**Infant 0-5 Months NMCAA APPROVED CHILD MEAL PATTERN**

**REQUIRED COMPONENTS AND MINIMUM AMOUNTS**

|  |  |  |  |
| --- | --- | --- | --- |
| **FOOD COMPONENT** | **BREAKFAST**  **Formula** | **LUNCH**  **Formula** | **SNACK**  **Formula** |
| **B Breastmilk or Iron**  **F Fortified Formula** | **4-6 fl oz** | **4-6 fl oz** | **4-6 fl oz** |
| **PROTEIN (MEAT/MEAT ALTERNATE)**  **(May use combinations)**  **CHOOSE:** |  |  |  |
| **Iron Fortified Infant Cereal** |  |  |  |
| **Meat, Fish, Poultry, Whole Egg, Cooked Dry Beans or Peas** |  |  |  |
| **Cheese** |  |  |  |
| **Cottage Cheese** |  |  |  |
| **Yogurt-no more than 23grams sugar per 6 ounces** |  |  |  |
| **FRUIT or VEGETABLE or combination of both** |  |  |  |
| **JUICE not allowed for infants** |  |  |  |
| **GRAINS: CHOOSE** |  |  |  |
| **Must be whole grain-rich, enriched meal, or enriched flour** |  |  |  |
| **Ready to Eat Breakfast Cereals From List of NMCAA Approved Cereals** |  |  |  |
| **Infant Cereal** |  |  |  |
| **\*Only breastmilk and iron-fortified infant formula are creditable unless the substitution is supported by a medical statement from a State-recognized medical authority.**  **\*Breastmilk or Formula or portions of both must be served. 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 at a later time if the infant will consume more.**  **\*Infants directly breastfed at the center may be claimed for reimbursement**  **The only requirement for infants 0-5 months is breastmilk or iron-fortified infant formula**  **Solid foods are gradually introduced around 6 months, as developmentally appropriate.**  **See chart for 6-11 months.** | | | |

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