General Questions

1. How can I be reimbursed when a baby does not eat at a normal or set mealtime?
As long as you offer all required food components over the course of the day, the foods may be counted towards reimbursable meals and snacks. For example, the baby may be offered breastmilk at 9 a.m. and then infant cereal and pureed fruit at 10:30 a.m., based on when the baby shows signs of being hungry. The baby does not have to eat the entire meal in order for the meal to be reimbursed.

2. A parent wants to bring in mashed bananas in addition to breastmilk. What should I tell them?
Parents can only bring one food component at a meal or snack that can count towards a reimbursable meal or snack in the CACFP. Let parents know that you can serve either the breastmilk or bananas, and will give their baby other foods at meal or snack time to make sure they are eating a variety of healthy foods. If the parent wants both the breastmilk and bananas served at the same meal, you can offer one of the parent-provided items as an additional food item.

3. A baby is breastfeeding, and the parent wants the baby to also have organic vegetables, but I don’t serve organic foods. I know a parent is only allowed to bring in one food component in the CACFP, but she really wants to bring in her own vegetables. Can my child care site claim reimbursement for her baby’s meals and snacks if the parent brings in their own foods to be served to her baby?
No. This is because the parent is providing more than one food component: breastmilk and solid foods. Parents are only allowed to provide one food component as part of a reimbursable meal or snack.

4. As a child care provider, how should I document infant menus when the items each baby eats vary so much?
You must keep records of menus, and your State agency and/or sponsoring organization may have additional guidance on how to document infant meals. You will need to vary the foods served to each infant based on the baby’s developmental readiness. All babies must be served breastmilk or infant formula, but not all babies should be served solid foods unless they are developmentally ready.

One option for showing the various foods babies are served is to have a standard menu for all the babies in your care and adjust the menu for each baby based on what each baby is offered. For example, you can use a template that outlines the meal pattern requirements in one column and a space in another column for you to fill in what was served to each baby.

Check with your State agency or sponsoring organization to see how they prefer you to document infant meals. See Appendix B: Sample Infant Menu (6 Through 11 Months) for an example. However, follow the guidance your State agency or sponsoring organization provides. The Sample Infant Menu provided in this guide is only to serve as an example.

5. Is a meal still reimbursable if a baby in my care gets both breastmilk and infant formula?
Yes. Meals served to babies younger than 12 months of age may include iron-fortified infant formula, breastmilk, or both.
6. What if a baby doesn’t finish all of the breastmilk or infant formula I give to him or her at a meal or snack? Can I still claim reimbursement for that meal or snack? Yes. As long as you offer the minimum amount of breastmilk or iron-fortified infant formula to the baby, then the meal is reimbursable. The minimum amount of breastmilk for babies 0 through 5 months at breakfast, lunch, supper, and snack is 4–6 fluid ounces. The minimum amount of breastmilk for babies 6 through 11 months is 6–8 fluid ounces at breakfast, lunch and supper, and 2–4 fluid ounces at snack.

7. A father told me that their baby’s doctor says it’s okay to start giving their 10-month-old whole cow’s milk instead of infant formula. If he gives me a medical statement signed by the baby’s health care provider, are meals and snacks where cow’s milk is served reimbursable? Yes. For children younger than 12 months of age, cow’s milk may be served in place of breastmilk and/or infant formula if the family provides a medical statement signed by the baby’s health care provider. The medical statement must include the type of milk to be avoided, explain how the milk affects the baby, specify what product(s) should be provided as a substitute, and be signed by the baby’s health care provider.

Recommended substitutions of milk can also be included on the medical statement. Keep the medical statement on file in a secure location at your child care site in order for the meal or snack to be reimbursable.

8. If a mother breastfeeds her 13-month-old, or older, child at my child care site, can this breastmilk count towards the fluid milk component of a reimbursable meal? Yes. Breastmilk can replace the fluid milk component for children of any age. If a mother breastfeeds her baby at your child care site, the meal is reimbursable. A written request for this substitution is not required nor is documentation of the amount of milk fed to the child.

9. I have a 1-year-old child at my child care site and the mother provides pumped breastmilk for her child. However, she is only able to provide 2 fluid ounces. Can I serve her child 2 fluid ounces of unflavored whole milk alongside the breastmilk in order to meet the minimum fluid milk requirement of 4 fluid ounces (½ cup)? Yes. If a mother provides less than the minimum amount of fluid milk for her 1-year-old child, then unflavored whole milk may be served alongside the breastmilk to meet the minimum fluid milk requirement. Be sure to discuss this with the parents. The two milks do not need to be mixed in the same cup. Remember that you must provide all other required food components in order for the meal to be reimbursable.

10. A mother brought in an infant formula that is not iron-fortified. What should I do? You should ask the mother to bring in a medical statement signed by their baby’s health care provider before serving the infant formula that is not iron-fortified. Infant formulas that are not iron-fortified are allowed if the mother brings in a medical statement signed by the baby’s health care provider. The medical statement must include the type of infant formula to be avoided, explain how the formula affects the baby, specify what product(s) should be provided as a substitute and be signed by the baby’s health care provider. Recommended substitutions of infant formula can also be included on the medical statement. Keep the medical statement on file in a secure location at your child care site.
11. A parent asked me to start serving their 5-month-old baby solid foods at my child care site, but I know the infant meal pattern age groups are 0 through 5 months and 6 through 11 months. If I serve the baby solid foods at 5 months, can I still claim reimbursement for his meals and snacks?
If the baby is developmentally ready to accept solid foods, then yes, you can claim reimbursement for solid foods at meals and snacks, even if the baby is younger than 6 months old. As a general best practice, it is recommended to get a written note from the parent stating that the baby can be served solid foods, but it is not required.

12. What if a baby has just been introduced to solid foods at home and is only eating iron-fortified infant cereal at this time? Do I have to serve it at every meal or snack where infant cereal is required?
It depends. Solid foods are introduced gradually, one at a time over the course of a few days. This means that it may be okay to serve the solid food only once per day until the baby can tolerate more than one serving of that food.

13. As a child care provider, what should I do if I feel a baby is developmentally ready to start eating solid foods, but the baby’s parents do not want the baby to be introduced to solid foods?
If you feel that a baby is developmentally ready to start eating solid foods, talk with the baby’s parents. You can tell the parents about the signs you have seen indicating the infant is ready to start solid foods and ask if they would like solid foods to be served while the baby is in your care. Remember to be in constant communication with the baby’s parents about the baby’s eating habits as well as when and what solid foods should be served while the infant is in your care. Check out the “For Parents: Is Your Baby Ready for Solid Foods?” handout on page 12 to help with talking to parents about introducing solid foods.

If the parent does not want the baby to be served solid foods while the baby is in your care, respect that decision and do not serve the baby solid foods. In this situation, as long as you continue to serve the infant the required amount of breastmilk or iron-fortified infant formula, the meals are still reimbursable.

14. Can I serve babies in my care pancakes, kiwi, and formula at breakfast and claim it as a reimbursable meal? I serve this to the toddlers (over the age of 1 year old), so it would be easier for me to serve the babies the same thing.
No. The only grain that is allowed at breakfast in the updated infant meal pattern is iron-fortified infant cereal. Other grain items, like pancakes, cannot be served in place of infant cereal at breakfast and be claimed for reimbursement. The pancake could be an extra food, not part of the reimbursable meal. Therefore, at breakfast, infants must be served infant cereal or a creditable meat/meat alternate when they are developmentally ready. However, a pancake can be served at snack and be claimed for reimbursement since it is a bread-like item. Ready-to-eat cereals, bread, and crackers can be served at snack only. See Appendix F: Infant Foods List on page 149 for a full list of creditable grains.

15. Can infant cereal be served in a bottle to babies?
No. Serving infant cereal in a bottle to babies is not allowed. Neither the infant cereal nor the 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 signed by the baby’s health care provider.
16. Is there a sugar limit for infant cereals and ready-to-eat cereals served to babies?
Yes. All cereals served in the CACFP must contain no more than 6 grams of sugar per dry ounce. Almost all infant cereals meet this sugar requirement, and there are many types of ready-to-eat cereal that meet this sugar requirement as well. To find a cereal that meets the sugar requirement, you can use any cereal that is listed on any State agency’s Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)-approved cereal list, found as part of the State’s approved food lists: https://www.fns.usda.gov/wic/links-state-agency-wic-approved-food-lists.

You can also use USDA Team Nutrition’s Choose Breakfast Cereals That Are Lower in Added Sugars training worksheet at https://www.fns.usda.gov/cacfp-training-tools to see if a cereal meets the sugar limit.

17. Is there a whole grain-rich requirement in the CACFP for infants?
No. The requirement to serve at least one whole-grain rich food per day is only required under the CACFP child and adult meal patterns. Grains served must be made with enriched or whole grain meal or flour. Ready-to-eat breakfast cereals and infant cereals that are fortified are also creditable.

18. Is yogurt creditable in the infant meal pattern?
Yes. Yogurt is an allowable meat alternate for infants who are eating solid foods. All yogurts served in the CACFP, including those served to babies, must contain no more than 23 grams of sugar per 6 ounces of yogurt.

To help you identify yogurts with no more than 23 grams of sugar per 6 ounces, check out USDA Team Nutrition’s Choose Yogurts That Are Lower in Added Sugars training worksheet (Appendix E) at https://www.fns.usda.gov/cacfp-training-tools.

19. What is the minimum amount of iron an infant cereal must contain in order to be considered “iron-fortified”?
Infant cereal must have some iron in it in order to be creditable in the CACFP. However, there is no minimum amount of iron required. Look at the ingredients list on the back of the infant cereal package. As long as one of the ingredients listed is “iron,” “ferric fumarate,” “electrolytic iron,” or “iron (electrolytic),” then the cereal is iron-fortified. See page 71 for more information.

20. How do I know which foods I can serve and which foods I cannot in order to be reimbursed for meals and snacks served to the babies in my care?
Check out Appendix F: Infant Foods List on page 149 for a list of common foods served in child care centers and family child care homes. Please note, this list of creditable and non-creditable foods does not include every food you may or may not serve. This list includes only those foods that are most commonly served in child care centers and family child care homes. If a food is not listed that you wish to serve, please contact your State agency or sponsoring organization before serving to make sure you can claim it as part of a reimbursable meal or snack.