Infant Feeding in the CACFP
Questions and Answers

New questions are preceded by three asterisks (***)

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, or a combination of both, as long as the total number of ounces offered to the infant meets or exceeds the minimum amount required in the CACFP infant meal pattern.

4. 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.

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.
5. 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 milk alternative 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.

6. 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?

Generally, infant formulas that are not iron-fortified are not reimbursable in the CACFP. However, infant formulas that are not iron-fortified may be served and 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.

7. Is a meal reimbursable if the parent or guardian provides the majority of the meal components for infants older than three months?

Yes. FNS recognizes that infants have unique dietary needs and parents or guardians are often most in touch with their infant’s dietary preferences. Therefore, parents or guardians may choose to provide one or more of the meal components in the CACFP infant meal patterns for infants older than three months, as long as this is in compliance with local health codes. In order for a meal with parent or guardian provided components to be reimbursable the center or provider must provide at least one of the meal components in at least the minimum required serving size. Centers and sponsoring organizations must ensure that the parent or guardian is truly choosing to provide the preferred component(s) and that the center or provider has not requested or required the parent or guardian to provide the components in order to complete the meal and reduce cost to the center or provider.
8. ***Is yogurt creditable in the infant meal pattern?***

Yogurt is not and has never been a creditable food component in the CACFP infant meal pattern. The American Academy of Pediatrics recommends delaying the introduction of cow’s milk until 1 year of age and the Institute of Medicine recommends delaying the introduction of both cow’s milk and cow’s milk-based products, including yogurt, until 1 year of age. FNS will update the Feeding Infants: A Guide for Child Nutrition Programs (http://www.fns.usda.gov/tn/feeding-infants-guide-use-child-nutrition-programs) to reflect this policy because it currently lists yogurt as a meat/meat alternate that may be introduced starting at 8 months of age.

9. ***Are foods that are considered to be highly allergic or foods that contain these highly allergic foods 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) are allowed and can be part of a reimbursable meal. The American Academy of Pediatrics states there is no current convincing evidence that delaying the introduction of foods that are considered to be highly allergic has a significant positive effect on the development of food allergies. Even though most food allergies cause relatively mild and minor symptoms, some food allergies can cause severe reactions, possibly life-threatening. With this in mind, it is good practice to check with parents or guardians of all infants to learn about any concerns of possible allergies and their preference on how solid foods are introduced.

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

Mixed or combination foods 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. Additionally, many infant mixed food products contain more ingredients that could possibly cause an allergic reaction in those children with allergies and may have added sugar that may promote the development of tooth decay as well as provide few nutrients.