Chapter 3
Feeding the Formula-Fed Baby

What’s In This Chapter?
By the end of this chapter, child care providers will be able to:

1. Define what an iron-fortified infant formula is in the CACFP.
2. Identify different types of infant formula.
3. Describe when a child should switch from infant formula to cow’s milk.

In the CACFP infant meal pattern, a site must offer at least one iron-fortified infant formula that is regulated by the Food and Drug Administration (FDA). The FDA has strict nutrition and safety standards for infant formula to make sure infants are getting the nutrients they need for healthy growth. All infant formulas sold in the United States are regulated by the FDA. If an infant formula is bought from a place online or in person outside of the United States, it is probably not regulated by the FDA and should not be used. Contact your sponsoring organization or State agency if you are unsure if the infant formula you offer is regulated by the FDA and is creditable.

Infant Formula in the CACFP Infant Meal Pattern

While you must offer at least one iron-fortified infant formula, the type of infant formula fed to a baby is a decision that should be made by the baby’s parents and health care provider.

Speak with parents about the type of formula that you provide at your child care site.

The baby’s parent may decide to:
1. use the iron-fortified infant formula you provide;
2. decline the offered iron-fortified infant formula and bring their own infant formula;
3. provide breastmilk only, including breastfeeding their baby at your child care site;
4. provide breastmilk and supplement with the iron-fortified infant formula you provide; or
5. provide breastmilk and supplement with their own infant formula.

You can claim the meal for reimbursement in any of these situations as long as you provide all other required food components.

Parent bringing iron-fortified infant formula to the child care site.
A parent may wish to provide breastmilk and supplement with either your iron-fortified infant formula or an infant formula they provide. Giving a baby both breastmilk and infant formula is creditable in the CACFP, but be sure to feed the baby their mother’s breastmilk first and then the infant formula.

If a parent declines the iron-fortified infant formula that your site offers and chooses to provide his or her own infant formula, explain that the parent must provide a formula that is iron-fortified and regulated by the FDA.

For information on preparing, handling, and storing infant formula, see Chapter 4: Handling and Storing Breastmilk and Infant Formula on page 41.
For Parents: Feeding Your Baby Infant Formula? Tell Us More!

Today’s Date: ____________________________  Baby’s Name (first and last): ____________________________

Baby’s Birth Date: ____________________________  Parent Name (first and last): ____________________________

How does your baby let you know that he or she is hungry? ____________________________________________

Child Care Providers, please fill out the following:

At our child care site, we offer ____________________________ type of iron-fortified infant formula.

What infant formula would you like us to serve your baby? Please answer below.

☐ Please give my baby the infant formula you have at the child care site.

☐ I will provide breastmilk. Please do not give my baby the infant formula you have at the child care site.

☐ My baby has a disability and needs a special infant formula.

Thank you for letting us know! We will be reaching out to you for more information about your baby’s disability.

☐ My baby does not have a disability, but I want to provide different infant formula than the one you have at the child care site. Please do not give my baby the infant formula you have at the child care site.

Thank you for letting us know! Since we participate in the Child and Adult Care Food Program (CACFP), the infant formula served in our site and the one you provide must be iron-fortified. To tell if a formula is iron-fortified, look for “Infant Formula With Iron,” or a similar statement on the front of the formula package. It must also be purchased in the United States.

Parent’s Signature: ____________________________________________

A handout from Feeding Infants in the Child and Adult Care Food Program
https://teamnutrition.usda.gov  •  FNS 786C  •  March 2019
USDA is an equal opportunity provider, employer, and lender.
Iron-fortified infant formula is required in the CACFP for babies who are not breastfed or are partially breastfed. Iron supports the baby’s growth and brain development. To make sure the iron-fortified infant formula you offer is creditable in the CACFP, you can:

- Look for “Infant Formula With Iron,” or a similar statement on the front of the formula package.

- Use the Nutrition Facts label as a guide to make sure the formula has enough iron. To be considered iron-fortified, an infant formula must have 1 mg of iron or more per 100 calories of formula when prepared using the label directions.

Some parents may avoid feeding their infants iron-fortified formula because they think that the iron causes stomachaches or other problems. Studies show that iron-fortified formula does not cause these symptoms. However, if a parent does not want the baby to have iron-fortified infant formula, another infant formula can be substituted by you or the parent. For more information, see “Soy-Based, Low Lactose, and Lactose-Free Formulas” on page 36.

**Resources in the Community**

Parents who are concerned that they cannot afford to buy infant formula to feed their baby at home can be referred to the local Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) program for assistance. Contact your local health department for more information.
Soy-Based, Low Lactose, and Lactose-Free Formulas

Soy-based, low lactose, and lactose-free formulas are creditable in the CACFP as long as they are iron-fortified. A medical statement is not required for you to serve these formulas as part of a reimbursable meal or snack.

**Soy-Based Infant Formula**

Soy-based infant formula was developed for infants who cannot tolerate infant formula made from cow’s milk. Parents may choose to provide this formula because of an **allergy** or **intolerance**, if they are seeking a vegan diet for their baby, or for other reasons.

**Low Lactose and Lactose-Free Infant Formula**

Lactose intolerance means the body cannot digest a sugar found in milk products, called lactose. Lactose intolerance is very rare in healthy babies. Sometimes babies may have a short period of lactose intolerance after having diarrhea, but they usually recover quickly. There are both cow’s milk-based formulas and soy formulas that can be used for infants with lactose intolerance. If the baby has a lactose intolerance, encourage his or her parents to speak to the health care provider about other formulas the baby can tolerate.

For more information on creditable infant formulas in the CACFP, please check with your sponsoring organization or State agency.
Special Dietary Needs Due to Disabilities

As a child care site participating in the CACFP, you must make substitutions to meals for participants with a disability. If the iron-fortified infant formula you offer does not meet the needs of a baby with a disability due to special dietary needs, then another infant formula can be substituted by you or the parents. Infant formulas that are not iron-fortified, or have low or no iron, may be creditable if the substitution is supported by a medical statement.

Special Dietary Needs Due to Religious Reasons

If a parent requests a different infant formula due to religious reasons, then another iron-fortified infant formula can be substituted by you or the parents and will still be reimbursable. It is recommended to have a parent’s note and signature on file showing that this request was made.

FDA Exempt Infant Formulas

FDA Exempt Infant Formulas are special infant formulas that are meant only for babies who have an unusual medical or dietary restriction. An exempt infant formula can only be served as part of a reimbursable meal if the substitution is supported by a medical statement signed by the baby’s health care provider.

Low-Iron Infant Formulas

A low-iron infant formula contains less iron than iron-fortified infant formula. Formulas with labels that say, “additional iron may be necessary,” “nutritionally incomplete,” “reduced iron,” and formulas with other similar statements are not reimbursable in the CACFP. These formulas may only be served as part of a reimbursable meal if the substitution is supported by a medical statement signed by the baby’s health care provider.

The medical statement must include the name of the infant formula to be avoided, explain how the infant formula affects the baby, 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.
Other Milks

The following milks are a few examples not recommended for babies younger than 12 months of age. These are milks that are not creditable in the CACFP infant meal pattern unless supported by a medical statement signed by a baby’s health care provider:

- almond milk
- cow’s milk
- dry milk, reconstituted
- evaporated cow’s milk or home-prepared evaporated cow’s milk formula
- goat’s milk
- hemp milk
- nondairy creamer
- rice milk
- soy milk
- sweetened condensed milk
- follow-up or weaning formulas

However, if a parent requests that you continue to serve the infant formula beyond the age of 13 months, a medical statement signed by the baby’s health care provider must explain the need for the substitution and must be kept on file in a secure location at your child care site.

For more information on creditable infant formulas in the CACFP, please check with your sponsoring organization or State agency.

Did you know?

The CACFP allows a transition time of 1 month (from the date an infant turns 12 months to the time the child turns 13 months of age) to help babies get used to unflavored whole milk. Both unflavored whole milk and infant formula can be served during this 1-month transition time. No medical statement is needed during this time.

Use of Infant Formula for Babies Over 12 Months of Age

Some parents may request to continue feeding their babies infant formula after 12 months of age at your child care site. The CACFP allows a transition time of 1 month (from the date an infant turns 12 months to the time the child turns 13 months of age) to help babies get used to unflavored whole milk. Both unflavored whole milk and infant formula can be served during this 1-month transition time. No medical statement is needed during this time.

In This Chapter

In this chapter, you have learned about different types of infant formula and serving infant formula within the CACFP infant meal pattern. You will use this information in the next chapter when we learn more about preparing, handling, and storing breastmilk and infant formula.
**Key Concepts**

You must offer at least one type of iron-fortified infant formula regulated by the Food and Drug Administration at your child care site.

A child care site may claim reimbursement of meals when a parent provides a creditable infant formula that you serve to his or her infant. You must offer all other required food components.

If an infant needs an infant formula that is not iron-fortified or is not regulated by the Food and Drug Administration, the parent must provide a medical statement that includes the name of the infant formula to be avoided, an explanation of how the infant formula affects the baby, and the signature of 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.

Soy-based, low lactose, and lactose-free formulas that are iron-fortified and regulated by the Food and Drug Administration are creditable in the CACFP. A medical statement is not required to receive reimbursement for meals and snacks.

The CACFP allows a transition time of 1 month (from the date an infant turns 12 months to the time the child turns 13 months of age) to help babies get used to unflavored whole milk. No medical statement is needed during this time.
Check Your Knowledge

1. A father does not want you to give his baby the iron-fortified infant formula you serve at your child care site. His baby has a disability and he wants to provide his own infant formula. He gives you a medical statement that includes the name of the infant formula to be avoided, explains how the infant formula affects the baby, and is signed by the baby’s health care provider. Can you serve the infant formula the father gives you to his baby and still claim it as part of a reimbursable meal?

2. A baby at your child care site turns 13 months old and is still drinking iron-fortified infant formula instead of unflavored whole milk. Can you continue to give the baby iron-fortified infant formula without a medical statement on file at your child care site and be reimbursed for the meal?

ANSWERS:

1. Yes. As long as the parents provide a medical statement signed by the baby’s health care provider, you can serve a different infant formula to their baby and claim it as part of a reimbursable meal.

2. No. Between 12 through 13 months of age the baby should no longer be drinking infant formula and should only be drinking breast milk or unflavored whole milk. If a child is 13 months old or older and is still drinking infant formula while introducing the baby to unflavored whole milk, then a medical statement signed by the baby’s health care provider must be kept on file at your child care site for the meal to be reimbursable.

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ANSWERS:

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