



## **Infant Meals**

### **PROCEDURE / APPROACH**

Early Head Start is committed to feeding infants and toddlers according to their individual developmental readiness and feeding skills as recommended in USDA requirements outlined in 7 CFR parts 210, 220, and 226, and ensure infants and young toddlers are fed on demand to the extent possible. As long as an infant is enrolled in the Early Head Start Program care, the center must offer the infant a meal that complies with Program requirements.

Infants have unique nutritional and developmental needs, so the CACFP has a separate meal pattern for infants. The USDA defines “infant” for purposes of the CACFP as infants from birth through 11 months of age.

#### **HEAD START PROGRAM PERFORMANCE STANDARDS:**

1302.44;1302.31

USDA 7 CFR parts 210, 220, and 226

ODE/CACFP Chapter 9

USDA FNS CACFP Regulations 7 CFR 226

201(z) of the Federal Food, Drug, and Cosmetic Act [21 U.S.C.321(z)]

412 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 350a)

21 CFR parts 106 and 107

### **A. Infant Meal Pattern**

- Sponsors must offer the infant meal pattern to all infants in care. The specific amount and type of food required for reimbursable meals changes as infants get older. Infants are grouped into two age categories for infant meal pattern purposes:
  - Birth through the end of 5 months
  - Beginning of the 6th month through the end of the 11th month
- Developmental and nutritional needs of each infant vary. Sponsors should consult with the parent or guardian about the introduction of solid foods. As a best practice, the Sponsor should obtain in writing from the parent or guardian when the Sponsor should start serving solid foods to their infant.
- Solid foods must be served when the infant is around 6 months of age and when the infant is developmentally ready for them. Once the infant is developmentally ready to

accept solid foods, the Sponsor is required to offer them to the infant. Since solid foods are introduced gradually and new foods may be introduced one at a time over the course of a few days, an infant's eating patterns may change. For example, an infant may eat green beans one week and then refuse them the next week. Centers must follow the eating habits of the infant. Additionally, 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.

- Reimbursable meals for infants may contain breast milk, approved iron-fortified infant formula or both—supplied by the caregiver or by the parent. To receive reimbursement for the meal, the caregiver must always offer the infant a complete reimbursable meal based on the meal pattern requirements for the age of the infant.
- Formula or breast milk mixed into infant cereal may not be credited toward meeting the minimum portion size of fluid formula or breast milk required on the meal pattern.
- Refer to Infant Meal Pattern chart.
- A one-month period, between 12 and 13 months, is allowed for infants to transition from infant formula to cow's milk. Meals/snacks containing infant formula served to 12-month-old participants qualify for reimbursement without a Medical Statement to Request Special Meals and/or Accommodations.
- Meals containing infant formula that are served to children 13 months old and older are reimbursable, when it is supported by a medical statement signed by a licensed physician or a State recognized medical authority. A State recognized medical authority for this purpose is a State licensed health care professional, who is authorized to write medical prescriptions under State law (see Chapter 8, Section D for a list of health care professionals authorized to write medical prescriptions).
- The Medical Statement to Request Special Meals and/or Accommodations form 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.
- Participants who are fed breast milk may be served breast milk in place of fluid milk in the meal pattern in any age group in CACFP and the meals are reimbursable.

#### **B. Transitional Period**

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- The Medical Statement to Request Special Meals and/or Accommodations form 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.

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### **C. Crediting Infant Foods**

- To claim an infant's meal for CACFP reimbursement, the specific foods served must be creditable. Many foods that are allowed in older children's meal patterns are not creditable for infants. Dry infant cereal must be iron fortified and served with a spoon. Serving infant cereal in a bottle to infants is not reimbursable. Neither the infant cereal nor the breastmilk or infant formula in the bottle may be claimed for reimbursement, when they are served in the same bottle, unless it is supported with a Medical Statement to Request Special Meals and/or Accommodations. Commercial strained baby food meat products such as beef and beef gravy, chicken and chicken gravy, lamb and lamb gravy, ham and ham gravy, turkey and turkey gravy, and veal and veal gravy are reimbursable.
- Yogurt and whole eggs are creditable as meat alternates in the infant meal pattern for infants that are developmentally ready to accept them. All yogurts served in the CACFP, including yogurt served to infants, must contain no more than 23 grams of sugar per 6 ounces.
- Vegetables and fruits that are cooked, mashed, pureed or small diced as needed to obtain the appropriate texture and consistency are required at breakfast, lunch, supper and snack for infants that are developmentally ready to accept them.
- Ready-to-eat breakfast cereals are allowable at snack only for infants that are developmentally ready to accept them. All ready-to-eat cereals served to infants are subject to the same sugar limit as breakfast cereals served to children and adults in the CACFP. Ready-to-eat cereals served to infants must contain no more than 6 grams of sugar per dry ounce.
- 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.
- There is no whole grain requirement for infants. The requirement to serve at least one whole-grain rich food per day is only required for the CACFP children and adult meal pattern. The American Academy of Pediatrics (AAP) recommends introducing single ingredient foods to infants first, one at a time. This will help to monitor if an infant has an allergic reaction.
- Once developmentally ready, infants benefit from being introduced to a variety of food textures, aromas, and flavors, including mixed dishes. When considering food combinations, be sure that the infant has been introduced to all ingredients, that the food is the appropriate texture to prevent choking, and that the food is not high in added sugars, fats, or sodium. Be aware that some mixed dishes may contain foods that do not credit towards the infant meal pattern, such as rice or pasta.

- With that in mind, FNS encourages centers and day care homes to only serve foods with more than one food component to older infants with well-established solid food eating habits.
- When combination foods are served to infants, a recipe must be available for homemade combination foods, and a CN Label or manufacturer's PFS must be available for commercially prepared combination foods. Sometimes parents or guardians want to provide specific food(s) for their infant. Infant meals claimed for reimbursement must contain all the required meal pattern components for the age of the infant being served, whether supplied by the parent/guardian or supplied by the Sponsor. Parents or guardians cannot be required or coerced to supply formula or solid foods for their infant who is participating in the CACFP. When the parent or guardian supplies formula or food for their infant, it must be documented on the infant menu record as "PS" for the parent-supplied item(s).

#### **D. Meal Times and Service**

- Infants do not eat on a strict schedule. Therefore, sponsors are not required to feed infants only at the traditional meal times scheduled for older children. Infant meals must be served consistent with the infant's eating habits. As long as all the required food components are offered over the course of the day, the meals may be reimbursable.
- When the infant has been offered some of the required components of a meal/snack, the rest of the required food components for that meal/snack must be offered over the course of the day. For example, if an infant was breastfed at home right before arriving at the center, the infant may not be hungry for the breakfast meal, when the participant first arrives. The center may offer the meal to the infant later in the morning when the infant is hungry and still claim it. Additionally, if an infant, who is developmentally ready to eat pureed vegetables, is not hungry for pureed vegetables at lunch, then the pureed vegetables can be offered at another time during the day and the lunch meal may still be claimed for reimbursement.
- Some breastfed infants regularly consume less than the required amount of breastmilk per feeding. A serving of less than the minimum amount of breastmilk may be offered with additional breastmilk offered if the infant is still hungry.
- Even though infants should be fed "on demand", only the meal types approved for reimbursement on the Sponsor's CNPweb Site Information Sheet(s) may be claimed for reimbursement. For example, if "PM Snack" is not an approved meal type for a site, then PM snacks cannot be claimed for reimbursement, even if the infant is fed mid-afternoon. To change the type of meals offered to better fit infant feeding needs, Sponsors must enter the requested changes on the appropriate Site Information Sheet(s) in CNPweb and submit them to ODE CNP for approval prior to recording and claiming meals for reimbursement.
- Note: A maximum of two meals and one snack or two snacks and one meal may be claimed for reimbursement per infant each day, regardless of the number of meals or snack served.

## **E. Developmental Readiness for Food**

- There is no single, direct signal to determine when an infant is developmentally ready to accept solid foods. An infant's readiness depends on his or her rate of development. Sponsors should be in constant communication with infants' parents or guardians about when and what solid foods should be served while the infant is in care. As a best practice, USDA's Food and Nutrition Service (FNS) recommends that parents or guardians request in writing when a provider should start serving solid foods to their infant. When talking with parents or guardians about when to serve solid foods to infants in care, the following guidelines from the AAP can help determine if an infant is developmentally ready to begin eating solid foods:
  - The infant is able to sit in a high chair, feeding seat, or infant seat with good head control;
  - The infant opens his or her mouth when food comes his or her way. The participant may watch others eat, reach for food, and seem eager to be fed;
  - The infant can move food from a spoon into his or her throat; and
  - The infant has doubled his or her weight and weighs about 13 pounds or more.
- Allowing solid foods to be served when the infant is developmentally ready (around 6 months of age) better accommodates infants' varying rates of development and allows centers staff to work together with the infant's parents or guardians to determine when solid foods should be served. For more information and best practices on serving solid foods to infants, please see the Infant Nutrition and Feeding Guide.

## **F. Breastmilk**

- Early Head Start program supports breastfeeding, including providing facilities to properly store and handle breast milk and make accommodations, as necessary, for mothers who wish to breastfeed during program hours, and if necessary, provide referrals to lactation consultants or counselors.
- Breastmilk is creditable as part of the CACFP meal pattern. Meals containing parent/guardian provided expressed breastmilk or when the mother directly breastfeeds the infant on-site are reimbursable, including meals when the infant is only consuming breastmilk.
- The Academy of Pediatrics (AAP) recommends an optimal storage time of 72 hours for refrigerated expressed breastmilk. Accordingly, the length of time a sponsor may keep refrigerated bottles of fresh breastmilk is 72 hours from the date the breastmilk was expressed. Bottles of expressed breastmilk must be stored in a refrigerator kept at 400 Fahrenheit or below. This is consistent with recommendations from the AAP and the Centers for Disease Control and Prevention from the time it was collected. For additional information on other breastmilk handling and storage guidelines please review Infant Nutrition and Feeding Guide.
- Expressed breastmilk provided by the mother should be properly identified and labeled with the infant's name and the date the milk was collected. Breastmilk

identified for a particular infant should only be served to that infant. Breastmilk should be stored and handled according to applicable state and local laws and regulations governing health and safety standards.

## **G. Infant Formula**

- Sponsors with infants in care must offer to provide at least one infant formula to infants who are not breastfed, or when a supplement to breastfeeding is needed. The infant formula offered by the Sponsor must be iron-fortified and 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. If a formula is purchased outside of the United States, it is likely that the formula is not regulated by the FDA. Infant formulas that are not regulated by the FDA are not creditable in the CACFP.
- A parent or guardian may decline the offered infant formula and supply another infant formula or breast milk. Sponsors are not required to offer more than one approved infant formula. The sponsor must notify parents/guardians of the formula they offer. Sponsor's notify the parent/guardian of the formula they offer by completing the Infant Formula Selection section of the CACFP Child Enrollment Form. The parent/guardian checks the appropriate statement to accept or decline the center provided infant formula.
- Cows' milk in any form (whole, 2%, 1%) may not be served to infants under 1-year-old without a completed Medical Statement to Request Special Meals and/or Accommodations signed by a licensed physician or a State recognized medical authority on file. 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 Medical Statement to Request Special Meals and/or Accommodations 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 kept on file by the center in order for the meal to be reimbursable.
- Creditable formula is either an approved, iron-fortified formula intended for dietary use solely as a food for normal, healthy infants; or a formula that is authorized in writing by a recognized medical authority.
- Low-iron formulas do not meet CACFP requirements and may be served only when a completed Medical Statement to Request Special Meals and/or Accommodations signed by a licensed physician or a State recognized medical authority is on file for the infant. 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 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.

- To determine if an infant formula is creditable, refer to the CACFP Infant Meal Pattern Chart. If the formula does not appear to meet the requirements listed on the Infant Meal Pattern Chart, refer to the FDA Exempt Infant Formula webpage. If the formula does not appear to meet requirements and is not a FDA Exempt Formula, contact ODE CNP.
- Sponsors may be reimbursed for meals and snacks served to infants that contain parent-provided, reimbursable formula when it is the only required component. This recognizes the non-food related cost of serving infants.
- FDA Exempt Infant Formula
  - Formulas classified as Exempt Infant Formulas by FDA may be served as part of a reimbursable meal if the substitution is due to a disability and is supported with a Medical Statement to Request Special Meals and/or Accommodations form 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 kept on file by the center.
- Serving Formula
  - The Oregon Office of Childcare (OCC) requires that infant formula provided by the center must be commercially prepared and iron-fortified. Formula prepared from powder or concentrate must be diluted according to manufacturers' instructions. When formula is prepared on site, it must be mixed in a kitchen approved by the local county sanitarian or health official, and the center must have a written plan for mixing formula and sanitizing bottles and nipples.

## **H. Monitoring**

- The American Academy of Pediatrics (AAP) recommends introducing solid foods to infants around 6 months of age. In addition, the AAP recommends that by 7 or 8 months of age, infants should be consuming solid foods from all food groups (vegetables, fruits, grains, protein foods, and dairy). However, it is important to keep in mind that infants develop at different rates. Not all infants will be eating solid foods at 6 months of age, nor will all infants be eating solid foods from each food group by 7 or 8 months of age. Monitors should engage in a conversation with the center staff to learn more about the infant's' eating habits and ensure that the meal being served is appropriate for that infant's developmental readiness.
- If during a site monitoring review, the monitor observes an older infant (8 months or more) not being served solid foods, what is the best practice? The monitor should speak with the center staff to understand why the infant is not being served solid foods. Infants are typically developmentally ready to consume solid foods by 8 months of age; however, each infant develops at his or her own rate. If an 8-month old infant is not developmentally ready for solid foods and the center is serving the required minimum serving size for breastmilk or infant formula for the 6 through 11-month old age group, the meal is reimbursable. Monitors can remind center staff to

work with each infant's parents or guardians to determine when and what solid foods should be served to the infant while the participant is in care.

- If a center staff 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 center staff can tell the parent/guardian 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 day care. Child care providers should be in constant communication with the infant's parents/guardians about the infant's eating habits as well as when and what solid foods should be served while the infant is in their care.
- If the parent/guardian does not want their infant to be served solid foods while the infant is in care, the center should respect that decision and should not serve the infant solid foods. In this situation, as long as the center continues to serve the infant the required amount of breastmilk or iron-fortified infant formula, then the meals are still reimbursable.