

Food Packages

- I. All WIC food items are organized in food packages specific to WIC category and individual nutritional risk(s) and needs.
- II. The Utah WIC program uses online electronic food benefits. These are issued to participants at the local WIC clinic or remotely.
- III. Food benefits are issued to WIC participants to purchase WIC-allowed supplemental foods on their account at WIC-authorized stores.
- IV. WIC is a supplemental food program. The foods provided by the WIC program are not intended to provide all of the participant's food requirements.
- V. The WIC program is not a food storage program. The food items provided should be used by participants daily to help meet their nutritional needs.
- VI. The current month's food benefits start on the first day of the month and end on the last day of the month at 11:59 p.m. (midnight). Benefits cannot be carried over to future months.
- VII. Participants are assigned a food package at the time of certification. Food packages can be changed or tailored according to policy as needed during the participant's certification period.
- VIII. The Utah WIC food packages are based on the federal WIC regulations which stipulate 7 food packages as listed:
 - a. Food Packages I, II and III (for infants)
 - i. Fully Formula Fed (FF)
 - ii. Partially Breastfed (BF/FF)
 - iii. Fully Breastfed (BF)
 - b. Food Packages III, IV, V, VI and VII
 - i. Children – IV (1 through 4 years of age and including the month that the child turns 5 years of age)
 - ii. Pregnant and Partially Breastfeeding (up to 1 year postpartum) – V
 - iii. Postpartum (up to 6 months) – VI
 - iv. Fully Breastfeeding – VII
 - c. The Food Package Tables (including footnotes) in this policy were taken directly from the federal WIC regulations. Refer to the policy sections "Foods that are authorized" and "Tailoring food packages" to determine what state agency options have been implemented by the Utah WIC program.

- IX. Infants who are 11 months of age must be issued an infant food package for that calendar month. Infants shall not be issued a child food package prior to the day they turn 1 year old. Children cannot be issued an infant food package after their 1st birthday.

X. Food Packages.

Food Packages I, II, and III: Full Nutrition Benefit (FNB) and Maximum Monthly Allowances (MMA) of Supplemental Foods for Infants by Feeding Option and Food Package Time Frame

Table 1. Full Nutrition Benefit (FNB) and Maximum Monthly Allowances (MMA) of Supplemental Foods For Infants In Food Packages I, II and III						
	Fully Formula Fed (FF)		Partially (Mostly) Breastfed (BF/FF)		Fully Breastfed (BF)	
Foods ¹	Food Packages I-FF & III-FF A: 0 through 3 months B: 4 through 5 months	Food Packages II-FF & III-FF 6 through 11 months	Food Packages IBF/FF & III BF/FF A: 0 through 3 months B: 4 through 5 months	Food Packages II BF/FF & III BF/FF 6 through 11 months	Food Package I-BF 0 through 5 months	Food Package II-BF 6 through 11 months
WIC Formula ^{2, 3, 4, 5, 6, 7, 8}	A: FNB = 806 fl oz MMA= 823 fl oz reconstituted liquid concentrate, or 832 fl. oz. RTF, or 870 fl oz reconstituted powder B: FNB = 884 fl oz MMA = 896 fl oz reconstituted liquid concentrate or 913 fl oz RTF or 960 fl oz reconstituted powder	FNB = up to 624 fl oz MMA = 630 fl oz reconstituted liquid concentrate, or 643 fl. oz RTF, or 696 fl oz reconstituted powder	A: FNB = 364 fl oz MMA = 388 fl oz reconstituted liquid concentrate or 384 fl oz RTF or 435 fl oz reconstituted powder B: FNB = 442 fl oz MMA = 460 fl oz reconstituted liquid concentrate or 474 fl oz RTF or 522 fl oz reconstituted powder	FNB = 312 fl oz MMA = 315 fl oz reconstituted liquid concentrate, or 338 fl oz RTF, or 384 fl oz reconstituted powder		
Infant Cereal ^{9,11}		8 oz		8 oz		16 oz
Infant food fruits and vegetables ^{9,10,11,12,13}		128 oz		128 oz		128 oz
Infant food meat ^{9, 10}						40 oz

Notes: Abbreviations in order of appearance in table: FF = fully formula fed; BF/FF = partially (mostly) breastfed; BF = fully breastfed; RTF = ready-to-feed; N/A = Not applicable (the supplemental food is not authorized in the corresponding food package).

1 Table 4 to paragraph (e)(12) of this section describes the minimum requirements and specifications for supplemental foods. The competent professional authority (CPA) is authorized to determine nutritional risk and prescribe supplemental foods in Food Packages I, II, and III (see paragraphs (e)(1), (2), and (3) of this section) (per medical documentation), as established by State agency policy. Food Package III is issued to participants with qualifying medical conditions. A WIC formula is issued to participants receiving Food Package III under the direction of a healthcare provider.

2 Amounts represent the FNB defined as the minimum amount of reconstituted fluid ounces of liquid concentrate infant formula as specified for each infant food package category and feeding variation. The FNB is based on a 13-ounce can that formed the basis of substitution rates for other physical forms of infant formula (i.e., powder and RTF infant formula).

3 Following a WIC nutrition and breastfeeding assessment of the needs of the dyad, breastfed infants, even those in the fully formula fed category, should be issued the quantity of formula needed to support any level of breastfeeding up to the FNB. This amount may be less than the FNB.

4 WIC formula means infant formula, exempt infant formula, or WIC-eligible nutritionals. Infant formula may be issued for infants in Food Packages I, II and III. Medical documentation is required for issuance of WIC formula and other supplemental foods in Food Package III. Only infant formula may be issued for infants in Food Packages I and II.

5 State agencies must issue whole containers that are all the same size of the same physical form.

6 The MMA is specified in reconstituted fluid ounces for liquid concentrate, RTF liquid, and powder forms of infant formula and exempt infant formula. Reconstituted fluid ounce is the form prepared for consumption as directed on the container. Formula provided to infants in any form may not exceed the MMA.

7 The FNB is intended to provide close to 100 percent of the nutritional needs of a non-breastfed infant from birth to 6 months. State agencies must provide at least the FNB authorized to non-breastfed infants up to the MMA for the physical form of the product specified for each food package category unless the food package is tailored to allow “up to” amounts to support breastfeeding.

8 State agencies may round up to issue whole containers of infant formula over the food package timeframe. State agencies must use the methodology described in accordance with paragraph (h)(1) of this section.

9 Per paragraph (b)(2)(ii)(A) of this section, State agencies must make the full MMA of all foods available to participants by providing at least one package size (or combination of sizes) that add up to the full MMA. However, per paragraph (b)(1)(iii) of this section, State agencies may authorize other package sizes (excluding WIC formula) to increase participant variety and choice.

10 State agencies may round up to issue whole containers of infant foods (infant cereal, fruits and vegetables, and meat) over the food package timeframe. State agencies must use the methodology described in accordance with paragraph (h)(2) of this section.

11 In lieu of infant foods (cereal, fruit, and vegetables), infants older than 6 months of age in Food Package III may receive WIC formula (infant formula, exempt infant formula, or WIC-eligible nutritionals) at the same MMA as infants ages 4 through 5 months of age of the same feeding option.

12 At State agency option, infants 6 through 11 months in Food Packages II and III may receive a cash-value voucher (CVV) to purchase fruits and vegetables in lieu of the infant food fruits and vegetables. Fully breastfed infants, partially (mostly) breastfed infants, and fully formula fed infants may substitute half (64 oz.) or all (128 oz.) of jarred infant fruits and vegetables with a \$11 or \$22 CVV, respectively. The monthly value of the CVV substitution amounts for infant fruits and vegetables will be adjusted annually for inflation consistent with the annual inflation adjustments made to CVV values for women and children. State agencies must authorize fresh and one other form (frozen or canned). Dried fruits and vegetables are not authorized for infants. The CVV may be redeemed for any eligible fruit and vegetable (refer to table 4 of paragraph (e)(12) of this section and its footnotes).

13 State agencies may not categorically issue a CVV for infants 6 through 11 months. The CVV is to be provided to the participant only after an individual nutrition assessment, as established by State agency policy. State agencies must ensure that appropriate nutrition education is provided to the caregiver addressing developmental readiness, safe food preparation, storage techniques, and feeding practices to make certain participants are meeting their nutritional needs in a safe and effective manner.

Food Packages IV, V, VI, and VII: The Maximum Monthly Allowances (MMA), options of Supplemental Foods for Children and Women

Table 2. Maximum Monthly Allowances of Supplemental Foods for Children and Women in Food Packages IV, V, VI and VII				
Foods ¹	Children	Women		
	Food Package IV: A: 12 through 23 months B: 2 through 4 years	Food Package V: A: Pregnant B: Partially (Mostly) Breastfeeding (up to 1 year postpartum) ²	Food Package VI: Postpartum (up to 6 months postpartum) ³	Food Package VII: Fully Breastfeeding (up to year postpartum) ^{4, 5}
Juice, single strength ^{6,7}	64 fl oz	64 fl oz	64 fl oz	64 fl oz
Milk, fluid ^{8, 9, 10, 11, 12, 13, 14, 15}	A: 12 qt ^{8, 9, 11, 12, 14} B: 14 qt ^{8, 10, 11, 12, 13, 14}	16 qt ^{8, 10, 11, 12, 13, 15}	16 qt ^{8, 10, 11, 12, 13, 15}	16 qt ^{8, 10, 11, 12, 13, 15}
Breakfast cereal ¹⁶	36 oz	36 oz	36 oz	36 oz
Eggs ¹⁷	1 dozen	1 dozen	1 dozen	2 dozen
Fruits and vegetables ^{18, 19}	\$26.00 in cash-value benefit	A: \$47 48.00 in cash-value benefit B: \$52.00 in cash-value benefit	\$47 48.00 in cash-value benefit	\$52.00 in cash-value benefit
Whole wheat or whole grain bread ²⁰	24 oz	48 oz	48 oz	48 oz
Fish (canned) ^{21, 22}	6 oz	A: 10 oz B: 15 oz	10 oz	20 oz
Mature Legumes, dry and/or Peanut butter ²³	1 lb dry Or 64 oz canned Or 18 oz	1 lb Or 64 oz canned And 18 oz	1 lb Or 64 oz canned Or 18 oz	1 lb Or 64 oz canned And 18 oz

Note: Abbreviations in order of appearance in table: N/A = Not applicable (the supplemental food is not authorized in the corresponding food package); CVV = cash-value voucher.

1 Table 4 to paragraph (e)(12) of this section describes the minimum requirements and specifications for supplemental foods. Per paragraph (b)(2)(ii)(A) of this section, State agencies must make the full MMA of all foods available to participants by providing at least one package size (or combination of sizes) that add up to the full MMA. However, per paragraph (b)(1)(iii) of this section, State agencies may authorize other package

sizes to increase participant variety and choice. The competent professional authority (CPA) is authorized to determine nutritional risk and prescribe supplemental foods as established by State agency policy.

2 Food Package V-A (see paragraph (e)(5) of this section) is issued to women participants with singleton pregnancies. Food Package V-B (see paragraph (e)(5)) is issued to two categories of WIC participants: breastfeeding women whose partially (mostly) breastfed infants receive formula from WIC in amounts that do not exceed the maximum formula allowances, as appropriate for the age of the infant as described in table 1 to paragraph (e)(9) of this section, and women pregnant with two or more fetuses.

3 Food Package VI is issued to two categories of WIC participants: non-breastfeeding postpartum women and breastfeeding postpartum women whose infants receive more than the maximum infant formula allowances from WIC for partially (mostly) breastfed infants, as appropriate for the age of the infant as described in table 1 to paragraph (e)(9) of this section.

4 Food Package VII is issued to three categories of WIC participants: fully breastfeeding women whose infants do not receive formula from WIC; women partially (mostly) breastfeeding multiple infants from the same pregnancy; and pregnant women who are also fully or partially (mostly) breastfeeding singleton infants.

5 Women fully breastfeeding multiple infants from the same pregnancy are prescribed 1.5 times the MMA.

6 Combinations of single-strength and concentrated juices may be issued provided that the total volume does not exceed the MMA for single-strength juice.

7 Children and women may choose to substitute a \$3 CVV for the full juice amount (64 fluid ounces). The monthly value of the CVV substitution amount for juice will be adjusted annually for inflation consistent with the annual inflation adjustments made to CVV values for women and children. A partial CVV substitution for juice is not authorized. The CVV may be redeemed for any eligible fruit and vegetable (refer to table 4 of paragraph (e)(12) to this section and its footnotes).

8 Regular and lactose-free milk must be authorized. "Regular milk" refers to milk that conforms to FDA standard of identity 21 CFR 131.110 and contains lactose exclusive of fat content (e.g., low-fat milk). State agencies have the option to authorize plant-based milk alternatives, yogurts, and cheeses, described in table 4 to paragraph (e)(12) of this section and its footnotes, as milk substitution options when individually tailoring food packages.

9 Whole milk is the standard milk for issuance to 1-year-old children (12 through 23 months). Whole fat or low-fat yogurts may be substituted for fluid milk for 1-year-old children, and both are standard issuance when substituting yogurt. Fat-reduced milks or nonfat yogurt may be issued to 1-year-old children for whom overweight or obesity is a concern. The need for fat-reduced milks or nonfat yogurt for 1-year-old children must be based on an individual nutritional assessment.

10 Low-fat (1%) or nonfat milks are the standard milk for issuance to children ≥ 24 months of age and women. Reduced-fat (2%) milk is authorized only for participants with certain conditions, including but not limited to, underweight and maternal weight loss during pregnancy. The need for reduced-fat (2%) milk for children receiving Food Package IV-B and women must be based on an individual nutritional assessment.

11 Evaporated milk may be substituted at the rate of 16 fluid ounces of evaporated milk per 32 fluid ounces of fluid milk (i.e., 1:2 fluid ounce substitution ratio). Dry milk may be substituted at an equal reconstituted rate to fluid milk.

12 For children and women, 1 pound of cheese (dairy and/or plant-based) may be substituted for 3 quarts of milk; 1 quart of yogurt (dairy and/or plant-based) may be substituted for 1 quart of milk with a maximum of 2 quarts of yogurt that may be substituted for 2 quarts of milk. Women receiving Food Package VII may substitute up to 2 pounds of cheese for 6 quarts of milk. For children and women in Food Packages IV through VI, no more than 1 pound of cheese may be substituted. State agencies do not have the option to issue additional amounts of cheese or yogurt beyond these maximums even with medical documentation.

13 For children ≥ 24 months of age (Food Package IV-B) and women, low-fat or nonfat yogurts are the only types of yogurts authorized.

14 When individually tailoring food packages for children, plant-based milk alternatives may be substituted for milk on a quart for quart basis up to the total MMA of milk; tofu may be substituted for milk for children at the rate of 1 pound of tofu per 1 quart of milk up to the MMA for milk.

15 When individually tailoring food packages for women, plant-based milk alternatives may be substituted for milk on a quart for quart basis up to the total MMA of milk; tofu may be substituted for milk at the rate of 1 pound of tofu per 1 quart of milk up to the total MMA of milk.

16 At least 75 percent of cereal on a State agency's authorized food list must meet whole grain criteria for breakfast cereal (refer to table 4 to paragraph (e)(12) of this section and its footnotes).

17 State agencies must authorize substitution of dry legumes (1 pound), canned legumes (64 ounces), and peanut butter (18 ounces) for each 1 dozen eggs when individually tailoring food packages. At State agency option, State agencies may authorize tofu (1 pound) or nut and seed butters (18 ounces) to substitute for each 1 dozen eggs when individually tailoring food packages.

18 State agencies must authorize fresh and one other form of processed (i.e., canned (shelf-stable), frozen, and/or dried) fruits and vegetables. State agencies may choose to authorize additional or all processed forms of fruits and vegetables. The CVV may be redeemed for any eligible fruit and vegetable (refer to table 4 to paragraph (e)(12) of this section and its footnotes). Except as authorized in paragraph (b)(1)(i) of this section, State agencies may not selectively choose which fruits and vegetables are available to participants. For example, if a State agency chooses to offer dried fruits, it must authorize all WIC-eligible dried fruits.

19 The monthly value of the fruit/vegetable CVV will be adjusted annually for inflation using fiscal year 2022 as the base year as described in § 246.16(j).

20 Whole wheat or whole grain bread must be authorized. State agencies have the option to also authorize other whole grain options as described in table 4 to paragraph (e)(12) of this section and its footnotes.

21 Issuance of smaller container sizes is encouraged to reduce the likelihood of exceeding a safe weekly consumption level of methylmercury. The U.S. Food and Drug Administration (FDA) and the U.S. Environmental Protection Agency (EPA) provide joint advice regarding fish consumption to limit methylmercury exposure for children. As noted in their 2021 joint advice, depending on body weight, some women and some children should

choose fish lowest in methylmercury or eat less fish than the amounts in the 2020-2025 Dietary Guidelines for Americans (DGA) Healthy US-Style Dietary Pattern. More information is available on the FDA and EPA websites at [FDA.gov/fishadvice](https://www.fda.gov/fishadvice) and [EPA.gov/fishadvice](https://www.epa.gov/fishadvice).

22 As noted in the 2021 FDA-EPA joint advice about eating fish, for some children, depending on age and caloric needs, the amounts of fish in the 2020-2025 DGA are higher than in the FDA-EPA advice. The DGA states that to consume these higher amounts, these children should consume only fish from the “Best Choices” list that are even lower in mercury—among the WIC-eligible varieties, this includes Atlantic mackerel, salmon, and sardines.

23 State agencies are required to offer both mature dry (1 pound) and canned (64 ounces) legumes. Food Packages V and VII must provide both legumes and peanut butter. However, when individually tailoring these food packages, State agencies may issue the following combinations: 1 pound dry and 64 oz. canned legumes (and no peanut butter); 2 pounds dry or 128 oz. canned legumes (and no peanut butter); or 36 oz. peanut butter (and no legumes). State agencies also have the option to authorize other nut and seed butters as a substitute for peanut butter (on a 1:1 ounce substitution ratio), as described in table 4 to paragraph (e)(12) of this section and its footnotes, when individually tailoring food packages.

XI. Food Package III.

- a. This food package is reserved for issuance to women, infant, and children participants who have a documented qualifying condition that requires the use of a WIC formula (infant formula, exempt infant formula, or WIC-eligible nutritional) because the use of conventional foods is precluded, restricted, or inadequate to address their special nutritional needs.
- b. Participants who are eligible to receive this food package must have one or more qualifying conditions, as determined by a healthcare professional licensed to write medical prescriptions under state law. The qualifying conditions include but are not limited to: prematurity, malnutrition, weight-for-length/BMI $\leq$ 5th percentile, BMI $\leq$ 18.5 (18+ years), chronic renal failure, GERD, allergies, inborn errors of metabolism, feeding difficulties, or cancer.
- c. This food package may not be issued solely for the purpose of enhancing nutrient intake or managing body weight.
- d. This food package is not authorized for:
 - i. Infants whose only condition is a diagnosed formula intolerance or food allergy to lactose, sucrose, milk protein, or soy protein that does not require the use of an exempt infant formula or a non-specific formula.
 - ii. Women and children who have a food intolerance to lactose or milk protein that can be successfully managed with the use of one of the other WIC food packages.
 - iii. Any participant solely for the purpose of enhancing nutrient intake or managing body weight without an underlying qualifying condition.
- e. Examples of WIC participants that qualify for Food Package III:
 - i. Infants prescribed an exempt infant formula.
 - ii. Infants 6 months or older prescribed higher amounts of infant formula instead of infant solid foods.
 - iii. Children prescribed contract formula, exempt formula, or WIC-eligible nutritionals.
 - iv. Women prescribed formula or WIC-eligible nutritionals.

Food Package III: The Maximum Monthly Allowances (MMA) of Supplemental Foods for Children and Women with Qualifying Conditions

Table 3. Maximum Monthly Allowances (MMA) of Supplemental Foods for Children and Women with Qualifying Conditions in Food Package III

Foods ¹	Children	Women		
	A: 12 through 23 months B: 2 through 4 years	A: Pregnant B: Partially (Mostly) Breastfeeding (up to 1 year postpartum) ²	Postpartum (up to 6 months postpartum) ³	Fully Breastfeeding, (up to 1 year postpartum) ^{4, 5}
Juice, single strength ^{6 7}	64 fl oz	64 fl oz	64 fl oz	64 fl oz
WIC Formula ^{8, 9}	Up to 455 fl oz liquid concentrate	455 fl oz liquid concentrate	455 fl oz liquid concentrate	455 fl oz liquid concentrate
Milk	A: 12 qt ^{10, 11, 13, 14, 16} B: 14 qt ^{10, 12, 13, 14, 15, 16}	16 qt ^{10, 12, 13, 14, 15, 17}	16 qt ^{10, 12, 13, 14, 15, 17}	16 qt ^{10, 12, 13, 14, 15, 17}
Breakfast cereal ^{15, 16}	36 oz	36 oz	36 oz	36 oz
Eggs ²⁰	1 dozen	1 dozen	1 dozen	2 dozen
Fruits and vegetables ^{21, 22, 23}	\$26.00 in cash-value benefit	A: \$ 47 48.00 in cash-value benefit B: \$52.00 in cash-value benefit	\$ 47 48.00 in cash-value benefit	\$52.00 in cash-value benefit
Whole wheat or whole grain bread ²⁴	24 oz	48 oz	48 oz	48 oz
Fish (canned) ^{25, 26}	6 oz	A: 10 oz B: 15 oz	10 oz	20 oz
Legumes, dry ²⁷ and /or Peanut butter	1 lb dry or 64 oz canned Or 18 oz	1 lb dry or 64 oz canned And 18 oz	1 lb dry or 64 oz canned Or 18 oz	1 lb dry or 64 oz canned And 18 oz

Note: Abbreviations in order of appearance in table: N/A = Not applicable (the supplemental food is not authorized in the corresponding food package); CVV = cash-value voucher.

1 Table 4 to paragraph (e)(12) of this section describes the minimum requirements and specifications for supplemental foods. Food Package III is issued to participants with qualifying medical conditions that require use of a WIC formula and supplementary foods under the direction of a

healthcare provider. Per paragraph (b)(2)(ii)(A) of this section, State agencies must make the full MMA of all foods available to participants by providing at least one package size (or combination of sizes) that add up to the full MMA. However, per paragraph (b)(1)(iii) of this section, State agencies may authorize other package sizes (excluding WIC formula) to increase participant variety and choice. The competent professional authority (CPA) is authorized to determine nutritional risk and prescribe supplemental foods per medical documentation, as established by State agency policy.

2 Food Package III-A for women is issued to participants with singleton pregnancies. Food Package III-B for women is issued to two categories of participants: women pregnant with two or more fetuses and breastfeeding women whose partially (mostly) breastfed infants receive formula from WIC in amounts that do not exceed the maximum formula allowances, as appropriate for the age of the infant as described in table 1 to paragraph (e)(9) of this section.

3 This food package is issued to two categories of WIC participants: non-breastfeeding postpartum women and breastfeeding postpartum women whose infants receive more than the maximum infant formula allowances from WIC for partially (mostly) breastfed infants, as appropriate for the age of the infant as described in table 1 to paragraph (e)(9) of this section.

4 This food package is issued to three categories of WIC participants: fully breastfeeding women whose infants do not receive formula from WIC; women partially (mostly) breastfeeding multiple infants from the same pregnancy; and pregnant women who are also fully or partially (mostly) breastfeeding singleton infants.

5 Women fully breastfeeding multiple infants from the same pregnancy are prescribed 1.5 times the MMA.

6 Combinations of single-strength and concentrated juices may be issued provided that the total volume does not exceed the MMA for single-strength juice.

7 As determined appropriate by the healthcare provider per medical documentation, children and women may choose to substitute a \$3 CVV for the full juice amount (64 fluid ounces)—a partial CVV substitution for juice is not authorized—or use their \$3 CVV for jarred infant food fruits and vegetables. State agencies must use the conversion of \$1 CVV = 6.25 ounces of jarred infant food fruits and vegetables. The monthly value of the CVV substitution amount for juice will be adjusted annually for inflation consistent with the inflation adjustments made to women and children's CVV values.

8 WIC formula means infant formula, exempt infant formula, or WIC-eligible nutritionals. Participants may receive up to 455 fluid ounces of a WIC formula (liquid concentrate) as determined appropriate by the healthcare provider per medical documentation. The number of fluid ounces refers to the amount as prepared according to directions on the container.

9 Powder and ready-to-feed may be substituted at rates that provide comparable nutritive value.

10 Regular and lactose-free milk must be authorized. “Regular milk” refers to milk that conforms to FDA standard of identity 21 CFR 131.110 and contains lactose exclusive of fat content (e.g., low-fat milk). State agencies have the option to authorize plant-based milk alternatives, yogurts, and cheeses, described in table 4 of paragraph (e)(12) of this section and its footnotes, as determined appropriate by the healthcare provider per medical documentation.

11 Whole milk is the standard milk for issuance to 1-year-old children (12 through 23 months). Whole fat or low-fat yogurts may be substituted for fluid milk for 1-year-old children, and both are standard issuance when substituting yogurt. Fat-reduced milks or nonfat yogurt may be issued to 1-year-old children as determined appropriate by the healthcare provider per medical documentation.

12 Low-fat (1%) or nonfat milks are the standard milk for issuance to children ≥ 24 months of age and women. Whole milk or reduced-fat (2%) milk may be substituted for low-fat (1%) or nonfat milk for children ≥ 24 months of age and women as determined appropriate by the healthcare provider per medical documentation.

13 Evaporated milk may be substituted at the rate of 16 fluid ounces of evaporated milk per 32 fluid ounces of fluid milk (a 1:2 fluid ounce substitution ratio). Dry milk may be substituted at an equal reconstituted rate to fluid milk.

14 For children and women, 1 pound of cheese (dairy- and/or plant-based) may be substituted for 3 quarts of milk and 1 quart of yogurt (dairy- and/or plant-based) may be substituted for 1 quart of milk as determined appropriate by the healthcare provider per medical documentation. A maximum of 2 quarts of yogurt that may be substituted for 2 quarts of milk for both children and women. Fully breastfeeding women may substitute up to 2 pounds of cheese for 6 quarts of milk. Children and pregnant, partially breastfeeding, and postpartum women may substitute no more than 1 pound of cheese. State agencies do not have the option to issue additional amounts of cheese or yogurt beyond these maximums even with medical documentation.

15 For children ≥ 24 months of age and women, low-fat or nonfat yogurts are the only types of yogurts authorized. Whole or reduced-fat yogurt may be substituted for low-fat or nonfat yogurt for children ≥ 24 months of age and women as determined appropriate by the healthcare provider per medical documentation.

16 For children, issuance of tofu and plant-based milk alternatives may be substituted for milk as determined appropriate by the healthcare provider per medical documentation. Plant-based milk alternatives may be substituted for milk for children on a quart for quart basis up to the total MMA of milk. Tofu may be substituted for milk for children at the rate of 1 pound of tofu per 1 quart of milk up to the MMA of milk, as determined appropriate by the healthcare provider per medical documentation.

17 For women, plant-based milk alternatives may be substituted for milk on a quart for quart basis up to the total MMA of milk. Tofu may be substituted for milk at the rate of 1 pound of tofu per 1 quart of milk up to the MMA of milk, as determined appropriate by the healthcare provider per medical documentation.

18 32 dry ounces of infant cereal may be substituted for 36 ounces of breakfast cereal as determined appropriate by the healthcare provider per medical documentation.

19 At least 75 percent of cereals authorized on a State agency's authorized food list must meet whole grain criteria for breakfast cereal (refer to table 4 to paragraph (e)(12) of this section and its footnotes).

20 State agencies must authorize substitution of dry legume (1 pound), canned legumes (64 ounces), and peanut butter (18 ounces) for each 1 dozen eggs and, at State agency option, State agencies may authorize tofu (1 pound) or nut and seed butters (18 ounces) to substitute for each 1 dozen eggs as determined appropriate by the healthcare provider per medical documentation.

21 State agencies must authorize fresh and one other form (i.e., canned (shelf-stable), frozen, and/or dried) of fruits and vegetables. State agencies may choose to authorize additional or all processed forms of fruits and vegetables. The CVV may be redeemed for any eligible fruit and vegetable (refer to table 4 to paragraph (e)(12) of this section and its footnotes). Except as authorized in paragraph (b)(1)(i) of this section, State agencies may not selectively choose which fruits and vegetables are available to participants. For example, if a State agency chooses to offer dried fruits, it must authorize all WIC-eligible dried fruits.

22 Children and women whose special dietary needs require the use of pureed foods may receive commercial jarred infant food fruits and vegetables in lieu of the CVV. For children and women who require jarred infant food fruits and vegetables in place of the CVV, State agencies must use the conversion of \$1 CVV = 6.25 ounces of jarred infant food fruits and vegetables. Infant food fruits and vegetables may be substituted for the CVV as determined appropriate by the healthcare provider per medical documentation.

23 The monthly value of the fruit/vegetable CVV will be adjusted annually for inflation as described in § 246.16(j).

24 Whole wheat or whole grain bread must be authorized. State agencies have the option to also authorize other whole grain options as described in table 4 to paragraph (e)(12) of this section and its footnotes.

25 Issuance of smaller container sizes is encouraged to reduce the likelihood of exceeding a safe weekly consumption level of methylmercury. The U.S. Food and Drug Administration (FDA) and the U.S. Environmental Protection Agency (EPA) provide joint advice regarding fish consumption to limit methylmercury exposure for children. As noted in their 2021 joint advice, depending on body weight, some women and some children should choose fish lowest in methylmercury or eat less fish than the amounts in the 2020-2025 DGA Healthy US-Style Dietary Pattern. More information is available on the FDA and EPA websites at [FDA.gov/fishadviceandEPA.gov/fishadvice](https://www.fda.gov/fishadviceandEPA.gov/fishadvice).

26 As noted in the 2021 FDA-EPA joint advice about eating fish, for some children, depending on age and caloric needs, the amounts of fish in the 2020-2025 DGA are higher than in the FDA-EPA advice. The DGA states that to consume these higher amounts, these children should consume only fish from the “Best Choices” list that are even lower in mercury—among the WIC-eligible varieties, these include Atlantic mackerel, salmon, and sardines.

27 State agencies are required to offer both mature dry (1 pound) and canned (64 ounces) legumes. For food packages that provide both legumes and peanut butter, State agencies may issue the following combinations: 1 pound dry and 64 oz. canned legumes (and no peanut butter); 2 pounds dry or 128 oz. canned legumes (and no peanut butter); or 36 oz. peanut butter (and no legumes). State agencies have the option to authorize other nut and seed butters as a substitute for peanut butter (on a 1:1 ounce substitution ratio), as described in table 4 of paragraph (e)(12) of this section and its footnotes, as determined appropriate by the healthcare provider per medical documentation.