	Breakfast, lunch, supper, snack
Pancake at least 34 grams	★	½ pancake or 17 grams	Snack only
Pita Bread/Round at least 56 grams	★	¼ pita or 14 grams	Snack only
Tortilla, Soft, Corn (about 5 ½")	■	¾ tortilla or 14 grams	Snack only
Tortilla, Soft, Flour (about 6")	■	½ tortilla or 14 grams	Snack only
Tortilla, Soft, Flour (about 8")	■	¼ tortilla or 14 grams	Snack only
Waffle at least 34 grams	★	½ waffle or 17 grams	Snack only

- ★ Check that the item you want to serve weighs this amount, or more. See "Using the Nutrition Facts Label" on page 5 for more information.
- Check that the item you want to serve is about this size or larger. See "Grains Measuring Tools" on page 6 for more information.



CRACKERS = ¼ oz eq



READY-TO-EAT CEREALS = ¼ oz eq

Grains Measuring Chart for the CACFP Infant Meal Pattern

Grain Item and Size	¼ oz eq is about...	Creditable at Meals or Snacks?
Cereal, Ready-to-Eat: Flakes or Rounds (e.g., o-shaped cereal)	4 tablespoons (¼ cup) or 7 grams	Snack only
Cereal, Ready-to-Eat: Puffed (e.g., crispy puffed rice cereal)	5 tablespoons (~⅓ cup) or 7 grams	Snack only
Cracker, Animal (about 1 ½" by 1")	■ 4 crackers or 7 grams	Snack only
Cracker, Bear-shaped or Similar, Sweet (not honey flavored) (about 1" by ½")	● 6 crackers or 7 grams ■	Snack only
Cracker, Cheese, Square, Savory (about 1" by 1")	■ 5 crackers or 6 grams	Snack only
Cracker, Fish-shaped or Similar, Savory (about ¾" by ½")	■ 11 crackers or 6 grams	Snack only
Cracker, Graham (not honey flavored) (about 5" by 2 ½")	● ½ cracker or 7 grams ■	Snack only
Cracker, Round, Savory (about 1 ¾" across)	■ 2 crackers or 6 grams	Snack only
Cracker, Round, Savory, Mini (about 1" across)	■ 4 crackers or 6 grams	Snack only
Cracker, Saltine (about 2" by 2")	■ 2 crackers or 6 grams	Snack only
Cracker, Thin Wheat, Square, Savory (about 1 ¼" by 1 ¼")	■ 3 crackers or 6 grams	Snack only
Cracker, Zwieback (not honey flavored)	● 1 cracker or 6 grams	Snack only

- Honey should never be fed to babies younger than 1 year.
- Check that the item you want to serve is about this size or larger. See "Grains Measuring Tools" on page 6 for more information.

Using the Nutrition Facts Label

Some items on the Grains Measuring Charts may have weights listed by the name of the item. Follow the steps below to see if your grain meets the minimum weight listed in the chart:

Example #1: Pita Bread/Round (1 item in a serving)

1. Find the grain item and its size in the Grains Measuring Chart. →

The pita bread/round you are comparing must weigh **at least 56 grams** to use the chart as a guide to the minimum serving amount.

- If the pita bread/round you want to serve is **at least 56 grams**, then you can serve that item.
- If the pita bread/round is lighter in weight than the item listed on the Grains Measuring Chart, see page 6.

Grain Item and Size

Pita Bread/Round at least 56 grams

Nutrition Facts

6 Servings Per Container

Serving Size 1 Round (57g)



Example #2: Pancakes (more than 1 item in a serving)

1. Find the grain item and its size in the Grains Measuring Chart. →
2. Look at the Nutrition Facts label of the grain you wish to serve. Find the weight of the serving size. One serving of pancakes weighs 117 grams.
3. Using the Nutrition Facts label, find out how much is in one serving (for example, the number of pancakes). There are three pancakes in one serving.
4. If there is more than one of an item in a serving, you will need to find the weight of each item. In this example, the serving size is three pancakes.

Grain Item and Size

½ oz eq is about...

Pancake at least 34 grams ½ pancake or 17 grams

Nutrition Facts

4 Servings Per Container

Serving Size 3 Pancakes (117g)



Divide the weight of the serving by the number of items in one serving to find the weight of one item.

$$117 \text{ grams} \div 3 \text{ pancakes} = 39 \text{ grams per pancake}$$

Serving Weight

Serving Size

Weight of Each Item

Compare the weight of one item to the minimum weight listed in the Grains Measuring Chart (from Step 1). Is your item the same weight as, or heavier than, the minimum weight?

- ✓ **Yes:** In the example above, pancakes must weigh at least 34 grams in order to use the Grains Measuring Chart. Because each pancake weighs 39 grams, you may use the chart as a guide for the minimum serving amount.

What If My Grain Is Different?

Is the grain item you want to serve:

- Smaller than the item listed on the Grains Measuring Chart?
- Lighter in weight than the item listed on the Grains Measuring Chart?
- Not listed on the Grains Measuring Chart?

If the answer is “yes”, you will need to use another method to determine how much of a grain item to serve in order to meet CACFP infant meal pattern requirements. You could:

- Enter information from the Nutrition Facts label into the “Food Buying Guide for Child Nutrition Program’s (FBG) Exhibit A Grains Tool.”* This tool will let you know how many ounce equivalents of grains are in one serving of the item.
- Use the “FBG Recipe Analysis Workbook (RAW)”* to determine the ounce equivalents per serving for standardized recipes.

*Available at foodbuyingguide.fns.usda.gov.

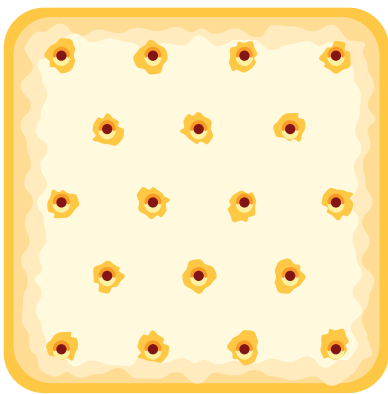
Note: Make sure the food you are entering is creditable for infants. For more information, see “Feeding Infants in the CACFP’s Appendix F: Infant Foods List” at fns.usda.gov/sites/default/files/resource-files/FI_AppendixF.pdf.

Grains Measuring Tools

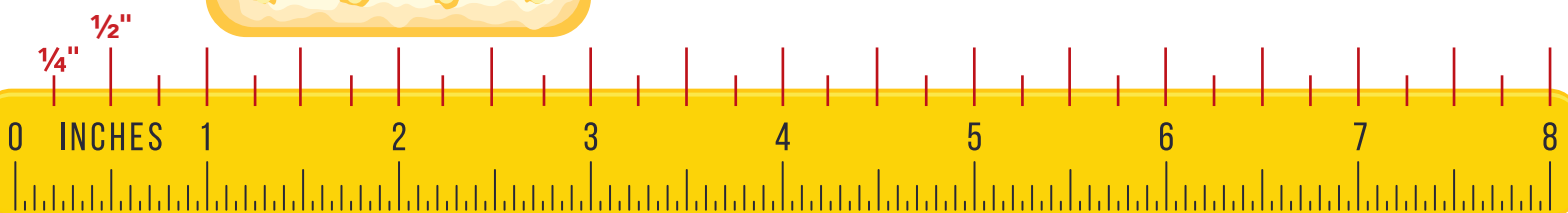
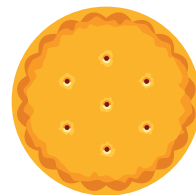
Compare your food to the guides below to see if it is the same size or larger than the item listed on the Grains Measuring Chart.

Guides appear as actual size when this worksheet is printed at 100% on standard 8.5" by 11" paper.

2" by 2"



1" across



Infant Feeding: Questions and Answers

Memo [CACFP 11-2023: Feeding Infants and Meal Pattern Requirements in the Child and Adult Food Program; Questions and Answers \(Revised September 2023\)](#) provides updated guidance on feeding infants and the infant meal pattern requirements in CACFP. Included below are excerpts from this memorandum. New or updated questions are preceded by three asterisks (***)

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

- Infants do not eat on a strict schedule.
- Watch infants for hunger cues and satiety cues, **not the clock**.
- The quantity of food an infant consumes changes from feeding to feeding or day to day. Be mindful of what an infant eats over the course of the day versus individual feedings.
- As long as all the required food components (i.e., breastmilk and/or infant formula and the solid foods the infant is developmentally ready to accept) are offered over the course of the entire day, they may be counted towards reimbursable meals.

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

- A parent may provide one meal component for their own infant or infants, including infant formula received through WIC. However, parents or guardians cannot donate formula or food they receive from WIC to the FDCH or group home for general use.

Are parents or guardians allowed to provide the majority of the meal components for infants? What components can they provide?

- Parents or guardians may only supply **one component** of a reimbursable meal.
- A parent or guardian may choose to supply breastmilk (expressed/breastfed on site) or a creditable infant formula, even when the infant is only consuming breastmilk or infant formula.
 - If the parent or guardian chooses to supply expressed breastmilk or a creditable infant formula, then the FDCH **must** provide all the other required meal components for the meal to be reimbursable.
 - If the parent or guardian chooses to provide a solid food component, the home **must** supply all the other required meal components, including iron-fortified infant formula.
 - The parent or guardian may **choose** to provide a meal component; the home may not request or require the parent or guardian to provide the components to complete the meal and reduce costs.

An infant is breastfeeding, and the parent wants the infant to be fed organic vegetables, but the vegetables the FDCH or group home serves are not organic. Therefore, the parent decides to provide all solid food for their infant while the infant is in care. Can the home claim those meals for reimbursement?

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

*****How should homes document infant menus when the items each infant eats vary so much?**

- FDCH and group homes must keep records of menus, and State agencies have the discretion to determine how best to document the varying meals infants are offered. Complete a daily Infant Meal Record for each infant and serve them food per the Food Chart for Infants according to age group: birth to 5 months and 6 through 11 months. File Infant Meal Records with other monthly records.

- As a reminder, homes will need to vary the foods served to each infant based on the infant's developmental readiness. All infants must be served breastmilk or infant formula, but not all infants should be served solid foods unless they are developmentally ready, 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.

What is an “iron-fortified” infant formula?

- The Food and Drug Administration (FDA) considers an infant formula to be “iron-fortified” if it has 1 milligram of iron or more per 100 kilocalories. Look on the label for “Infant Formula with Iron” or a similar statement or verify with the product's nutrition facts label.

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

- Yes, meals served to infants (birth through 11 months of age) may contain iron-fortified infant formula, breastmilk, or a combination of both.

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

- FDCH and group homes must document if the infant is served breast milk or infant formula to demonstrate compliance with the meal pattern requirements but do not have to document the delivery method; therefore, a home can document that breastmilk was offered.
- Other options include documenting “breastfed” or “mom” on the menu or meal count form.

If an FDCH or group care home cannot provide a private place for parents to breastfeed and a parent chooses to breastfeed in their car, is that meal still reimbursable?

- Yes, homes are strongly encouraged, but not required, to offer a quiet, private area that is comfortable and sanitary for parents who come to the home to breastfeed.
- If a parent chooses to breastfeed their infant in their car on the grounds of the home, 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.

Can a provider, or any other staff member of an FDCH or group care home, 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 home provider or any other staff member of an FDCH or group home may breastfeed their infant on-site, and the home may claim the meal for reimbursement if the infant is enrolled at the home.
- 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 FDCH or group home.
- If 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.

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

- Yes. If the infant is offered the minimum serving size of expressed breastmilk or iron-fortified infant formula, the meal is reimbursable. Infants do not eat on a strict schedule, and the quantity of food an infant consumes changes from feeding to feeding or day to day. Infants should not be force-fed.
- 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.

- Some infants who are regularly breastfed may consume less than the minimum serving size of breastmilk per feeding. In these situations, infants may be offered breastmilk that is less than the minimum serving size, and additional breastmilk must be offered later if the infant shows signs of hunger. This flexibility encourages breastfeeding and helps prevent wasting expressed breastmilk. As a reminder, once you start feeding an infant, make sure the infant formula is consumed within one hour and that expressed breastmilk is consumed within two hours. Throw away any leftover expressed breastmilk or formula that is in the bottle.

*****If a registered dietitian, a physician, or a 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 or a fluid milk substitute may be served as an alternative for breastmilk and/or infant formula and be part of a reimbursable meal only if the alternative is supported by a medical statement signed by a registered dietitian, a licensed physician, or a State recognized medical authority. A state-recognized medical authority for this purpose is a State-licensed health care professional who is authorized to write medical prescriptions under State law.
- The statement should include a description of the infant's physical or mental impairment and an explanation of how to modify the meal or meal service to accommodate the infant's disability. The statement must be submitted and kept on file in a secure location by the FDCH or group home. For more information on providing meal accommodations for participants with disabilities, please see [CACFP 14-2017, SFSP 10-2017, Modifications to Accommodate Disabilities in the Child and Adult Care Food Program and Summer Food Service Program](#).

If a mother breastfeeds her 13-month-old or older child at the FDCH or group home, is the meal reimbursable?

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

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

- No, a written request is not required. This is true no matter the delivery method.

If a mother breastfeeds her 13-month-old or older child at the FDCH or group home prior to or after meal service, which meal is it counted towards?

- Count it towards the meal that was closest to when the mother breastfed the child.

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

- Yes, but the required minimum fluid milk serving size still must be met.
- Serve whole, unflavored milk alongside the breastmilk to make up the difference.
- The two milks do not need to be mixed.
- The home must provide all other components for the meal to be reimbursable.

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

- Yes, for a period of one month, 12 to 13 months of age, 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 encourage gradual acceptance of the new food.
- Meals containing infant formula served to children 13 months and older are reimbursable when supported by a medical statement signed by a state-recognized medical authority who is authorized to

write medical prescriptions under State law. The statement should include a description of the infant's physical or mental impairment and an explanation of how to modify the meal or meal service to accommodate the infant's disability. The statement must be submitted and kept on file in a secure location by the home.

- Breastmilk continues to be considered an acceptable fluid milk substitute for children over 12 months of age, and a medical statement is not required.

If a parent supplies an infant formula that is not iron-fortified (“low-iron”), would the 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.
- Infant formulas that are not iron-fortified may be creditable towards a reimbursable meal if the substitution is supported by a medical statement. The medical statement should include a description of the infant's physical or mental impairment and an explanation of how to modify the meal or meal service to accommodate the infant's disability. The statement must be signed by a registered dietitian, a licensed physician, or a state-recognized medical authority who is authorized to write medical prescriptions under State law. The statement must be submitted and kept on file in a secure location by the home.

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

- If a parent or guardian declines the iron-fortified infant formula that the home offers and chooses to provide their own infant formula, it is the responsibility of the home to inform the parent or guardian that they must provide a formula that is creditable (i.e., it is iron-fortified and is regulated by FDA).
- As a best practice, a home may choose to have a form that indicates the parent or guardian declined the offered infant formula and that they will provide either breastmilk or an infant formula that is iron-fortified and regulated by the FDA. Or a home may request the infant formula label to determine if it is iron-fortified. However, this documentation is not a federal requirement.

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 breastmilk are only creditable when served as a beverage.

*****How can providers thaw frozen breastmilk at a child care site?**

- Providers may thaw the frozen container of breastmilk 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 breastmilk should be thawed first, using a first-in-first-out approach. Thawed breastmilk should be refrigerated and used within 24 hours. Once the thawed breastmilk is at room temperature, it should be used within 2 hours. Leftover breastmilk should be discarded after 2 hours.
- Breastmilk should never be thawed at room temperature or thawed by mixing with warm breastmilk. Breastmilk should also never be heated in boiling water or in a microwave.

*****If frozen breastmilk is thawed in the refrigerator and 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 breastmilk is completely thawed, not from the time it was removed from the freezer. Providers should make note of the date and time the breastmilk was thawed on the bottle or container.

- Breastmilk should never be refrozen after it has thawed.

If an infant is starting to be introduced to solid foods, such as infant cereal, does the FDCH or group home have to serve that solid food at every meal where that component is required?

- Solid foods are introduced gradually, which means that it may be appropriate to serve solid food only once per day and then gradually increase the number of feedings per day.
- The infant does not need to be offered a solid food component that is part of every meal pattern, such as vegetables and fruit until the infant has established a tolerance for that solid 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.

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

- Yes. Meals containing solid foods are reimbursable when the infant is developmentally ready to accept them, even if the infant is younger than 6 months of age.
- A written note from a parent or guardian stating his or her infant should be served solid foods is recommended.
- 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.

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

- Once an infant is developmentally ready for solid foods, homes must indicate on menus what solid foods are being served and the serving size of the food served.
- It is best practice to obtain a written note from the parents or guardians indicating that solid foods should be served to the infant while in care.
- It is a good practice to check with parents or guardians of all infants to learn about any concerns of possible allergies.
- Child care providers may use the [For Parents: What Is Your Baby Eating? Let Us know!](#) handout found in the Feeding Infants in the CACFP guide to assist with these types of conversations. As a reminder, this is a sample communication tool, not required documentation.
- As a reminder, every infant must have an individual [Infant and Toddler Feeding and Care Plan](#) (MO 500-3306) or the [Infant Feeding Preference](#) form (CACFP-647) to document the breastmilk, formula, and solid food feeding preferences as the infant progresses through both infant age groups. All infants in care must have one of these forms on file, signed and dated by a parent or guardian and updated as needed.

*****At what age would a monitor expect to see infants being served all the solid food components?**

- The American Academy of Pediatrics (AAP) recommends that by 7 or 8 months of age, infants should be consuming solid foods from all food groups. 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 these instances, the meal would be reimbursable.

- Monitors will engage in conversation with homes to learn more about the infant's eating habits and ensure that the meal being served is appropriate for that infant's developmental readiness.

*****What should an FDCH or group home do if they feel an infant is developmentally ready to start eating solid foods, but the infant's parents or guardians do not want the infant to be introduced to solid foods?**

- If a home believes that an infant is developmentally ready to start eating solid foods, they should engage in a conversation with the infant's parents or guardians. The provider can tell the parents or guardians about the signs they have seen indicating the infant is ready to start solid foods and ask if they would like solid foods to be served while the infant is in care.
- Home 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. Consider using the Communication Tools for Parents and Child Care Providers found in the [Feeding Infants in the CACFP guide](#) to assist with these conversations.
- If the parent or guardian does not want their infant to be served solid foods while the infant is in care, the home should respect that decision and should not serve the infant solid foods. In this situation, if the home continues to serve the infant the required amount of breastmilk or iron-fortified infant formula, then the meals are still reimbursable.

*****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.

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

- Yes. According to [CACFP 02-2024](#), the Dietary Guidelines for Americans (DGAs) note that consumption of a balanced variety of protein foods, including plant-based protein sources (for example, tofu and soy yogurt), can contribute to improved nutrient intake and health benefits. When developing the infant meal patterns for CACFP preschools, 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. At the time, the DGAs did not provide recommendations for children

under the age of two. However, the most recent 2020-2025 DGAs include recommendations for children under two years of age. These recommendations encourage a nutrient-dense, diverse diet from ages 6 through 23 months of life, which includes a variety of food sources from each food group, including soy products, such as tofu and soy yogurt.

- In the CACFP infant meal pattern, the minimum serving amount of tofu for infants 6 through 11 months is 0-4 tablespoons (¼ cup), or 2.2 oz., of commercially prepared tofu, containing at least 5 grams of protein. Minimum serving sizes are listed as ranges for infants because not all infants are ready to eat solid foods at the same time. For all Child Nutrition Programs (CNP), if tofu contains greater than 5 grams of protein per 2.2 oz., the tofu remains creditable as the 1.0-ounce equivalent of meat alternate per 2.2 oz. (or ¼ cup volume) of tofu.
- In the CACFP infant meal pattern, the serving size of soy yogurt is the same as for dairy yogurt, 0-4 oz. or ½ cup, for infants 6 through 11 months. Soy yogurt must also comply with the sugar limit for yogurt of no more than 23 grams of total sugar per 6 ounces.

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

- Yes. Yogurt is an allowable meat alternate for infants consuming solid foods. All yogurts served in the CACFP, including those served to infants, must contain no more than 23 grams of sugar per 6 ounces.
- As noted above, per [CACFP 02-2024](#), soy yogurt is now allowed in the infant meal pattern - ½ cup (or 4.0 oz.) of soy yogurt is creditable as a 1.0-ounce equivalent of meat alternate. This is consistent with dairy yogurt crediting. The same sugar restrictions apply.

*****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 (AAP) 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 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 component.
- Program operators can learn more about Reducing the Risk of Choking in Young Children at Mealtimes by viewing the [CACFP Meal Pattern Training Worksheet](#) on the subject.

*****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 toward 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.

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

- 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)). Homes may still purchase foods pre-fried, flash-fried, or par-fried by the manufacturer, such as fish sticks. But those foods must be reheated using a method other than deep-fat frying.

- Homes are strongly discouraged 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, homes should take into consideration the overall nutritional value of a food and how it contributes to the development of healthy eating habits prior to serving the food. Deep-fat fried foods are often high in calories and solid fats.

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. However, homes are encouraged to serve whole grain-rich foods to infants when possible to promote acceptance of those foods later in life.

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

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

- Yes, all cereals, including infant and ready-to-eat cereals, served in the CACFP must contain no more than 6 grams of sugar per dry ounce (21 grams of sugar per 100 grams of dry cereal).

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

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

Can infant cereal be served in a bottle to infants?

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

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, or baked goods that contain honey).
- This also applies to commercially prepared foods such as cereals sweetened with honey or honey graham crackers.

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

- The AAP recommends introducing single ingredients foods to infants first, one at a time, to monitor for allergies. 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 has the appropriate texture to reduce the risk of choking, and that the food is not high in added sugars, fats, or sodium.
- Some mixed dishes may contain foods that do not credit towards the infant meal pattern, such as rice or pasta.
- Homes should only serve foods with more than one food component to older infants with well-established solid food eating habits.
- 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. For more information, see Team Nutrition's CACFP Meal Pattern Training Worksheet, "[Crediting Store-Bought Combination Baby Foods in the CACFP.](#)"

*****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.

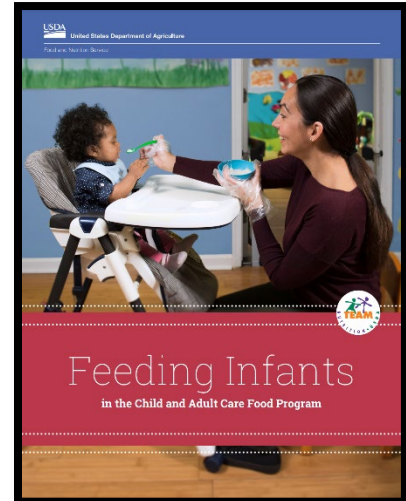
*****The Crediting Handbook for the Child and Adult Care Food Program, the Food Buying Guide for Child Nutrition Programs, and other Team Nutrition Resources provide minimum serving sizes for different meal components to count towards the meal pattern requirements. For example, to credit towards the vegetable component, a minimum serving size of 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.

Infant and Toddler Resources

[Feeding Infants in the Child and Adult Care Food Program](https://www.fns.usda.gov/tn/cacfp/feeding-infants) located at:
<https://www.fns.usda.gov/tn/cacfp/feeding-infants>

Feeding Infants in the Child and Adult Care Food Program (CACFP) guide is a training tool for CACFP operators who have infants enrolled at their child care site. It covers topics such as the infant meal pattern, developmental readiness, hunger and fullness signs, handling and storing breastmilk and infant formula, solid foods, what is creditable in the infant meal pattern, and much more. Find parent communication tools, child care provider handouts, practice scenarios, and check your knowledge questions in this guide as well.



Please note that as of April 2024, this resource is under revision to reflect the current [CACFP Policy](#) related to breastmilk storage guidelines, ounce equivalents, and [crediting soy-based products such as soy yogurt and tofu](#) located at <https://www.fns.usda.gov/cn/crediting-tofu-soy-yogurt-products-school-meals-cacfp>.



[Mealtimes with Toddlers in the Child and Adult Care Food Program](https://www.fns.usda.gov/tn/cacfp/mealtimes-toddlers) located at
<https://www.fns.usda.gov/tn/cacfp/mealtimes-toddlers>

The Mealtimes with Toddlers in the Child and Adult Care Food Program (CACFP) resource assists CACFP operators in meeting meal pattern requirements and creating positive mealtime environments for children 1-2 years.

A separate [Mealtimes with Toddlers Family Handout](#) is available for CACFP operators to share information with parents and guardians. Handout located at <https://www.fns.usda.gov/tn/mealtimes-toddlers-family-handout>.

Feeding Infants in the Child and Adult Care Food Program and Mealtimes with Toddlers in the Child and Adult Care Food Program are available in both English and Spanish. You can find links to both of these resources from the CACFP website at [www.health.mo.gov/cacfp - Resources](http://www.health.mo.gov/cacfp-Resources).