

# Nutrition Policies and Guidance for the Child and Adult Care Food Program (CACFP)



## Feeding Infants IN CACFP CHILD CARE PROGRAMS

Child Care Centers · Family Day Care Homes · Emergency Shelters

Applicable Through September 30, 2017



June 2016

Connecticut State Department of Education  
Bureau of Health/Nutrition, Family Services and Adult Education  
25 Industrial Park Road  
Middletown, CT 06457

# FEEDING INFANTS IN CACFP CHILD CARE PROGRAMS

*Effective through September 30, 2017*

Connecticut State Department of Education • June 2016  
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Project Director  
Susan S. Fiore, M.S., R.D.  
Nutrition Education Coordinator



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# ABOUT THIS GUIDE

*Feeding Infants in CACFP Child Care Programs* contains guidance on feeding infants in the Child and Adult Care Food Program (CACFP), based on U.S. Department of Agriculture (USDA) regulations and policies. It applies to all CACFP child care facilities that feed infants, including centers, family day care homes and emergency shelters.

**This guide addresses the current CACFP infant meal requirements that remain in effect through September 30, 2017.** The Connecticut State Department of Education (CSDE) will be developing guidance on the new infant meal pattern requirements that take effect on October 1, 2017, as required in the USDA's final rule, *Child and Adult Care Food Program: Meal Pattern Revisions Related to the Healthy, Hunger-Free Kids Act of 2010*.

Each section of the guide contains links to other sections when appropriate, and to Web sites with relevant information and resources. These can be accessed by clicking on the blue highlighted text throughout the guide.

The mention of trade names, commercial products or organizations does not imply approval or endorsement by the CSDE or the USDA. Product names are used solely for clarification.

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*Feeding Infants in CACFP Child Care Programs* is part of a series of six guides that comprise the CSDE's *Nutrition Policies and Guidance for the CACFP*. These guides assist child care centers, family day care homes, emergency shelters, and at-risk afterschool care centers with meeting CACFP requirements. The complete set of guides is available on the CSDE's Nutrition Policies and Guidance for the CACFP Web page at [www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=322326](http://www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=322326).

- Meal Pattern Requirements
- Crediting Foods
- Feeding Infants
- Accommodating Special Diets
- Sanitation and Food Safety
- Planning Healthy Meals

**The contents of this guide are subject to change.** The CSDE will update this guide as the USDA issues additional policies and guidance for the CACFP. Please check the CSDE's [Nutrition Policies and Guidance for the CACFP](#) Web page for the most current version.

For more information on *Nutrition Policies and Guidance for the CACFP*, contact Susan S. Fiore, M.S., R.D., Nutrition Education Coordinator, at [susan.fiore@ct.gov](mailto:susan.fiore@ct.gov) or 860-807-2075.

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## CSDE CONTACT INFORMATION

For questions regarding feeding infants in the CACFP, please contact the CACFP staff in the CSDE's Bureau of Health/Nutrition, Family Services and Adult Education.

CACFP Staff	
Child Care Centers	Family Day Care Homes
<ul style="list-style-type: none"><li>• Susan Boyle, 860-807-2074 <a href="mailto:susan.boyle@ct.gov">susan.boyle@ct.gov</a></li><li>• Celia Cordero, 860-807-2076 <a href="mailto:celia.cordero@ct.gov">celia.cordero@ct.gov</a></li><li>• Benedict Onye, 860-807-2080 <a href="mailto:benedict.onye@ct.gov">benedict.onye@ct.gov</a></li></ul>	<ul style="list-style-type: none"><li>• Celia Cordero, 860-807-2076 <a href="mailto:celia.cordero@ct.gov">celia.cordero@ct.gov</a></li></ul>
Connecticut State Department of Education Bureau of Health/Nutrition, Family Services and Adult Education 25 Industrial Park Road Middletown, CT 06457	

## ABBREVIATIONS AND ACRONYMS

AAP	American Academy of Pediatrics
APRN	advanced practice registered nurse
ARA	arachidonic acid
CACFP	Child and Adult Care Food Program
CCCNS	Connecticut Child Care Nutrition Standards
CFR	Code of Federal Regulations
CN	Child Nutrition
CNP	Child Nutrition Programs
CSDE	Connecticut State Department of Education
DHA	docosahexaenoic acid
FDA	Food and Drug Administration
FNS	Food and Nutrition Service, U.S. Department of Agriculture
USDA	United States Department of Agriculture
WGR	whole grain-rich
WIC	Special Supplemental Nutrition Program for Women, Infants and Children



## 1 — Introduction

On April 25, 2016, the USDA issued the final rule, *Child and Adult Care Food Program: Meal Pattern Revisions Related to the Healthy, Hunger-Free Kids Act of 2010*. This rule updates the CACFP meal pattern requirements to better align with the *Dietary Guidelines for Americans*, as required by the Healthy, Hunger-Free Kids Act of 2010. The new CACFP meal pattern requires CACFP child care centers and family day care homes to serve more whole grains and a greater variety of vegetables and fruits, and reduce the amount of added sugars and solid fats in meals. They also encourage breastfeeding in child care facilities, and more closely align the CACFP with the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), and other Child Nutrition Programs. The final rule takes effect on October 1, 2017.

This guide assists CACFP staff in child care centers and family day care homes with meeting the **current CACFP infant meal pattern requirements** under 7 CFR 226, that remain in effect through **September 30, 2017**. It also highlights the key changes in the new CACFP infant meal pattern.

The Connecticut State Department of Education (CSDE) will be developing additional guidance for the new CACFP meal pattern requirements that take effect on October 1, 2017. In the meantime, the current CACFP meal pattern for infants still applies. For more information, see the USDA's [Nutrition Standards for CACFP Meals and Snacks](#) Web page.

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Good nutrition is essential to the rapid growth and development that occurs during a baby's first year. Providing babies with the right foods promotes good health and gives them the opportunity to enjoy new tastes and textures as they establish good eating habits. Feeding also helps babies establish warm relationships. Positive and supportive feeding techniques are essential in allowing babies to eat well and develop healthy attitudes toward themselves and others.

During the first year, babies' mouths develop from being only able to suck and swallow to being able to chew. Their digestive tracks mature from being able to take in only liquids, such as breast milk or formula, to being able to receive a wide variety of foods. At the same time, they progress from needing to be fed to feeding themselves. As babies continually mature, their food and feeding patterns must continue to change.



The CACFP infant meal pattern corresponds to the changes in food textures and feeding style during the baby's first year of life. It provides flexibility to allow for differences in each baby's development. CACFP facilities must provide appropriate foods and food textures, and implement appropriate feeding techniques for each stage of a baby's development.

## COMMUNICATION WITH PARENTS

Parents/guardians provide important information regarding the developmental stage of their baby’s feeding. CACFP facilities should communicate frequently with families to ensure coordination between what is being fed at home and in the child care setting. This assures the best care for babies. For more information, see “[Introducing Solid Foods](#)” in section 7.

## INFANT DEVELOPMENT AND FEEDING SKILLS

A baby’s developmental readiness determines which foods should be fed, what texture the foods should be, and which feeding styles to use. All babies develop at their own rate. While age and size often correspond with developmental readiness, they are not the sole considerations for deciding what and how to feed babies. Child care staff should be aware of babies’ rapidly developing mouth patterns and hand and body control. This enables caregivers to serve appropriate foods and textures, and use the appropriate feeding style for each stage of development.

Newborn babies’ ability to suck and swallow only liquids is due to their limited level of development. As babies mature, they are able to begin learning to eat infant cereals and strained solid foods from a spoon. Eventually they are able to feed themselves small chunks of cooked foods by hand, and later by spoon. Each baby’s own skills and attitudes determine the rate at which they progress to each new food texture and feeding style. Babies always do better if caregivers support them in progressing at their own rate.

[Table 1](#) summarizes infant development and feeding skills. The different reflexes involved in feeding and eating are defined below.

- **Rooting reflex** — When a baby’s mouth, lips, cheek or chin are touched by an object, the head and mouth turn toward the object and the baby opens its mouth. This reflex allows babies to seek out and grasp a nipple.
- **Suck/swallow reflex** — After opening the mouth when baby’s lips and mouth areas are touched, suckling or sucking movements begin. As liquid moves into the mouth, the tongue moves it to the back of the mouth for swallowing.
- **Tongue thrust reflex** — When the lips are touched, the baby’s tongue moves out of the mouth. This reflex allows for feeding from the breast to bottle but not from spoon or cup.
- **Gag reflex** — When an object such as a spoon or solid food is placed way back into the mouth, the object is quickly moved back out of the mouth on the tongue. This reflex is one reason for waiting until a baby is about 6 months old to feed solid foods, as recommended by the American Academy of Pediatrics (AAP).

*Effective October 1, 2017, the final rule delays the introduction of solid foods until around 6 months of age to meet infants’ energy and nutritional needs. It includes the flexibility to introduce solid foods before and after 6 months when requested by a parent/guardian.*

These reflexes may be stronger or weaker, or last longer than normal, in babies who are delayed in their development.

Table 1. Sequence of Infant Development and Feeding Skills  
in Normal, Healthy Full-term Infants \*

Baby's Approximate Age **	DEVELOPMENTAL SKILLS		
	Mouth Patterns	Hand and Body Skills	Feeding Skills or Abilities
Birth through 5 months	<ul style="list-style-type: none"> <li>• Suck/swallow reflex</li> <li>• Tongue thrust reflex</li> <li>• Rooting reflex</li> <li>• Gag reflex</li> </ul>	<ul style="list-style-type: none"> <li>• Poor control of head, neck, trunk</li> <li>• Brings hand to mouth around 3 months</li> </ul>	<ul style="list-style-type: none"> <li>• Swallows liquids but pushes most solid objects from the mouth</li> </ul>
4 through 6 months	<ul style="list-style-type: none"> <li>• Draws in upper or lower lip as spoon is removed from mouth</li> <li>• Up-and-down munching movement</li> <li>• Can transfer food from front to back of tongue to swallow</li> <li>• Tongue thrusting and rooting reflexes begin to disappear</li> <li>• Gag reflex diminishes</li> <li>• Opens mouth when sees spoon approaching</li> </ul>	<ul style="list-style-type: none"> <li>• Sits with support</li> <li>• Good head control</li> <li>• Uses whole hand to grasp objects (palmer grasp)</li> </ul>	<ul style="list-style-type: none"> <li>• Takes in a spoonful of pureed or strained food and swallows it without choking</li> <li>• Drinks small amounts from cup when held by another person, with spilling</li> </ul>
5 through 9 months	<ul style="list-style-type: none"> <li>• Begins to control the position of food in the mouth</li> <li>• Up-and-down munching movement</li> <li>• Positions food between jaws for chewing</li> </ul>	<ul style="list-style-type: none"> <li>• Begins to sit alone unsupported</li> <li>• Follows food with eyes</li> <li>• Begins to use thumb and index finger to pick up objects (pincer grasp)</li> </ul>	<ul style="list-style-type: none"> <li>• Begins to eat mashed foods</li> <li>• Eats from a spoon easily</li> <li>• Drinks from a cup with some spilling</li> <li>• Begins to feed self with hands</li> </ul>
8 through 11 months	<ul style="list-style-type: none"> <li>• Moves food from side to side in mouth</li> <li>• Begins to curve lips around rim of cup</li> <li>• Begins to chew in rotary pattern (diagonal movement of the jaw as food is moved to the side or center of mouth)</li> </ul>	<ul style="list-style-type: none"> <li>• Sits alone easily</li> <li>• Transfers objects from hands to mouth</li> </ul>	<ul style="list-style-type: none"> <li>• Begins to eat ground or finely chopped food and small pieces of soft food</li> <li>• Begins to experiment with spoon but prefers to feed self with hands</li> <li>• Drinks from cup with less spilling</li> </ul>
10 through 12 months	<ul style="list-style-type: none"> <li>• Rotary chewing (diagonal movement of the jaw as food is moved to the side or center of mouth)</li> </ul>	<ul style="list-style-type: none"> <li>• Begins to put spoon in mouth</li> <li>• Begins to hold cup</li> <li>• Good eye-hand-mouth coordination</li> </ul>	<ul style="list-style-type: none"> <li>• Eats chopped food and small pieces of soft, cooked table food</li> <li>• Begins self-spoon-feeding with help</li> </ul>

\* Developmental stages may vary with individual babies.

\*\* The overlap of ages allows for differences in development.

Source: *Feeding Infants: A Guide for Use in the Child Nutrition Programs*. U.S. Department of Agriculture, Revised December 2001.

## FEEDING BABY FOR THE FIRST YEAR

Babies grow quickly during the first year of life, and make many changes in the types of food and textures they are able to eat. Table 2 shows signs that indicate when babies are ready for a new food, as they grow and develop.

Table 2. Developmental Readiness for Feeding		
Age	When Babies Can	Serve
Birth through 3 months 	<ul style="list-style-type: none"> <li>Only suck and swallow</li> </ul>	Liquids only: <ul style="list-style-type: none"> <li>Breast milk</li> <li>Infant formula with iron</li> </ul>
4 through 7 months 	<ul style="list-style-type: none"> <li>Draw in upper or lower lip as spoon is removed from mouth</li> <li>Move tongue up and down</li> <li>Sit up with support</li> <li>Swallow semisolid foods without choking</li> <li>Open the mouth when they see food</li> <li>Drink from a cup with help, with spilling</li> </ul>	<ul style="list-style-type: none"> <li>Infant cereal with iron</li> <li>Strained vegetables</li> <li>Strained fruit</li> </ul> <p><i>Note: Effective October 1, 2017, the final rule delays the introduction of solid foods until around 6 months of age to meet infants' energy and nutritional needs. It includes the flexibility to introduce solid foods before and after 6 months when requested by a parent/guardian.</i></p>
8 through 11 months 	<ul style="list-style-type: none"> <li>Move tongue from side to side</li> <li>Begin spoon feeding themselves with help</li> <li>Begin to chew and have some teeth</li> <li>Begin to hold food and use their fingers to feed themselves</li> <li>Drink from a cup with help, with less spilling</li> </ul>	<ul style="list-style-type: none"> <li>Mashed or diced soft fruit</li> <li>Mashed or soft cooked vegetables</li> <li>Mashed egg yolk <sup>1</sup></li> <li>Strained meat/poultry</li> <li>Mashed cooked beans or peas</li> <li>Cottage cheese, yogurt or cheese strips <sup>2</sup></li> <li>Pieces of soft bread</li> <li>Crackers</li> <li>Breast milk, iron-fortified formula or fruit juice <sup>3</sup> in a cup</li> </ul>
<p><sup>1</sup> Effective October 1, 2017, the final rule allows whole eggs to credit as a meat alternate at breakfast and lunch/supper for infants ages 6-11 months who are developmentally ready.</p> <p><sup>2</sup> Yogurt does not credit in the current CACFP infant meal pattern, but can be served as an additional food item to a developmentally ready infant if the parent/guardian requests it. For more information, see “<a href="#">Serving Additional Solid Foods</a>” in section 7. Effective October 1, 2017, the final rule allows yogurt containing no more than 23 grams of sugar per 6 ounces to credit as a meat alternate for infants ages 6-11 months who are developmentally ready.</p> <p><sup>3</sup> Effective October 1, 2017, the final rule eliminates fruit juice from the infant meal pattern.</p>		

Source: *Feeding Infants: A Guide for Use in the Child Nutrition Programs*. U.S. Department of Agriculture, Revised December 2001.

## 2 — Infant Meal Pattern

This section address the meal pattern requirements for infants, based on CACFP regulations (7 CFR 226), the USDA’s *Feeding Infants: A Guide for Use in the Child Nutrition Programs*, and USDA memo [CACFP 14-2015, Infant Feeding in the CACFP](#) (revision 2). These requirements are in effect through September 30, 2017. The new meal pattern requirements in the final rule, *Child and Adult Care Food Program: Meal Pattern Revisions Related to the Healthy, Hunger-Free Kids Act of 2010*, take effect on October 1, 2017.

### AVOIDING COMMON MEAL PATTERN COMPLIANCE ISSUES

CSDE CACFP staff routinely observes several common meal pattern compliance issues during administrative reviews of infant meals in CACFP centers, emergency shelters and family day care homes. These include:

- not claiming meals because an infant has consumed less than the minimum amount of a meal component;
- not serving optional foods when the infant is developmentally ready; and
- counting noncreditable foods toward the infant meal pattern requirements.



CACFP facilities can avoid potential compliance issues by reviewing this guide, providing staff training on the CACFP infant meal pattern, and ensuring that all staff understands the infant meal pattern requirements. Guidance on preventing these compliance issues is below.

#### Amount Consumed versus Required Serving Size

CSDE staff has observed CACFP facilities not claiming meals because an infant has consumed less than the minimum amount of a meal component in the infant meal pattern. A meal in which an infant **consumes** less than the minimum serving is reimbursable, as long as the CACFP facility **offers** the minimum serving of all required components in the CACFP infant meal pattern.

For example, breakfast requires 4-6 fluid ounces of breast milk or iron-fortified infant formula for infants from birth through 3 months. A CACFP facility offers 4 fluid ounces of formula at breakfast to a 3-month-old baby, but the baby drinks only 2 ounces. The CACFP facility can document this breakfast as a reimbursable meal on the daily infant meal record, even though the amount consumed by the infant was less than the minimum amount in the CACFP infant meal pattern. For more information, see [“Required Types and Amounts of Foods”](#) and [“Infant Menu Records”](#) in this section.

*Effective October 1, 2017, the final rule requires 4-6 fluid ounces of breast milk or formula at breakfast, lunch/supper and snack for infants from birth through 5 months.*

Note: For breast milk only, the USDA allows an exception from the minimum required serving. CACFP facilities can serve less than the minimum serving of breast milk to infants who do not regularly consume the specified amount. If the full portion is not initially offered, the CACFP facility must offer additional breast milk if the infant is still hungry. For more information, see “[Minimum Quantity of Breast Milk](#)” in section 3.

### Optional Foods

Optional components become **required** and must be served by the CACFP facility when the infant is developmentally ready and the parent/guardian requests these foods. CSDE staff has observed CACFP facilities omitting these foods for developmentally ready infants, thereby providing meals without all required meal components. The CACFP infant meal pattern includes the following optional components:

- iron-fortified infant cereal at breakfast for ages 4-7 months;
- iron-fortified infant cereal at lunch/supper for ages 4-7 months;
- fruit/vegetable at lunch/supper for ages 4-7 months; and
- bread or crackers at snack for ages 8-11 months.

For more information, see “[Responsibility to Provide Solid Foods](#)” in section 7.

### Noncreditable Foods

CSDE staff has observed CACFP facilities counting noncreditable foods toward the infant meal pattern requirements. Some foods do not credit in the CACFP infant meal pattern for a variety of reasons such as nutrition content, potential allergens, food safety concerns and inappropriateness for certain developmental stages. Examples include ready-to eat breakfast cereals, yogurt, and commercial baby food combination dinners. For more information, see “[Serving Additional Solid Foods](#)” in section 7.

CACFP facilities can serve certain appropriate noncreditable foods as **additional** food items if babies are developmentally ready, and their parents/guardians request these foods. However, these foods **do not replace** the required components of the CACFP infant meal pattern. The CACFP facility must still serve all required meal pattern components for the appropriate age group.

*Effective October 1, 2017, the final rule requires two infant age groups: 0-5 months and 6-11 months. Solid food components are required for infants ages 6-11 months when they are developmentally ready to accept them. All serving sizes for solid foods are ranges to address infants’ varying dietary needs, and start at zero.*



*Effective October 1, 2017, the final rule allows ready-to-eat cereals with no more than 6 grams of sugar per dry ounce to credit as a grain at snack for infants ages 6-11 months.*

For example, if a parent/guardian requests a ready-to-eat cereal as an additional food item at breakfast for a 9-month-old infant, the CACFP facility can serve it, but cannot credit it as a meal component. For a reimbursable meal, the CACFP facility must also serve all three required breakfast components including:

- breast milk or iron-fortified infant formula;
- iron-fortified infant cereal; and
- fruit/vegetable.

For more information, see “[Ready-to Eat Breakfast Cereals](#)” in section 8.

## OBLIGATION OF CACFP FACILITIES TO OFFER INFANT MEALS

CACFP facilities must offer reimbursable meals to all eligible children enrolled in the center or day care home. Section 226.2 of the [CACFP regulations](#) defines an enrolled child as “a child whose parent or guardian has submitted to an institution a signed document which indicates that the child is enrolled for child care.” A CACFP facility cannot avoid this obligation by stating that the infant is not “enrolled” in the CACFP, or by citing logistical or cost barriers to offering infant meals. CACFP facilities must base decisions about offering CACFP meals on whether the child is enrolled for care, not whether the child is enrolled in the CACFP.

**If the infant is in care during the meal service period, the CACFP facility must offer the infant a meal that complies with the CACFP infant meal pattern.** An infant’s parent/guardian may decline the infant formula offered by the CACFP facility, and supply expressed breast milk or a creditable infant formula for the infant to consume in its place.

To receive CACFP reimbursement, child care staff must serve and feed the infant a developmentally appropriate meal. For infants from birth through 3 months, CACFP facilities can claim reimbursement for meals containing only breast milk or iron-fortified infant formula provided by parents/guardians. For more information, see “[Meals Containing Only Breast Milk](#)” in section 3, and “[Meals Containing Only Parent-provided Formula](#)” in section 4.



*Effective October 1, 2017, the final rule allows CACFP facilities to claim reimbursement for meals containing only breast milk or parent-provided formula for infants ages 0-5 months who are not developmentally ready for solid foods.*

## REQUIRED TYPES AND AMOUNTS OF FOODS

The CACFP infant meal pattern shows the types and amounts of foods that CACFP facilities must serve for a reimbursable meal (see [table 3](#)). Table 4 shows how the infant meal pattern corresponds with food textures and feeding styles.

The CACFP infant meal pattern divides the first year of life (from birth through 11 months) into three age groups, each consisting of four months. Although the meal pattern specifies breakfast, lunch, supper and snack, this may be inconsistent with a baby's feeding pattern.

The meals in the CACFP infant meal pattern are intended as a guideline. Babies younger than 6 months do not follow rigid schedules, and may need to eat every one-and-a-half to three hours. Some older babies will also need to eat more frequently, and may need larger quantities than the specified feedings. Babies should be fed when they are hungry, not restricted to a rigid schedule.

The CACFP infant meal pattern lists portions for solid foods as 0 to 3 tablespoons for ages 4-7 months. Foods served must always be of appropriate texture and consistency. Solid foods are **optional** for this age group. They should only be served when an infant is developmentally ready and interested in learning to eat them. **The CACFP facility should make the decision to introduce specific foods in consultation with each baby's parents/guardians.** The AAP strongly recommends waiting until infants are about 6 months old before serving any solid foods. For more information on feeding solid foods, see [section 7](#).

The infant meal pattern gives ranges for each food portion to allow for flexibility in how much food is served based on a baby's appetite and development. Babies will vary each day in the amounts they eat. The amounts listed are the **minimum** portions that CACFP facilities must serve for a reimbursable meal. Some babies will want more than these amounts and may be served larger portions and additional foods. For example, a 3-month-old baby may be fed more than 6 fluid ounces of formula or breast milk at a feeding, and an 8-month-old baby may be fed an additional food such as bread at breakfast, lunch or supper.

Other babies may want less than the portions listed. If a baby consumes less than the minimum portion, the meal is reimbursable if the infant is served all required components.

*Effective October 1, 2017, the final rule allows ready-to-eat cereals with no more than 6 grams of sugar per dry ounce to credit as a grain at snack for infants ages 6-11 months.*



*Effective October 1, 2017, the final rule delays the introduction of solid foods until around 6 months of age to meet infants' energy and nutritional needs. It includes the flexibility to introduce solid foods before and after 6 months when requested by a parent/guardian.*

*Effective October 1, 2017, the final rule requires solid food components for infants ages 6-11 months when they are developmentally ready to accept them. All serving sizes for solid foods are ranges to address infants' varying dietary needs, and start at zero.*

Reimbursement may be claimed for meals containing parent-provided components when the CACFP facility provides (pays for) at least one component, and a complete meal (all components the infant is developmentally ready to accept) is supplied between the parents and CACFP facility.

Babies should never be forced to finish what is in the bottle or what is fed by spoon.

**Caregivers should let babies determine how much they eat.** Babies will indicate if they are hungry by opening their mouths and leaning forward. They will indicate if they have had enough to eat by:

- pulling away from the bottle or spoon;
- turning their heads away, playing with the food;
- sealing their lips; or
- pushing the nipple or food out of their mouths.

Babies may want to eat less if they are teething or not feeling well, and more if they are going through a growth spurt.



## 2 | INFANT MEAL PATTERN

Table 3. CACFP Infant Meal Pattern (through September 30, 2017) <sup>1</sup>

Meal	Birth through 3 months	4 through 7 months	8 through 11 months
Breakfast	4-6 fluid ounces (fl. oz.) breast milk <sup>2,3</sup> or iron-fortified formula <sup>4,5</sup>	4-8 fl. oz. breast milk <sup>2,3</sup> or iron-fortified formula <sup>4,6</sup>  0-3 tablespoons (Tbsp.) iron-fortified dry infant cereal (optional until infant is developmentally ready) <sup>7,8</sup>	6-8 fl. oz. breast milk <sup>2,3</sup> or iron-fortified formula <sup>4,9</sup>  2-4 Tbsp. iron-fortified dry infant cereal <sup>8,9</sup>  1-4 Tbsp. fruit and/or vegetable <sup>9</sup>
Lunch or Supper	4-6 fl. oz. breast milk <sup>2,3</sup> or iron-fortified formula <sup>4,5</sup>	4-8 fl. oz. breast milk <sup>2,3</sup> or iron-fortified formula <sup>4,6</sup>  0-3 Tbsp. iron-fortified dry infant cereal (optional until infant is developmentally ready) <sup>7,8</sup>  0-3 Tbsp. fruit and/or vegetable (optional until infant is developmentally ready) <sup>7</sup>	6-8 fl. oz. breast milk <sup>2,3</sup> or iron-fortified formula <sup>4,9</sup>  2-4 Tbsp. iron-fortified dry infant cereal <sup>8,9</sup> and/or 1-4 Tbsp. meat, fish, poultry, egg yolk or cooked dry beans or peas or ½-2 oz. cheese or ¼-½ cup cottage cheese or 1-4 oz. cheese food or cheese spread <sup>9</sup>  1-4 Tbsp. fruit and/or vegetable <sup>9</sup>
Snack	4-6 fl. oz. breast milk <sup>2,3</sup> or iron-fortified formula <sup>4,5</sup>	4-6 fl. oz. breast milk <sup>2,3</sup> or iron-fortified formula <sup>4,5</sup>	2-4 fl. oz. breast milk <sup>2,3</sup> or iron-fortified formula <sup>4,6</sup> or fruit juice <sup>10</sup>  0-½ slice bread or 0-2 crackers <sup>11</sup> (optional until infant is developmentally ready) <sup>7</sup>
◀ See next page for important menu planning notes ▶			

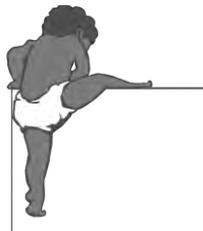
Table 3. CACFP Infant Meal Pattern (through September 30, 2017) <sup>1</sup>, continued

## Menu Planning Notes

- <sup>1</sup> CACFP facilities must keep daily records of all meals and snacks served to each infant enrolled in the CACFP. For more information, see “[Infant Menu Records](#)” in this section. Sample infant menu forms are available in the [Feeding Infants](#) section of the CSDE’s Nutrition Policies and Guidance Web page.
- <sup>2</sup> Breast milk or formula or portions of both may be served. The USDA recommends serving breast milk in place of formula from birth through 11 months.
- <sup>3</sup> Breastfed infants who regularly consume less than the minimum amount of breast milk per feeding may be offered less, with additional breast milk offered if the infant is still hungry. For more information, see “[Minimum Quantity of Breast Milk](#)” in section 3.
- <sup>4</sup> Infant formula must meet the CACFP requirements. For more information, see “[Allowable Infant Formulas](#)” in section 4.
- <sup>5</sup> Either the CACFP facility or parent/guardian must provide formula. Reimbursement may be claimed for meals containing parent-provided formula as the only component if the CACFP facility feeds the infant the meal.
- <sup>6</sup> Either the CACFP facility or parent/guardian must provide formula. Reimbursement may be claimed for meals containing parent-provided formula as the only component if the infant is not developmentally ready for the optional meal components, and the CACFP facility feeds the infant the meal.
- <sup>7</sup> Optional components become required and must be served by the CACFP facility when the infant is developmentally ready and the parent/guardian requests them. Reimbursement may be claimed for meals containing parent-provided components when the CACFP facility provides (pays for) at least one component, and a complete meal (all components the infant is developmentally ready to accept) is supplied between the parents and CACFP facility.
- <sup>8</sup> Only iron-fortified dry infant cereal credits as a meal component in the CACFP infant meal pattern. Ready-to-eat cold dry breakfast cereals and cooked breakfast cereals are not creditable, but can be fed as additional foods to older babies (at least 8 months) if the parent/guardian requests them. All other required components must also be served. For more information, see “[Infant Cereals](#)” in section 8.
- <sup>9</sup> For ages 8-11 months, reimbursement may be claimed for meals containing parent-provided components when the CACFP facility provides (pays for) at least one component, and a complete meal (all components the infant is developmentally ready to accept) is supplied between the parents and CACFP facility.
- <sup>10</sup> Full-strength 100 percent fruit juice must be served. No other juices or juice drinks are creditable. For more information, see “[Fruit Juice](#)” in section 8.
- <sup>11</sup> Bread and crackers must be made from whole-grain or enriched flour or meal.

## 2 | INFANT MEAL PATTERN

Table 4. How the CACFP Infant Meal Pattern Corresponds with Food Textures and Feeding Styles

Age of Baby by Month	Birth	1	2	3	4	5	6	7	8	9	10	11
Age Grouping in Infant Meal Pattern	Birth through 3 months 				4 through 7 months 				8 through 11 months 			
Sequence of Introducing Foods in the Infant Meal Pattern	Breast milk or formula				Infant cereal Vegetables and/or fruits				Meat or meat alternates Crackers or bread Fruit juice (only in a cup)			
Texture of Solid Foods					Strained/pureed (thin consistency for cereal)							
									Mashed			
									Ground/finely chopped			
									Chopped			
Feeding Style	Breastfeeding or bottle feeding											
					Spoon feeding							
					Cup feeding				Self-feeding/finger food			

Source: *Feeding Infants: A Guide for Use in the Child Nutrition Programs*. U.S. Department of Agriculture, Revised December 2001.

## MEETING THE INFANT MEAL PATTERN REQUIREMENTS

The guidelines below help CACFP facilities to plan meals and snacks that meet the CACFP infant meal pattern.

- For infants from birth through 7 months, breast milk or iron-fortified infant formula is the only required component at breakfast, lunch/supper and snack. For more information, see “[Meals Containing Only Breast Milk](#)” in section 3 and “[Meals Containing Only Parent-provided Formula](#)” in section 4.

- For ages 4-7 months, iron-fortified infant cereal is an optional component at breakfast. Both iron-fortified infant cereal and vegetable/fruit are optional components at lunch/supper. These components become required when the infant is developmentally ready to accept them and the parent/guardian requests them. For more information, see “[Responsibility to Provide Solid Foods](#)” in section 7.

*Effective October 1, 2017, the final rule encourages exclusive breastfeeding for the first six months of life, but allows for the introduction of solid foods before or after 6 months of age if developmentally appropriate for the infant.*

The AAP strongly recommends waiting until infants are about 6 months of age before serving any solid foods.

- For ages 8-11 months, breakfast must include iron-fortified infant cereal and vegetable/fruit in addition to breast milk or iron-fortified infant formula. Lunch/supper must contain three components (breast milk or iron-fortified infant formula, vegetable/fruit, and iron-fortified infant cereal and/or one of the specified meat or meat alternates). Snack must include breast milk or iron-fortified infant formula or 100 percent fruit juice. Bread and crackers are optional, but must be served when the infant is developmentally ready and the parent/guardian requests them. For more information, see “[Responsibility to Provide Solid Foods](#)” in section 7.
- The CACFP facility must always offer an allowable iron-fortified infant formula to obtain meal reimbursement, unless the infant’s mother provides breast milk. Parents/guardians have the option to accept or decline this formula. For more information, see “[Allowable Infant Formulas](#)” and “[Crediting of Iron-fortified Infant Formula Provided by Parents](#)” in section 4.
- Baby food fruits and vegetables may contain single or multiple ingredients if a fruit or vegetable is listed first in the ingredients list. For more information, see “[Crediting Commercial Baby Food Fruits and Vegetables](#)” in section 8.



- Commercial combination baby food dinners are not creditable but may be served as additional foods if requested by the parent/guardian. For more information, see “[Crediting Commercial Baby Food Meat and Meat Alternates](#)” in section 8, and “[Serving Additional Solid Foods](#)” in section 7.
- Bread and crackers must be made from whole-grain or enriched meal or flour. CACFP facilities may only serve products that are developmentally appropriate for infants. For more information, see “[Crediting Bread and Crackers](#)” in section 8.
- Desserts such as baby puddings, custards, cobblers and fruit desserts are not creditable, even if fruit is listed as the first ingredient. These products contain added sugars. For more information, see “[Crediting Commercial Baby Food Fruits and Vegetables](#)” in section 8 and “[Serving Additional Solid Foods](#)” in section 7.
- Fruit juices containing 100 percent juice are creditable at snack only for infants ages 8-11 months. No other juices or juice drinks are creditable. For more information, see “[Fruit Juice](#)” in section 8.



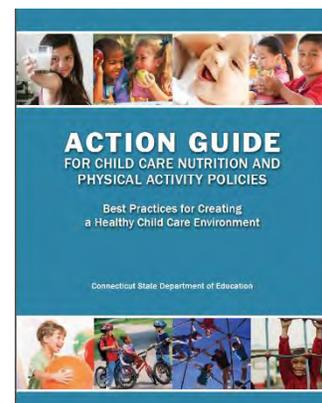
*Effective October 1, 2017, the final rule requires bread and crackers to be whole grain-rich, enriched meal or enriched flour. Beginning October 1, 2019, serving sizes must comply with ounce equivalents for creditable grains.*

*Effective October 1, 2017, the final rule eliminates fruit juice from the infant meal pattern.*

## CONNECTICUT CHILD CARE NUTRITION STANDARDS

In addition to meeting the requirements of the CACFP infant meal pattern, the CSDE strongly recommends that all CACFP infant meals and snacks comply with the Connecticut Child Care Nutrition Standards (CCCNS). The CCCNS provides the healthiest choices for infants in child care by promoting whole or minimally processed nutrient-rich foods that do not contain added fat, sugars or sodium.

Section 8 includes information on the CCCNS for each infant meal component. For more information, see the CSDE’s [Action Guide for Child Care Nutrition and Physical Activity Policies](#).



## INFANT MENU RECORDS

CACFP facilities must keep daily records of all meals served to each infant enrolled in the CACFP. The written menu is critical for documenting the CACFP facility's compliance with the infant meal pattern requirements. Each CACFP facility must maintain an individual "menu of record" on file to document the specific meal pattern components served to each enrolled infant each day.

The CSDE encourages CACFP facilities to use the CSDE's sample infant menu forms, which include a five-day and seven-day menu form. These forms are available in the Feeding Infants section of the CSDE's [Nutrition Policies and Guidance for the CACFP](#) Web page.

CACFP facilities must also maintain an *Accepting/Rejecting Infant Formula in the CACFP* form for each enrolled infant. This form identifies whether the parent/guardian accepts the infant formula offered by the CACFP facility. For more information, see "[Obligation to Offer Iron-fortified Infant Formula in the CACFP](#)" and "[Crediting of Iron-fortified Infant Formula Provided by Parents](#)" in section 4.

CACFP child care centers, family day care homes and emergency shelters may adapt these forms. If a CACFP facility chooses to develop their own form, the language provided in the CSDE form must be used.

CACFP facilities must maintain all CACFP infant menus and *Accepting/Rejecting Infant Formula in the CACFP* forms on file with other required CACFP records in accordance with Section 226.10(d) of the [CACFP regulations](#). The CSDE will review these records as part of the CACFP facility's administrative review.





## 3 — Breast Milk

The AAP strongly recommends exclusive breastfeeding for at least the first six months of life. Breast milk is the optimal food for babies, and the only food needed during at least the first six months of life. It continues to be an important source of nutrients for the first year.

Breast milk contains the right balance of nutrients to meet babies' needs over time. The USDA recommends serving breast milk in place of formula for infants from birth through 11 months.

The CSDE strongly encourages CACFP facilities to develop policies to create an environment that encourages and supports breastfeeding. For more information, see the CSDE's [Action Guide for Child Care Nutrition and Physical Activity Policies](#).

### MINIMUM QUANTITY OF BREAST MILK

The CACFP infant meal pattern specifies the amount of breast milk that must be served for each age group. However, the USDA recognizes that some infants may consume less than the minimum required serving of breast milk. To avoid wasting limited quantities of breast milk, CACFP facilities may serve less than the minimum serving of breast milk to infants who do not regularly consume the specified amount. If the full portion is not initially offered, the CACFP facility must offer additional breast milk if the infant is still hungry.

**This provision applies solely to breast milk.** CACFP facilities cannot offer less than the specified minimum serving of infant formula or any other components of the CACFP infant meal pattern.

*Effective October 1, 2017, the new age groups in the final rule encourage exclusive breastfeeding for the first six months of life. The USDA recommends that CACFP facilities support mothers who choose to breastfeed their infants by encouraging mothers to supply breastmilk for their infants while in day care, and offering a quiet, private area that is comfortable and sanitary for mothers who come to the center or day care home to breastfeed.*



## MEALS CONTAINING ONLY BREAST MILK

CACFP regulations allow CACFP facilities to claim meals in which breast milk is the only component.

This provision applies only when the infant is not developmentally ready for the optional foods, and breast milk is the only required item, including:

- breakfast, lunch/supper and snack for ages birth through 7 months; and
- snack for ages 8-11 months

*Effective October 1, 2017, all solid food components for ages 6-11 months are optional until the infant is developmentally ready to accept them, and the parent/guardian requests them.*

Optional components become **required** when the infant is developmentally ready and the parent/guardian requests them. The CACFP facility must provide at least one of the optional foods for a reimbursable meal. For more information, see “[Responsibility to Provide Solid Foods](#)” in section 7.

At breakfast and lunch/supper for infants ages 8-11 months, CACFP facilities cannot claim reimbursement for meals containing only breast milk. Meals for this age group require three components. **Reimbursement may be claimed only when all meal pattern components are served to the infant, and the CACFP facility provides (pays for) at least one of the required components.** For example, the CACFP facility provides iron-fortified dry infant cereal and fruit to a 9-month-old infant at breakfast, in addition to the breast milk supplied by the mother.

For information on crediting meals in which iron-fortified infant formula is the only required component, see “[Crediting of Iron-fortified Infant Formula Provided by Parents](#)” in section 4.

## TRANSITIONING FROM BREAST MILK TO FORMULA

When an infant younger than 12 months is transitioning from breast milk to formula, it is common to provide both foods to gradually ease the infant into consuming formula in place of breast milk. During this transition period, meals containing both breast milk and formula are reimbursable if the total number of ounces offered to the infant meets or exceeds the minimum amount specified in the CACFP infant meal pattern.

For example, the meal pattern requires a minimum of 4 fluid ounces of breast milk or formula at breakfast and lunch/supper for infants ages 4-7 months. A meal consisting of 2 fluid ounces of breast milk and 2 fluid ounces of iron-fortified infant formula is reimbursable. The CACFP facility must also serve any optional components that the infant is developmentally ready to accept.

Optional components become required and must be served by the CACFP facility when the infant is developmentally ready to accept them, and the parent/guardian requests them.

## BREAST MILK FOR BABIES OLDER THAN 12 MONTHS

Some parents may request that their baby continues to receive breast milk beyond 12 months of age. CACFP facilities should support and encourage this practice. CACFP facilities may serve breast milk as long as the mother chooses to provide it. Mothers can continue providing breast milk for babies older than 12 months. Breast milk is a substitute for cow's milk in the CACFP meal pattern for children. For more information, see the CSDE's [Meal Pattern Requirements for CACFP Child Care Programs](#).

## MOTHERS BREASTFEEDING IN THE CACFP FACILITY

When a mother comes to the CACFP facility to breastfeed her infant, the meal is not reimbursable if the infant is consuming only breast milk. While the USDA supports all efforts for mothers to breastfeed their infants, CACFP facilities must provide some type of "service" to be reimbursed for a meal.

CACFP facilities receive reimbursement for the cost of preparing and serving nutritious meals and snacks to infants and children receiving day care. For breastfed infants, CACFP facilities receive reimbursement for the cost of preparing the bottles and feeding the infant.

Meals are reimbursable if child care staff bottle feeds an infant breast milk that has been previously expressed by the mother, since it takes effort to prepare the bottle and feed the baby. When a mother nurses her own child, the services for which the CACFP facility would receive reimbursement are not being performed.



However, when a mother breastfeeds an infant who is 4-7 months old and developmentally ready for solid foods, the meal is reimbursable if:

- the CACFP facility provides (pays for) at least one component; and
- the infant receives a complete meal (all components the child is developmentally ready to accept) between the parents and CACFP facility.

For infants ages 8-11 months, breakfast and lunch/supper is reimbursable when the mother breastfeeds if:

- the CACFP facility provides (pays for) for at least one component; and
- the infant receives a complete meal (all three required components) between the parents and CACFP facility.

Snack for infants ages 8-11 months is reimbursable when the mother breastfeeds if the infant is developmentally ready for bread or crackers, and the CACFP facility serves this component.

**Meals consisting solely of a mother breastfeeding her child are not reimbursable.** For more information, see [table 12](#) in section 4, and "[Responsibility to Provide Solids Foods](#)" and "[Meals Containing Parent-provided Foods](#)" in section 7.

Tables 5 through 9 show examples of when CACFP facilities can claim meals for reimbursement when a mother breastfeeds her infant.

Table 5. Breastfeeding Example for Birth through 3 Months

A mother comes to the CACFP facility at lunch to breastfeed her one-month-old infant.

Lunch Meal Pattern for Birth through 3 months	Parent Provides	CACFP Facility Provides	Reimbursable Meal?
4-6 fl. oz. breast milk or iron-fortified formula	Breast milk (mother breastfeeds the child)	—	No

The meal is not reimbursable because the CACFP facility has not provided some type of “service.” Since breast milk or iron-fortified formula is the only required meal component for birth through 3 months, the CACFP facility has not incurred any expense for which reimbursement can be claimed.



Table 6. Breastfeeding for Ages 4-7 months (Example 1)

A 5-month-old infant is eating iron-fortified dry infant cereal but is not developmentally ready for baby food fruits and vegetables. The mother comes to the CACFP facility at lunch to breastfeed. The CACFP facility supplies a serving of iron-fortified dry infant cereal.

Lunch Meal Pattern for 4-7 months	Parent Provides	CACFP Facility Provides	Reimbursable Meal?
4-8 fl. oz. breast milk or iron-fortified formula	Breast milk (mother breastfeeds the child)	—	Yes
0-3 Tbsp. iron-fortified dry infant cereal (optional until infant is developmentally ready) *	—	Iron-fortified dry infant cereal	
0-3 Tbsp. fruit and/or vegetable (optional until infant is developmentally ready) *	—	—	

The meal is reimbursable because the CACFP facility has provided at least one component (iron-fortified dry infant cereal), and a complete meal has been served to the infant. The parent has provided the other required component (breast milk). In this case, iron-fortified dry infant cereal is a required component (no longer optional) because the infant is developmentally ready to eat this food. The fruit/vegetable component is still optional, since the infant is not developmentally ready to eat these foods.

\* Optional components become **required** when the infant is developmentally ready and the parent/guardian requests them. Reimbursement may be claimed for meals containing parent-provided components when the CACFP facility provides (pays for) at least one component, and a complete meal (all components the infant is developmentally ready to accept) is supplied between the parents and CACFP facility. For more information, see “[Responsibility to Provide Solid Foods](#)” in section 7.

Table 7. Breastfeeding for Ages 4-7 months (Example 2)

A 6-month-old infant is eating iron-fortified dry infant cereal and baby food fruits and vegetables. The mother comes to the CACFP facility at lunch to breastfeed. The CACFP facility supplies a serving of iron-fortified dry infant cereal.

Lunch Meal Pattern for 4-7 months	Parent Provides	CACFP Facility Provides	Reimbursable Meal?
4-8 fl. oz. breast milk or iron-fortified formula	Breast milk (mother breastfeeds the child)	—	No
0-3 Tbsp. iron-fortified dry infant cereal (optional until infant is developmentally ready) *	—	Iron-fortified dry infant cereal	
0-3 Tbsp. fruit and/or vegetable (optional until infant is developmentally ready) *	—	—	

The meal is not reimbursable because the infant has not been served a complete meal (all three components). Since the infant is developmentally ready for and eating both optional components (iron-fortified dry infant cereal and fruit/vegetable), they are required. For this meal to be reimbursable, a fruit or vegetable must be provided by the CACFP facility or parents.

\* Optional components become **required** when the infant is developmentally ready and the parent/guardian requests them. Reimbursement may be claimed for meals containing parent-provided components when the CACFP facility provides (pays for) at least one component, and a complete meal (all components the infant is developmentally ready to accept) is supplied between the parents and CACFP facility. For more information, see “[Responsibility to Provide Solid Foods](#)” in section 7.

Table 8. Breastfeeding for Ages 8-11 Months (Example 1)

A mother comes to the CACFP facility at lunch to breastfeed her 10-month-old infant. The CACFP facility supplies a serving of cheese and baby food peaches.

Lunch Meal Pattern for 8-11 months	Parent Provides	CACFP Facility Provides	Reimbursable Meal?
6-8 fl. oz. breast milk or iron-fortified formula	Breast milk (mother breastfeeds the child)	—	Yes
2-4 Tbsp. iron-fortified dry infant cereal and/or 1-4 Tbsp. meat, fish, poultry, egg yolk or cooked dry beans or peas or ½-2 oz. cheese or ¼-½ cup cottage cheese or 1-4 oz. cheese food or cheese spread	—	Cheese	
1-4 Tbsp. fruit and/or vegetable	—	Peaches	

The meal is reimbursable because the CACFP facility has provided at least one component (cheese and peaches). The infant has received a complete meal (all three required components), between the parents and CACFP facility.



Table 9. Breastfeeding for Ages 8-11 Months (Example 2)

A mother comes to the CACFP facility at lunch to breastfeed her 10-month-old infant. She also supplies baby food peaches, because she prefers a different brand from the one purchased by the CACFP facility. The CACFP facility supplies a serving of cheese.

Lunch Meal Pattern for 8-11 months	Parent Provides	CACFP Facility Provides	Reimbursable Meal?
6-8 fl. oz. breast milk or iron-fortified formula	Breast milk (mother breastfeeds the child)	—	Yes
2-4 Tbsp. iron-fortified dry infant cereal and/or 1-4 Tbsp. meat, fish, poultry, egg yolk or cooked dry beans or peas or ½-2 oz. cheese or ¼-½ cup cottage cheese or 1-4 oz. cheese food or cheese spread	—	Cheese	
1-4 Tbsp. fruit and/or vegetable	Peaches	—	

The meal is reimbursable because the CACFP facility has provided at least one component (cheese). The infant has received a complete meal (all three required components), between the parents and CACFP facility.



## DAY CARE HOME PROVIDERS BREASTFEEDING THEIR OWN INFANT

A family day care home provider who breastfeeds her own infant may claim reimbursement for meals if she is eligible to claim reimbursement for meals and snacks served to her own child. In this case, the meal is reimbursable because the mother (provider) is actively engaged with the child. Unlike a mother who comes into a CACFP facility to breastfeed her infant, the provider is being reimbursed for her services, i.e., the time and effort she expends breastfeeding her own infant.

As with any other claim for meals served to the provider's own child, the infant must be:

- eligible for Tier I meals;
- enrolled in the day care home; and
- participating in the day care home during the time of meal service.

In addition, at least one other nonresident child must also be enrolled in the day care program and participating in the meal service.

## CENTER STAFF BREASTFEEDING THEIR OWN INFANT

CACFP centers may claim meals for reimbursement when a center employee breastfeeds her own infant if the mother:

- is an employee of the child care center (e.g., teacher, aide, administrative staff, food service worker); and
- has an infant enrolled in the center.

Meals in which a nonemployee mother comes to the CACFP facility to breastfeed her infant are ineligible for reimbursement. For more information, see "[Mothers Breastfeeding in the CACFP Facility](#)" in c section.

## STORING, HANDLING AND FEEDING BREAST MILK

Child care staff must properly store and handle breast milk to keep it from spoiling. The USDA's *Feeding Infants: A Guide for Use in the Child Nutrition Programs* provides the following guidance for safe storage and handling of breast milk.

USDA memo [CACFP 14-2015 \(v.2\)](#) updates the previous guidelines for storing breast milk (48 hours from the time it was collected) in *Feeding Infants: A Guide for Child Nutrition Programs*. CACFP centers and day care homes may keep refrigerated bottles of fresh breast milk 72 hours from the time it was collected. Bottles of fresh breast milk must be stored in a refrigerator at 39 degrees Fahrenheit or below. These new guidelines are based on the Academy of Breastfeeding Medicine, a worldwide organization of physicians that establishes guidelines for healthy term infants.



### Handling of Breast Milk Before Arriving at the Facility

Child care staff can help ensure that breast milk is handled properly before it arrives at the CACFP facility. Breastfeeding mothers should follow the guidelines below.

- Store breast milk in the refrigerator or freezer immediately after it is expressed.
- Label bottles with the baby's name, and the date and time the breast milk was collected.
- Store breast milk in hard plastic bottles if possible because they are unbreakable.
- Fill bottles with the amount of breast milk the baby usually drinks at one feeding. Some babies may consume less than 4 ounces at a feeding. Freeze some bottles with 1 to 2 fluid ounces of breast milk for times when the baby wants a smaller amount of breast milk.
- Carry bottles of fresh or frozen breast milk to the facility in a cooler with an ice pack to keep it at a cold temperature.

## Handling and Storing Breast Milk

- If more than one baby is drinking from a bottle, make sure that all bottles are clearly labeled with each baby's name, and the date and time the breast milk was collected. Never accept unlabeled bottles from parents. Do not use unlabeled bottles that have been accidentally accepted.
- Refrigerate bottles immediately when they arrive, and keep refrigerated until ready to use.
- Use bottles of breast milk only for the baby for whom they are intended.
- Do not allow bottles of breast milk to stand at room temperature.
- Store refrigerated breast milk at 39 degrees Fahrenheit or below. Use refrigerated bottles of fresh breast milk within 72 hours from the time they were collected. Throw out unused breast milk if not used within 72 hours.
- Breast milk can be stored in a freezer (with a separate door from the refrigerator) for up to three months after the time it was collected. Freezer temperature must be 0 degrees Fahrenheit or below. If the freezer is not working or if there is a power failure, frozen milk can thaw and become spoiled before three months.
- Rotate frozen breast milk, using the oldest milk first.
- Protect breast milk in an airtight container (hard plastic bottles are recommended) while in the freezer. Once the breast milk is removed from the freezer and thawed, refrigerate it at 39 degrees Fahrenheit or below and use within 72 hours. Do not refreeze.
- Do not save and reuse breast milk leftover from bottles.

## Preparing and Using Stored Breast Milk for Feeding

- Wash hands thoroughly with soap and warm water. For more information, see “Hand Washing” in the CSDE’s *Sanitation and Food Safety in CACFP Child Care Programs*.
- Thaw a bottle of frozen breast milk in the refrigerator or under running cold water. Thaw only as much breast milk as you think the baby will need for a feeding.
- Do not thaw frozen breast milk at room temperature, or by heating on a stove or in a microwave. Liquid may become very hot when microwaved, even though the bottle feels cool. The hot liquid could cause serious burns. Microwaving can also destroy special substances in breast milk that protect the baby’s health.
- If breast milk has a bad odor after thawing, it may have spoiled and must be thrown out.
- Do not refreeze thawed breast milk.
- For babies who prefer a warm bottle, warm bottles of breast milk immediately before serving. Hold the bottle under running warm (not hot) water. Warm only as much breast milk as you think the baby will need for a feeding. Feed breast milk immediately after warming.
- Always test the temperature of the liquid before feeding to make sure it is not too hot or cold. Shake the bottle well, and test the temperature by squirting a couple of drops onto the wrist or back of the hand. The temperature is correct when it feels neither warm nor cold.
- Shake the bottle of breast milk before feeding the baby because breast milk separates into two layers when it is stored.
- After a feeding, throw out any unused breast milk left in a bottle. Wash the bottle with soap and hot water immediately.
- Follow the baby’s lead for the amount of breast milk to feed. Feed the baby until he or she is no longer hungry.



## 4 — Infant Formula

Iron is a very important nutrient during a baby’s first year. For babies who are not breastfed, iron-fortified infant formula is the only food needed for at least the first six months of life, and it continues to be an important source of nutrients for the first year.

The AAP recommends that formula-fed infants receive iron-fortified infant formula to prevent iron-deficiency anemia. Iron-fortified infant formula is specially formulated to have the right balance of nutrients and be easily digested. It is the best food when a baby is not being breastfed or needs a supplement for breastfeeding.



### OBLIGATION TO OFFER IRON-FORTIFIED INFANT FORMULA IN THE CACFP

CACFP regulations require that CACFP facilities must always offer iron-fortified infant formula, unless the infant’s mother provides breast milk. The CACFP regulatory definition of infant formula is “any iron-fortified infant formula, intended for dietary use solely as a source of food for normal, healthy infants served in liquid state at manufacturer’s recommended dilution.”

**Each CACFP facility must offer at least one iron-fortified infant formula that meets CACFP requirements.** The USDA encourages CACFP facilities to select an iron-fortified infant formula that satisfies the needs of one or more infants under the facility’s care at any given time. CACFP facilities are not required to satisfy the unique formula needs of every infant.

Parents/guardians choose whether to accept or decline the iron-fortified infant formula offered by the CACFP facility, using the CSDE’s form, *Accepting/Rejecting Infant Formula in the CACFP*. CACFP facilities should consult with parents/guardians about the brand of formula prescribed by each baby’s doctor. For more information, see “*Allowable Infant Formulas*” and “*Crediting of Iron-fortified Infant Formula Provided by Parents*” in this section.

The CACFP facility must obtain a signed *Accepting/Rejecting Infant Formula in the CACFP* form for each enrolled infant, and maintain on file. For more information, see “*Infant Menu Records*” in section 2.

### Allowable Infant Formula

Section 226.20(b)(2) of CACFP regulations requires that infant formula must be iron fortified. The Food and Drug Administration (FDA) regulations 21 CFR 107.10(b)(4) (i) define iron-fortified infant formula as a product that “contains 1 milligram or more of iron in a quantity of product that supplies 100 kilocalories when prepared in accordance with label directions for infant consumption.” Infant formula nutrition labels list the number of milligrams of iron per 100 kilocalories (calories) of formula.

CACFP facilities can use the criteria below to determine if a formula meets CACFP requirements.

1. Ensure that the formula is **not an FDA exempt infant formula**. An exempt infant formula is an infant formula labeled for use by infants who have inborn errors of metabolism or low birth weight, or who otherwise have unusual medical or dietary problems, as defined in 21 CFR 107.3.
2. Look for **“infant formula with iron”** or a similar statement on the front of the formula package. All iron-fortified infant formulas must have this type of statement on the package. Formula labels that say “low iron” do not meet the CACFP infant meal pattern requirements.
3. Use the **Nutrition Facts label** to determine whether the formula is iron-fortified. The nutritive values of each formula are listed on the product’s Nutrition Facts label. Iron-fortified infant formulas must have at least 1 milligram of iron per 100 calories of formula when prepared according to label directions.

Formulas that do not meet these criteria do not credit in the infant meal pattern. For more information, see [“Noncreditable Formulas”](#) on the next page.



## NONCREDITABLE FORMULA

To be reimbursable, any meal accommodations that are outside of the CACFP infant meal pattern must be due to **disability**, and supported by a medical statement signed by a recognized medical authority. Low iron or other formulas (e.g., soy-based, lactose-based and specialized formulas) may only be served as a dietary substitute if:

- an infant is unable to consume iron-fortified infant formula because of a disability; and
- the family provides a medical statement signed by a recognized medical authority.

A recognized medical authority is a state-licensed health care professional authorized to write medical prescriptions under state law, and recognized by the State Department of Public Health. In Connecticut, recognized medical authorities include physicians, physician assistants, doctors of osteopathy and advanced practice registered nurses (APRNs), i.e., nurse practitioners, clinical nurse specialists and certified nurse anesthetists who are licensed as APRNs.

The medical statement must specify the medical or other special dietary need that requires a different infant formula, and list the infant formula that may be substituted. For more information on the requirements for special diets, see the CSDE's [Accommodating Special Dietary Needs in CACFP Child Care Programs](#). Medical statement forms are available in the Special Diets section of the CSDE's [Nutrition Policies and Guidance for the CACFP](#) Web page.

The following infant formulas cannot be served in the CACFP unless the infant has a disability that requires dietary accommodations, and the family provides a medical statement signed by a recognized medical authority.

- **Low-iron infant formulas** contain less than 1 milligram of iron per 100 kilocalories. Formula labels that say “low iron” do not meet the CACFP requirements for infant formula.
- **Follow-up formulas** are designed for older babies and toddlers who are consuming solid foods. They are not intended for dietary use as a sole source of food for babies, and do not meet the CACFP requirements for infant formula.
- **Exempt infant formulas** are defined by FDA regulations as special infant formulas that are intended for use by babies who have an inborn error of metabolism or low birth weight, or who otherwise have an unusual medical or dietary problem. These formulas do not meet the CACFP requirements for infant formula. For an online list of exempt infant formulas, see the FDA's “[Exempt Infant Formulas Marketed in the United States by Manufacturer and Category](#).”

For more information on the requirements for meal accommodations for children with and without disabilities, see the CSDE's [Accommodating Special Dietary Needs in CACFP Child Care Programs](#).

## MILK

The following types of milk and milk products are not recommended for babies younger than 12 months, and are not reimbursable in the CACFP infant meal pattern:

- cow's milk;
- evaporated cow's milk or home-prepared evaporated cow's milk formula;
- sweetened condensed milk;
- goat's milk;
- soy milk (usually called soy beverage); and
- imitation milk, including products made from rice or nuts (such as almonds) and nondairy creamer.

These types of milk do not contain the right amounts of nutrients that babies need, and can harm a baby's health. Breast milk is most ideal for babies, and iron-fortified infant formula is the best substitute for breast milk.

### Whole Cow's Milk for Infants Younger Than 12 Months

The AAP does not recommend whole cow's milk for babies younger than 12 months. Whole milk does not credit in the CACFP infant meal pattern. The CACFP allows only breast milk or iron-fortified infant formula to credit for infant meals.



Whole cow's milk is a poor source of iron, vitamin C and other nutrients, and contains too much protein, sodium and other nutrients for babies. Whole cow's milk may cause babies to develop iron-deficiency anemia. Breast milk and iron-fortified infant formula contain adequate amounts of the nutrients babies need.

CACFP facilities may serve whole cow's milk in place of breast milk or iron-fortified infant formula only if an infant is unable to consume these foods because of a medical disability, and the family provides a medical statement signed by a recognized medical authority. For more information, see the CSDE's [Accommodating Special Dietary Needs in CACFP Child Care Programs](#).

### Reduced-fat, Low-fat and Fat-free Cow's Milk

Fat-free (nonfat or skim) milk, reconstituted nonfat dry milk, low-fat (1%) milk and reduced-fat (2%) milk cannot be served to babies or children younger than 2. These types of milk contain too little fat and too much protein for young children. Babies and young children need fat for proper growth, and development of the brain and nervous system. Fat is found in the right amounts in breast milk and infant formula, and for ages 1-2, in whole cow's milk.



CACFP facilities may only serve these types of milk in place of breast milk or iron-fortified infant formula if an infant is unable to consume these foods because of medical disability, and the family provides a medical statement signed by a recognized medical authority. For more information, see “[Noncreditable Formulas](#)” in this section, and the CSDE's [Accommodating Special Dietary Needs in CACFP Child Care Programs](#).

## CREDITING OF FORMULA PROVIDED BY PARENTS

Parents/guardians decide which iron-fortified infant formula to feed their baby. A parent/guardian may decline the CACFP facility's iron-fortified infant formula and provide another acceptable formula in its place. CACFP facilities can claim reimbursement for meals containing parent-provided infant formula if the following four criteria are met:

- the CACFP facility offers an allowable infant formula that meets CACFP requirements (see “[Allowable Infant Formulas](#)” in this section);
- the parent/guardian chooses to decline the infant formula offered by the CACFP facility, and provides an allowable infant formula in its place;
- the CACFP facility provides (pays for) at least one component of the infant meal when other components are required (see “[Meals Containing Parent-provided Foods](#)” in section 7); and
- the infant receives a complete meal (all components the child is developmentally ready to accept) between the parents and CACFP facility.

Parents/guardians must sign and submit the CSDE's *Accepting/Rejecting Infant Formula in the CACFP* form to indicate whether they accepting or declining the iron-fortified infant formula offered by the CACFP facility. CACFP centers must maintain this form on file with other required CACFP records. Family day care home sponsors must maintain this documentation with the family day care home provider's menu records. The CSDE will review this information as part of the CACFP facility's administrative review.

For more information regarding when a CACFP facility can claim reimbursement for meals containing parent-provided formula, see tables 10-12 in “[Reimbursable Meals with Breast Milk or Parent-Provided Formula](#)” in this section.

## MEALS CONTAINING ONLY PARENT-PROVIDED FORMULA

CACFP facilities may claim reimbursement for meals containing parent-provided formula as the only component if child care staff feeds the meal to the infant. The USDA recognizes the nonfood-related cost of serving infants by allowing reimbursement for meals containing only iron-fortified infant formula supplied by the parent/guardian. CACFP facilities can claim reimbursement if the following four criteria are met:

- the CACFP facility offers an allowable infant formula that meets CACFP requirements (see “[Allowable Infant Formulas](#)” in this section);
- the parent/guardian chooses to decline the infant formula offered by the CACFP facility, and provides an allowable infant formula in its place;
- the infant is not developmentally ready for any optional meal components; and
- child care staff feeds the meal to the infant.

This applies to meals that require only breast milk or iron-fortified formula, including breakfast, lunch/supper and snack for birth through 3 months, and snack for ages 4-7 months. It also applies to meals with optional components (breakfast and lunch/supper for ages 4-7

months and snack for ages 8-11 months), if the child is not developmentally ready to eat them.

**If an infant is developmentally ready for one or more solid food items and the parent/guardian requests them, the CACFP facility must serve them to the infant.** The CACFP facility must provide (pay for) at least one component of the infant meal when optional components become required. For more information, see “[Responsibility to Provide Solid Foods](#)” in section 7.

## MEALS CONTAINING BOTH FORMULA AND BREAST MILK FOR INFANTS YOUNGER THAN 12 MONTHS

Meals served to infants younger than 12 months may contain formula, breast milk or a combination of both, if the total number of ounces offered to the infant meets or exceeds the minimum amount required in the CACFP infant meal pattern. The CACFP serving size requirements for iron-fortified infant formula and breast milk are below.

- Birth through 3 months:  
4-6 fluid ounces at breakfast, lunch/supper and snack;
- Ages 4-7 months:  
4-8 fluid ounces at breakfast and lunch/supper, and 4-6 fluid ounces at snack; and
- Ages 8-11 months:  
6-8 fluid ounces at breakfast and lunch/supper, and 2-4 fluid ounces at snack.

*Effective October 1, 2017, the final rule requires 4-6 fluid ounces of breast milk or formula for ages 0-5 months at breakfast, lunch/supper and snack. For ages 6-11 months, the final rule requires 6-8 fluid ounces of breast milk or formula at breakfast and lunch/supper, and 2-4 fluid ounces at snack.*



## DAY CARE PROVIDERS SERVING WIC FORMULA TO THEIR OWN INFANT

An income-eligible (Tier I) family day care home provider can claim reimbursement for WIC-provided formula fed to her own infant. The provider is essentially an employee of her day care who is actively involved in feeding the infant during work hours. As with any other claim for meals served to the provider's own child, the infant must be:

- eligible for Tier I meals;
- enrolled in the day care home; and
- participating in the day care home during the time of meal service.

In addition, at least one other nonresident child must also be enrolled in the day care program and participating in the meal service.

### WIC Approved Formulas

CACFP infant formulas are not required to meet the WIC infant formula requirements. The WIC infant formula requirements vary slightly from the CACFP infant formula requirements, including a higher iron requirement. WIC formulas require 1.5 milligrams of iron per 100 calories. Some infant formulas that may be creditable in CACFP, such as infant formulas with 1 milligram of iron per 100 calories, may not be eligible in WIC.

## MEALS CONTAINING BREAST MILK OR PARENT-PROVIDED FORMULA

Tables 10-12 summarize when a CACFP facility may claim reimbursement for meals containing breast milk or parent-provided formula that meets the CACFP requirements.

Table 10. Determining When Infant Meals are Reimbursable for Birth through 3 Months

Meal Pattern for Birth through 3 Months	Parent Provides Formula	Parent Provides Breast Milk	Parent Breastfeeds Infant in the CACFP Facility	CACFP Facility Provides Formula
<b>BREAKFAST</b> 4-6 fluid ounces (fl. oz.) breast milk or iron-fortified formula	Yes <sup>1</sup>	Yes <sup>2</sup>	No <sup>3</sup>	Yes <sup>4</sup>
<b>LUNCH OR SUPPER</b> 4-6 fl. oz. breast milk or iron-fortified formula	Yes <sup>1</sup>	Yes <sup>2</sup>	No <sup>3</sup>	Yes <sup>4</sup>
<b>SNACK</b> 4-6 fl. oz. breast milk or iron-fortified formula	Yes <sup>1</sup>	Yes <sup>2</sup>	No <sup>3</sup>	Yes <sup>4</sup>

<sup>1</sup> CACFP facilities can claim reimbursement for meals containing parent-provided formula as the only component if child care staff feeds the formula to the infant. For more information, see “[Allowable Infant Formulas](#)” in this section.

<sup>2</sup> CACFP facilities can claim reimbursement for meals in which breast milk is the only component. For more information, see “[Meals Containing Only Breast Milk](#)” in section 3.

<sup>3</sup> CACFP facilities cannot claim reimbursement for meals consisting solely of a mother breastfeeding her child. For more information, see “[Mothers Breastfeeding in the CACFP Facility](#)” in section 3.

<sup>4</sup> The CACFP facility has provided the required component for this meal.

Table 11. Determining When Infant Meals are Reimbursable for Ages 4-7 months

Meal Pattern for Ages 4-7 months	Parent Provides Formula	Parent Provides Breast Milk	Parent Breastfeeds Infant in the CACFP Facility	CACFP Facility Provides Formula
<b>BREAKFAST</b> 4-8 fl. oz. breast milk or iron-fortified formula 0-3 tablespoons (Tbsp.) iron-fortified dry infant cereal (optional until infant is developmentally ready) <sup>1</sup>	Yes <sup>1,2</sup>	Yes <sup>1,3</sup>	No <sup>4</sup>	Yes <sup>1,5</sup>
<b>LUNCH OR SUPPER</b> 4-8 fl. oz. breast milk or iron-fortified formula 0-3 Tbsp. iron-fortified dry infant cereal (optional until infant is developmentally ready) <sup>1</sup> 0-3 Tbsp. fruit and/or vegetable (optional until infant is developmentally ready) <sup>1</sup>	Yes <sup>1,2</sup>	Yes <sup>1,3</sup>	No <sup>6</sup>	Yes <sup>1,5</sup>
<b>SNACK</b> 4-6 fl. oz. breast milk or iron-fortified formula	Yes <sup>7</sup>	Yes <sup>3</sup>	No <sup>8</sup>	Yes <sup>5</sup>

<sup>1</sup> Optional components become required and must be served by the CACFP facility when the infant is developmentally ready and the parent/guardian requests them. The CACFP facility must provide at least one component and a complete meal (all components the infant is developmentally ready to accept) must be supplied between the parents and CACFP facility.

<sup>2</sup> CACFP facilities can claim reimbursement for meals containing parent-provided formula as the only component if the infant is not developmentally ready for the optional components, and child care staff feeds the infant the meal.

<sup>3</sup> CACFP facilities can claim reimbursement for meals in which breast milk is the only required component.

<sup>4</sup> CACFP facilities cannot claim reimbursement for meals consisting solely of a mother breastfeeding her child. To claim these meals, the infant must be developmentally ready for iron-fortified dry infant cereal, which the CACFP facility must provide.

<sup>5</sup> The CACFP facility has provided the required component for this meal.

<sup>6</sup> CACFP facilities cannot claim reimbursement for meals consisting solely of a mother breastfeeding her child. To claim these meals, the CACFP facility must provide (pay for) at least one component, and the infant must receive a complete meal (all components the infant is developmentally ready to accept) between the parents and CACFP facility.

<sup>7</sup> CACFP facilities can claim reimbursement for meals containing parent-provided formula as the only component if child care staff feeds the infant the meal.

<sup>8</sup> CACFP facilities cannot claim reimbursement for meals consisting solely of a mother breastfeeding her child. For more information, see “[Mothers Breastfeeding in the CACFP Facility](#)” in section 3.

Table 12. Determining When Infant Meals are Reimbursable for Ages 8-11 Months

Meal Pattern for Ages 8-11 Months	Parent Provides Formula	Parent Provides Breast Milk	Parent Breastfeeds Infant in the CACFP Facility	CACFP Facility Provides Formula
<p><b>BREAKFAST</b></p> <p>6-8 fl. oz. breast milk or iron-fortified formula                      2-4 Tbsp. iron-fortified dry infant cereal                      1-4 Tbsp. fruit and/or vegetable</p>	Yes <sup>1</sup>	Yes <sup>1</sup>	Yes <sup>1</sup>	Yes <sup>2</sup>
<p><b>LUNCH OR SUPPER</b></p> <p>6-8 fl. oz. breast milk or iron-fortified formula                      2-4 Tbsp. iron-fortified dry infant cereal and/or                      1-4 Tbsp. meat, fish, poultry, egg yolk or cooked dry beans or peas or ½-2 oz. <b>cheese</b> or ¼-½ cup cottage cheese or 1-4 oz. cheese food or cheese spread                      1-4 Tbsp. fruit and/or vegetable</p>	Yes <sup>1</sup>	Yes <sup>1</sup>	Yes <sup>1</sup>	Yes <sup>2</sup>
<p><b>SNACK</b></p> <p>2-4 fl. oz. breast milk or iron-fortified formula or fruit juice                      0-½ slice bread <sup>3</sup> or 0-2 crackers <sup>3</sup> (optional until infant is developmentally ready) <sup>4</sup></p>	Yes <sup>4,5</sup>	Yes <sup>6</sup>	Yes <sup>7</sup>	Yes <sup>4</sup>

<sup>1</sup> The CACFP facility must provide (pay for) at least one of the other two required components, and the infant must receive a complete meal (all three required components) between the parents and CACFP facility.

<sup>2</sup> The infant must receive a complete meal (all three required components) between the parents and CACFP facility.

<sup>3</sup> A measurable amount of food must be served.

<sup>4</sup> Optional components become required when the infant is developmentally ready and the parent/guardian requests them. If the infant is ready to accept bread or crackers, the CACFP facility must provide them.

<sup>5</sup> CACFP facilities can claim reimbursement for meals containing parent-provided formula as the only component if the infant is not developmentally ready for the optional components, and child care staff feeds the infant the meal.

<sup>6</sup> CACFP facilities can claim reimbursement for meals in which breast milk is the only component. However, if an infant is ready to accept bread or crackers, the CACFP facility must provide them.

<sup>7</sup> The infant must be developmentally ready for bread or crackers, and the CACFP facility must provide them. Meals consisting solely of a mother breastfeeding her child are not reimbursable.

## INFANT FORMULA FOR CHILDREN AGES 12 MONTHS AND OLDER

For a period of one month, when children are 12 to 13 months of age and are weaning (transitioning) from infant formula to whole cow’s milk, meals that contain an allowable iron-fortified infant formula are reimbursable. When a child is weaned from formula (or breast milk) to cow’s milk, it is common practice to provide the infant with both foods at the same meal. A small amount of whole milk is added to the iron-fortified infant formula and gradually increased over time. This eases the transition by helping the infant to accept some of the new food.

Iron-fortified infant formula is not an alternative type of milk that can be substituted to meet the fluid milk requirement of the CACFP meal pattern for children ages 12 months and older. For children ages 13 months and older who are not in this transitional stage, a meal containing iron-fortified infant formula is only eligible for reimbursement if the child has a disability that requires this dietary substitution, and the family provides a medical statement signed by a recognized medical authority. For more information, see “[Noncreditable Formulas](#)” in this section.

For more information on the requirements for special diets, see the CSDE’s [Accommodating Special Dietary Needs in CACFP Child Care Programs](#). Medical statement forms are available in the Special Diets section of the CSDE’s [Nutrition Policies and Guidance for the CACFP](#) Web page.

### Transitioning to Whole Milk

Whole milk is the only type of milk that CACFP facilities can serve to infants transitioning from breast milk or formula to cow’s milk. Reduced-fat milk (2%), low-fat milk (1%) and nonfat (skim) milk are not appropriate for children younger than 2, because young children need adequate amounts of fat for normal growth and development.



CACFP facilities should consult with parents/guardians about introducing whole cow’s milk. Whole cow’s milk can gradually be introduced when babies are 12 months of age and transitioning to the CACFP meal pattern for children. Child care staff can introduce whole milk by mixing part whole cow’s milk and part breast milk or iron-fortified infant formula in the cup, and increasing the amount of whole cow’s milk over a one-month period.

*The CACFP meal pattern for children requires whole milk for ages 1-2. Effective October 1, 2017, the final rule requires that whole milk must be unflavored.*

Use only pasteurized whole milk that has been heated to kill disease-causing bacteria. Raw cow’s milk has not been pasteurized, and can make babies very sick.

## FEEDING INFANTS IN EMERGENCY SHELTERS

The following questions and answers pertain to emergency shelters participating in the CACFP.

- **If a mother breastfeeds her own infant, can the shelter claim the meal for reimbursement?**

No. Meals served to infants who are breastfed by their mothers are not reimbursable unless the shelter provides at least one of the required components of the meal and the infant receives a complete meal (all components the infant is developmentally ready to eat).

- **Can a shelter claim reimbursement for meals if a mother feeds formula in a bottle to her own infant and the shelter provides the formula or solid foods required by the meal pattern?**

Yes. The meals are reimbursable if the shelter provides the formula, or at least one other meal component if the infant is developmentally ready for solid foods.

- **Can a shelter claim reimbursement for an infant’s meal if not all of the infant’s meal components are provided at the mealtime?**

Yes. Meals are reimbursable as long as the shelter serves all meal components in the quantities indicated in the infant meal pattern during the day. Infants must be served foods in the infant meal pattern during a span of time consistent with the infant’s eating habits.

Meals may be served to infants in private family quarters that are part of an emergency shelter. For example, the mother may feed her infant the “food” part of the meal (e.g., applesauce and iron-fortified infant cereal) in the congregate setting, and provide breast milk or an acceptable iron-fortified infant formula after the meal in a private setting. For more information, see “[Allowable Infant Formulas](#)” in this section.

- **Can an infant or child who resides at a shelter participate in both CACFP and WIC?**

Yes. Infants and children who receive WIC food packages are also eligible for CACFP reimbursable meals. Because WIC provides additional foods to enrich the diet of a child who is at nutritional risk, WIC foods must be stored separately and must be used exclusively to enhance the meals and nutritional intake of the child participating in WIC. Other shelter residents cannot use the foods in the child’s WIC package. CACFP faculties should evaluate each situation individually to ensure that the benefits of both programs are coordinated.

## PURCHASING, STORING, HANDLING AND PREPARING FORMULA

CACFP facilities must handle infant formula properly to keep it safe for babies. The USDA's *Feeding Infants: A Guide for Use in the Child Nutrition Programs* provides the following guidance for purchasing, storing and preparing formula, and handling of formula provided by parents/guardians.

### Purchasing Formula

- Ready-to-feed formula is the most convenient and sanitary.
- If the CACFP facility uses dry powder or liquid concentrate, child care staff must carefully prepare it according to the instructions on the container. Adding too little water puts an excessive burden on the baby's kidneys and digestive system, and may lead to dehydration. Adding too much water may interfere with the baby's proper growth because it does not contain adequate calories and nutrients, and can cause water intoxication.
- The baby's doctor should provide instructions on using special formulas for a child with a disability. The child's family must provide a medical statement signed by a recognized medical authority.
- Make sure the label says "with iron" or "iron fortified." CACFP regulations allow only iron-fortified infant formulas. Formula labels that say "low iron" do not meet the infant meal pattern requirements. Low iron or other formulas may only be served to infants with a disability that requires a dietary substitute. For more information, see "[Allowable Infant Formulas](#)" and "[Noncreditable Formulas](#)" in this section.
- Do not purchase cans of infant formula that have dents, bulges pinched tops or bottoms, puffed ends, leaks or rust spots. The formula in these cans may be unsafe.
- Check the formula's expiration date on the lid or label to make sure the product is not too old. If the expiration date has passed, the nutrient quality of the formula may have deteriorated. The can cannot be purchased.



Federal regulations require a **"use-by" date** on the product label of infant formulas under FDA inspection. CACFP facilities cannot buy or use baby formula after its "use-by" date.

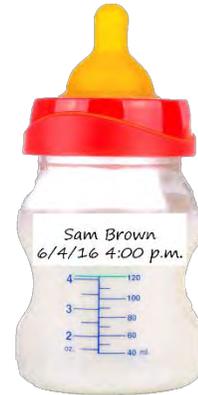
### Storing Cans of Formula

- Before using stored formula, check the expiration date on the lid or label to make sure the product is not too old. If the expiration date has passed, discard the can.
- Store unopened cans of infant formula in a cool dry place like a kitchen cabinet or pantry. Do not store formula in the refrigerator, car, garage or outdoors. In these locations, the cans are exposed to water and temperature extremes that can cause rust or affect the formula's quality.

### Handling of Formula Prepared by Parents

When parents/guardians prepare formula themselves and bring bottles into the child care center or family day care home, CACFP facilities should ensure that parents/guardians follow the procedures below.

- Label the bottles with the baby’s name and the date and time the formula was prepared.
- Store the formula in hard plastic bottles if possible because they are unbreakable.
- Fill the bottles with the amount of formula the baby usually drinks at one feeding. Some bottles with 1 to 2 fluid ounces of formulas can be prepared for times when the baby wants some extra formula during the day.
- Carry bottles of formula to the facility in a cooler with an ice pack to keep the prepared formula cold.



### Preparing Formula

- Clean and sanitize the workspace. For more information on cleaning and sanitizing, see the CSDE’s *Sanitation and Food Safety in CACFP Child Care Programs*.
- Wash hands thoroughly with soap and warm water. For more information, see “Hand Washing” in the CSDE’s *Sanitation and Food Safety in CACFP Child Care Programs*.
- Wash all equipment (bottles, caps, rings and nipples) in hot soapy water, and scrub using bottle and nipple brushes. \*
- Rinse equipment well in hot water. \*
- Disinfect bottles, caps, rings and nipples by boiling for five minutes in a pot with enough water to cover. Remove with sanitized tongs, let cool and air dry. \*
- Before opening a formula can, wash the top of the can lid with soap and clean water, then rinse to remove dirt that could contaminate the formula. Wash the can opener with soap and hot water before using.
- Prepare formula properly according to directions on the formula container.
- Add formula for one feeding to each clean bottle.
- Put a clean nipple upside down on each bottle, cover with cap and screw on ring.

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\* *The State of Connecticut Office of Early Childhood Division of Licensing regulations for child care centers and group day care homes require that parents/guardians provide clean bottles unless the center or group day care home uses disposable bottles or has a dishwasher or dishwashing system approved by the local health director to wash bottles. The CSDE strongly recommends the use of unbreakable hard plastic bottles instead of glass bottles.*

### Water Used to Mix Concentrated or Powdered Infant Formula

If the CACFP facility uses concentrated or powdered iron-fortified infant formula, staff must ensure that the water used to mix the formula is from a source approved by the local health department. If there is any doubt, ask the local health department to test the water to ensure it is safe, and does not contain anything that might harm children such as lead, bacteria, nitrate, pesticides or other chemicals. If the water is not safe to drink, the health department should recommend a safe source of water to use, or the CACFP facility can use ready-to-feed formula.

Always sterilize water used to mix with concentrated or powdered formula. Bring cold water to a very bubbly boil, boil for one to two minutes, then allow to cool. Excessive boiling (over five minutes) is not recommended because it can concentrate harmful substances that may be in the water, such as lead and nitrate.

If using tap water, collect only cold tap water for boiling by letting the cold tap run for two minutes before collecting the water. This procedure tends to reduce the amount of lead in the water if the pipes contain lead.

### Storing Bottles of Prepared Formula

- All bottles must be clearly labeled with the baby's name, and the date and time the formula was prepared. Use bottles of formula only for the baby for whom they are intended.
- Refrigerate prepared bottles until ready to use. Use them within 48 hours from the time they were prepared. Store prepared bottles in the back of the refrigerator where it is coldest.
- To prevent spoiling, do not allow prepared bottles of formula to stand at room temperature. Do not use bottles that have been left out of the refrigerator for one hour or longer.
- Opened cans of formula must be covered, refrigerated and used within 48 hours. Throw out formula that is not used within 48 hours.
- Do not freeze infant formula.
- Throw out any unused formula left in bottles after a feeding. Rinse bottles in cool water to remove formula. Do not reuse bottles containing formula after the baby has fed from it. The mixture of formula with the baby's saliva promotes the growth of disease-causing bacteria.



### Warming Infant Formula

- For babies who prefer a warm bottle, warm the bottle immediately before serving by holding it under running warm (not hot) water. Warm only as much formula as you think the baby will need for a feeding.
- Always test the temperature of the liquid before feeding to make sure it is not too hot or cold. Shake the bottle well and test the temperature by squirting a couple of drops onto the wrist or back of the hand. The temperature is correct when it feels neither warm nor cold.
- Never use a microwave to heat bottles. Liquid may become very hot when microwaved, even though the bottle feels cool. The hot liquid could cause serious burns. Covered bottles, especially vacuum-sealed, metal-capped bottles of ready-to-feed formula, can explode when heated in a microwave.



## 5 — Bottle Feeding

CACFP facilities must ensure the safety of breast milk or formula when bottle feeding. Child care staff must wash hands well with soap and warm water before feeding. For more information, see “Hand Washing” in the CSDE’s *Sanitation and Food Safety in CACFP Child Care Programs*.



CACFP facilities must ensure that caregivers only use the breast milk or formula intended for each baby. Child care staff should never use a bottle prepared for one baby for another baby.

CACFP facilities should ensure that child care staff use the following procedures for feeding bottles to babies.

- Gently and smoothly calm the baby to get ready for feeding. Feed in a smooth continuous fashion following the baby’s lead on when to feed, how long to feed and how much to feed. Avoid disrupting the feeding with unnecessary burping, wiping, juggling and arranging.
- Older babies may be fed a bottle while sitting in a high chair. Always hold infants who cannot sit up while bottle feeding. Do not prop bottles for infants to nurse. Propping means a young baby is given a bottle to drink by itself and the bottle is propped up (with a pillow, for example) so that it can flow into the baby’s mouth. Propping bottles can cause choking and suffocation, and ear infections. It can lead to baby-bottle tooth decay if the contents of the bottle stay in baby’s mouth for a long time, e.g., if the baby falls asleep with the bottle in his mouth. Propping bottles also deprives the baby of important cuddling and human contact.
- Hold the baby’s head a little higher than the rest of the body to prevent milk from backing up in the inner ear and causing an ear infection. Wait for the baby to stop eating before burping. Burp by gently patting or rubbing the baby’s back while the baby is resting on your shoulder or sitting on your lap.
- Continue to feed until the baby indicates it is full. Signs of fullness include sealing the lips, absence of suckle reflex, and spitting out the nipple. Never force babies to finish what is in the bottle. Caregivers should let babies determine how much they eat.
- Do not let babies carry bottles around with them. Babies who carry around a bottle can develop tooth decay, may drink too much liquid, and may share their bottles with other babies. The liquid in a bottle carried around for a long time can spoil. Carrying glass bottles can be dangerous if the baby drops the bottle and it breaks. The CSDE strongly recommends that CACFP facilities only use hard plastic bottles.

- Only feed babies while they are awake. Do not offer the bottle in bed at nap or sleep time. Allowing babies to sleep in a crib with a bottle can lead to choking, ear infections, tooth decay or other dental problems, and problems with speech later on. For more information, see “Baby-bottle Tooth Decay” on the next page.

For more information, see the CSDE’s handout, *Bottle Feeding Infants*.

## BABY-BOTTLE TOOTH DECAY

Baby-bottle tooth decay can occur when babies regularly fall asleep with bottles in their mouths or are allowed to drink from a bottle containing juice, sweet liquids or formula for long periods. Bacteria in the mouth use the sugars in juice, sweet liquids and formula to produce acids that can cause serious tooth decay. To prevent baby-bottle tooth decay, CACFP facilities should implement the practices below.

- Feed only breast milk or formula from a bottle.
- Do not put juice in a bottle.
- Offer the bottle only at feeding time, not at nap time. If the baby falls asleep during feeding, move the baby around a bit to stimulate swallowing before putting the baby down to sleep.
- Do not leave a bottle in a baby’s crib or playpen, or prop bottles.
- Only give babies a clean pacifier. Never give babies a pacifier dipped in honey, syrup, sugar or other sweet substances.
- Do not put soda, sweetened iced tea, sports drinks, sweetened gelatin water, juice drinks, water sweetened with honey, sugar or corn syrup, or other sweetened drinks in the bottle or cup.
- Do not use a bottle of cold juice to soothe a teething baby’s gums. Instead, use a clean favorite rattle or teething ring cooled in the refrigerator (not the freezer).
- Do not let babies carry around and continuously drink from a bottle or sippy cup.
- Do not feed babies sweetened foods, such as lollipops, sweet candies, candy bars, cookies, cakes, sweetened cereals or sticky foods such as dried fruit.
- Gradually begin shifting bottle feedings to cup feedings any time between ages 6 to 12 months, as the baby consumes more solid foods and drinks liquids from a cup. It is best to wean babies from the bottle to a cup by about 12 to 14 months of age.

*Effective October 1, 2017, the final rule eliminates fruit juice from the infant meal pattern, and requires a vegetable, fruit or both at snack for ages 6-11 months.*

## 6 — Drinking from a Cup

Babies are usually ready to drink from a cup when they can sit alone and curve their lips around the rim of a cup. Child care staff can help babies learn to drink from a cup by:

- holding the cup for young babies;
- introducing small amounts of breast milk, iron-fortified infant formula or water in a cup; and
- feeding very slowly, i.e., tilting the cup so that a very small amount of liquid (one mouthful) leaves the cup so the baby can swallow without having to hurry.

A cup with a spout, lid and two handles helps minimize spills.



### WEANING FROM A BOTTLE

Weaning from a bottle to a cup is a gradual process that requires babies to learn new skills. Some babies learn to drink from a cup more easily than others. To make weaning easier, introduce a cup in place of a bottle at the feeding of least interest, or at mealtimes when other children are drinking from cups.

CACFP facilities should help parents/guardians understand that babies should be completely weaned off the bottle and onto a cup by 12 to 14 months. Children older than 14 months who are still feeding from a bottle may:

- be more likely to develop tooth decay;
- consume so much milk that they don't eat enough solid foods to get an adequate amount of nutrients; and
- be delayed in developing appropriate feeding skills.

### BREAST MILK OR INFANT FORMULA FROM A CUP

CACFP facilities should discuss with parents/guardians when they would like their child to be fed breast milk or iron-fortified infant formula from a cup. Babies will consume less breast milk or formula from the bottle as their intake of solid foods and drinking from a cup increases.

## FRUIT JUICE FROM A CUP

The provisions below apply only to the current CACFP infant meal pattern in effect through September 20, 2017. CACFP facilities should only serve fruit juice to babies when they are at least 6 months old and developmentally ready to drink from a cup. When introducing fruit juice, CACFP facilities must follow the procedures below.

*Effective October 1, 2017, the final rule eliminates fruit juice from the infant meal pattern, and requires a vegetable, fruit or both at snack for ages 6-11 months.*

While the CACFP infant meal pattern allows fruit juice at snack for ages 8-11 months through September 20, 2017, the CSDE recommends not serving juice to infants younger than 12 months. Juice does not offer any nutritional benefits over whole fruits and vegetables. The AAP recommends that most fruits and vegetables come from whole foods rather than juice. **For more information, see “Limiting Juice” in section 8.**

- Consult and coordinate with parents/guardians about introducing fruit juice. Introduce new fruit juice one at a time at least one week apart, and observe the baby for any reactions to the juice, e.g., vomiting, diarrhea, rashes or wheezing. For more information, see “[Food Allergies and Intolerances](#)” in section 7.
- Choose a 100 percent fruit juice that is pasteurized and naturally high in or fortified with vitamin C. Only full-strength fruit juice credits in the CACFP infant meal pattern. CACFP facilities can serve either regular fruit juice with vitamin C or commercial baby fruit juices.
- Do not feed babies unpasteurized juices. They may contain bacteria that could make babies very sick.
- Only feed fruit juice in a cup. Do not feed fruit juice in a bottle or let babies carry around or drink continuously throughout the day from a bottle or covered sippy cup. Do not give babies juice at nap time.
- Limit the total amount of juice given to a baby to no more than 4 ounces per day. Too much juice can spoil a baby’s appetite for other nutritious foods and can cause diarrhea, gas, abdominal pain, bloating and tooth decay. Fruit juice contains few nutrients compared to other nutritious foods.
- Avoid feeding citrus (orange, tangerine and grapefruit), pineapple and tomato juices before 6 months of age. These types of juice are more likely to cause an allergic reaction.
- Do not feed babies fruit drinks, fruit punch, soda, artificially sweetened drinks and sweetened iced tea, or other similar sweetened drinks. These drinks contain added sweeteners and are not 100 percent fruit juice.



**Fruit juice does not credit as the fruit/vegetable component in the CACFP infant meal pattern.** Fruit juice credits only at snack for ages 8-11 months. Juice drinks (containing some full-strength juice, water and possibly other ingredients), fruit and vegetable juice blends, and vegetable juice do not credit in the infant meal pattern.

## WATER FROM A CUP

Consult with parents/guardians regarding their pediatrician's recommendations for feeding plain water. Water fed to babies as plain water, mixed with formula or mixed with foods, must be from a source approved by the local health department.

As a precaution, CACFP facilities should sterilize water fed to babies or used to prepare formula or foods. If using tap water, collect only cold water for boiling by letting the cold tap run for two minutes before collecting the water. Hot tap water may pick up lead from water pipes if the pipes contain lead.

Bring cold water to a very bubbly boil, boil for one to two minutes, then allow to cool. Excessive boiling (over five minutes) is not recommended because it can concentrate harmful substances that may be in the water, such as lead and nitrate.





## 7 — Solid Foods

This section addresses the CACFP requirements and guidelines for feeding solid foods to developmentally ready infants. These provisions apply only to the current CACFP infant meal pattern in effect through September 20, 2017.

### RESPONSIBILITY TO PROVIDE SOLID FOODS

The CACFP facility must serve a complete meal (all required components) to every infant enrolled in the meal service. If an infant is developmentally ready for one or more solid food items and the parent/guardian requests them, the CACFP facility is responsible for serving them to the infant. **Optional components become required and must be served by the CACFP facility when the infant is developmentally ready and the parent/guardian requests them.**

The CACFP infant meal pattern takes into consideration that infants develop at different rates. Some food items such as fruit and cereal are listed as options in the infant meal pattern to account for an infant's "readiness" to accept these foods, i.e., some infants are developmentally ready for solid foods earlier than others. The optional components include:

- iron-fortified infant cereal at breakfast for ages 4-7 months;
- iron-fortified infant cereal at lunch/supper for ages 4-7 months;
- fruit/vegetable at lunch/supper for ages 4-7 months; and
- bread or crackers at snack for ages 8-11 months.

*Effective October 1, 2017, the final rule requires two infant age groups: 0-5 months and 6-11 months. Solid foods for ages 6-11 months are optional until the infant is development ready and the parent/guardian requests them.*

Breakfast and lunch/supper for infants ages 8-11 months do not contain any optional components. All three required components must be served to the infant to provide a complete (reimbursable) meal.

An infant meal is reimbursable if the CACFP facility offers the **minimum** serving size of all required meal components. The baby does not have to completely consume the food. For more information, see "[Amount Consumed versus Required Serving Size](#)" in section 2.

Meals are also reimbursable if the CACFP facility offers the required meal components to the baby during the course of the day while the baby is in child care. For example, if the baby is not hungry for a meal component required at lunch, it can be offered as a snack when the baby is hungry.



## SERVING ADDITIONAL SOLID FOODS

If a parent/guardian requests additional foods that are not part of the CACFP infant meal pattern, CACFP facilities can serve these foods if the baby is developmentally ready. However, additional foods cannot replace the required components of the CACFP infant meal pattern.

A reimbursable meal must include all required CACFP components for the appropriate age group. For example, the parent of a 9-month-old infant requests that the CACFP facility serves a baby food combination dinner at lunch. Baby food combination dinners do not credit as a meal component in the infant meal pattern. The CACFP facility can serve this food, but must also serve all required lunch components for this age group, including:

- breast milk or iron-fortified infant formula;
- iron-fortified infant cereal and/or an appropriate meat or meat alternate; and
- fruit/vegetable.

For more information, see “[Noncreditable Foods](#)” in section 2.



## READINESS FOR SOLID FOODS

The APP strongly recommends exclusive breastfeeding for at least the first six months of life. Iron-fortified infant formula is the best food when a baby is not being breastfed or needs a supplement for breastfeeding.

Babies’ swallowing systems are not developmentally ready to handle solid foods until they are about six months of age. During this period, the baby’s tongue no longer pushes most solid objects out of the mouth. Babies are mature enough to begin learning to eat from a spoon when they can:

- hold their necks steady and sit with support;
- draw in their lower lips as a spoon is removed from their mouths; and
- keep food in their mouths and swallow it rather than push it back out on their chins.

*Effective October 1, 2017, the final rule requires solid foods for ages 6-11 months when infants are developmentally ready, with the flexibility to introduce solid foods before and after 6 months when requested by a parent/guardian.*

Babies show disinterest or fullness by:

- leaning back;
- turning away;
- pushing the food out of their mouths;
- sealing their lips together;
- playing with the food; and
- pushing the bottle or spoon away.



For more information on infant feeding skills and developmental readiness, see [table 1](#) and [table 2](#) in section 1.

**CACFP facilities should consult with the baby’s parents/guardians about when to introduce solid foods.** The age to introduce solid foods is often an area of discrepancy between the CACFP facility and parents. Some parents start serving solid foods before their baby is developmentally ready; others wait beyond the time of developmental readiness. CACFP facilities should let parents/guardians decide when to introduce solid foods.

The USDA recommended best practice is for CACFP facilities to be in constant communication with infants’ parents/guardians about when and what solid foods should be introduced. Parents/guardians, in consultation with their baby’s doctor, should indicate in writing when the CACFP facility should begin serving solid foods.

#### Feeding Solid Foods Too Early

Delaying the introduction of solid foods until around 6 months of age meets infants’ energy and nutritional needs. Infants typically are not physiologically developed to consume solid foods until midway through the first year of life. The AAP indicates that the introduction of solid foods prior to 4 months of age contributes to later overweight status and obesity.

CACFP facilities should avoid feeding solid foods before a baby is developmentally ready. Offering solids too soon stresses a baby’s immature digestive system. If babies are fed solid foods before they are ready for them, they may:

- choke on the food;
- develop food allergies or intolerance; or
- consume less breast milk or formula, and not get enough calories and other nutrients for proper growth and development.

**Feeding solid foods early will not help babies sleep through the night or eat fewer times in a day.** Babies will sleep through the night when their nervous systems are more developed, not when they are given solid foods. Babies should **never** be fed bottles with added infant cereal. For more information, see “[Introducing Cereal to Baby](#)” in section 8.

#### Feeding Solid Foods Too Late

Delaying the introduction of solid foods beyond the time when a baby is developmentally ready increases the risk that babies will:

- not learn to eat solid foods properly;
- become malnourished;
- develop iron-deficiency anemia; and
- not grow normally.

CACFP facilities should provide guidance to families about solid foods in the CACFP infant meal pattern, and the benefits of starting solid foods at the appropriate time for each infant.

## INAPPROPRIATE FOODS FOR INFANTS

Some foods are not appropriate for babies because of their nutrition content, potential allergens, food safety or inappropriateness for certain developmental stages. CACFP facilities should not serve these foods to infants.

- **Cow's milk** is not as nutritious as breast milk or iron-fortified infant formula, and may cause anemia in babies. Breast milk is best for the first year of life. Iron-fortified infant formula is the best food when a baby is not being breastfed or when a supplement for breastfeeding is needed.


- **Foods that commonly cause allergic reactions** for infants should not be served during their first year. These include chocolate, egg whites, whole eggs, honey and shellfish, e.g., shrimp, lobster, crab, crawfish, scallops, oysters and clams.
- **Citrus fruits** (e.g., orange, tangerine, grapefruit), pineapple or tomato juices or foods should not be given to babies younger than 6 months. These foods may cause allergic reactions in babies. For more information, see “[Food Allergies and Intolerances](#)” in this section.


- **Shark, swordfish, king mackerel or tilefish** should not be served to babies. These types of fish can contain high levels of harmful mercury.
- **Peanut butter, other nut or seed butters** (e.g., soy nut, almond, cashew or sunflower seed butter), nuts and seeds can cause choking, and may cause an allergic reaction in some babies. For more information, see “[Food Allergies and Intolerances](#)” in this section.


- **Honey** should never be fed to babies younger than 12 months because it may contain botulism spores. These spores can cause infant botulism, a serious type of foodborne illness that can make babies very sick. Do not feed babies honey added to foods (e.g., yogurt with honey, peanut butter with honey) or in cooking, baking or prepared foods, such as honey graham crackers. Even the honey in prepared foods can cause infant botulism in babies. After digestive systems mature, babies can tolerate honey.
- **Raw milk** (e.g., raw cow's or goat's milk) could be contaminated with harmful bacteria that can make babies very sick. When milk is introduced at 12 months of age in the CACFP meal pattern for children, it must be pasteurized milk.
- **Raw or undercooked eggs, meat, poultry or fish** can contain harmful bacteria, parasites, and other harmful substances that can make babies very sick. CACFP facilities must cook all foods to the proper temperature and follow food safety procedures. For more information, see the CSDE's [Sanitation and Food Safety in CACFP Child Care Programs](#).



- **Home-canned foods** may contain harmful bacteria if improperly canned.
- **Foods that commonly cause choking** in infants cannot be served, e.g., frankfurter rounds, popcorn, grapes, peanut butter, nuts and seeds. For more information, see the CSDE’s handout, *Preventing Choking in Infants and Children*.
- **Hard pieces of raw vegetables and fruits** (except mashed ripe bananas) may cause choking and be difficult for babies to digest. 
- **Home-prepared high-nitrate vegetables** such as beets, carrots, collard greens, spinach and turnips can only be fed to babies at least 6 months of age. For more information, see “[Avoid Home-prepared Vegetables High in Nitrates](#)” in section 8.
- **Avoid large amounts of high-fiber foods**, such as bran and raw vegetables. These foods are low in calories and high in bulk. They fill an infant’s stomach without providing many nutrients or calories. They may also be a choking hazard. 
- **Sweeteners** (e.g., sugars and syrups) eaten alone, added to foods or in prepared foods add calories to the diet and promote the development of tooth decay in babies. Sweetened foods may fill up the baby without providing essential nutrients. Avoid feeding the following foods to babies:
  - commercially prepared baby food desserts;
  - commercial cakes, cookies, candies and sweet pastries;
  - chocolate; and
  - added sugars, glucose, molasses, maple syrup, and corn syrup or other syrups in the baby’s food, beverages or water.
- **Sugars and fat** should not be added to infant foods to provide flavor. It is best for children to develop a preference for the natural flavor of foods.
- **Artificially sweetened foods and beverages** are not appropriate for babies. Babies are growing rapidly and do not need low-calorie foods and drinks. Artificial nonnutritive sweeteners (e.g., acesulfame potassium, sucralose), natural nonnutritive sweeteners (e.g., stevia) and sugar alcohols have not been proven safe for consumption by babies.

## INTRODUCING SOLID FOODS

Good communication between the CACFP facility and parents/guardians is essential for successful feeding during the introduction of solid foods. The CACFP facility should make the decision to introduce specific foods in consultation with the baby's parents/guardians. Best practice for CACFP facilities includes:

- constant communication with each infant's parents/guardians about when and what solid foods should be introduced; and
- written instructions from parents/guardians on the introduction and feeding of solid foods.

CACFP facilities should introduce new foods one at a time, starting with iron-fortified infant rice cereal. For more information, see "[Infant Cereals](#)" in section 8.

Once the baby accepts cereal, CACFP facilities can introduce single-food strained vegetables and fruits, followed by meats and bread. Try each new food for one week to be sure the baby does not have any reactions before trying the next new food. For more information, see "[Food Allergies and Intolerances](#)" on the next page.

CACFP facilities should continue to consult with parents/guardians concerning which foods they have introduced and are feeding. This allows CACFP facilities to follow the family's schedule of introducing new foods and more easily identify possible food allergies or intolerances.

Consistency between home and child care is essential during the period of rapid change when babies are learning to eat solid foods. CACFP facilities must record each infant's daily meals, and let parents/guardians know what and how much their baby eats each day. For more information, see "[Infant Menu Records](#)" in section 2.



## FOOD ALLERGIES AND INTOLERANCES

CACFP facilities should ask parents/guardians to provide a list of any foods that their baby has had a reaction to or should not be fed. The steps below help child care staff identify a possible food allergy or intolerance when introducing solid foods.

- Introduce foods that the parents/guardians have previously introduced to the baby without any problems.
- Introduce new foods one at a time.
- Introduce new foods gradually, e.g., wait one week between each new food.
- Introduce a small amount (about 1 to 2 teaspoons) of a new food at first. This allows the baby to adapt to the food's flavor and texture.
- Use single-ingredient foods at first to see how the baby reacts to each food. CACFP facilities that are preparing foods from scratch should separate the baby's portion before adding other ingredients for older children.
- Observe the baby closely for reactions after feeding a new food. If there is a reaction, stop feeding the food and discuss with the parents/guardians. A baby having an allergic or other reaction to food may have any of one of these symptoms:
  - diarrhea;
  - vomiting;
  - coughing and wheezing;
  - congestion or stuffiness;
  - ear infection;
  - stomach pain;
  - hives;
  - skin rash;
  - extreme irritability; and
  - more severe reactions like shock or difficulty breathing.
- If the baby has a reaction to a food, consult with the parents/guardians, who should contact their baby's doctor, before introducing that food in the future.



Following these steps helps give babies time to become acquainted with each new food. It also makes it easier for child care staff to identify foods that a baby has a reaction to, has trouble digesting or refuses to eat.

## MEALS CONTAINING PARENT-PROVIDED FOODS

Parents/guardians may choose to provide one or more meal components for infants older than three months, based on personal preferences or recommendations of the infant’s doctor. The CACFP facility cannot require that parents/guardians provide any components of their infant’s meals. CACFP facilities must ensure that:

- they have not requested or required the parent/guardian to provide components to complete the meal and reduce cost to the facility; and
- the parent/guardian is truly choosing to provide the preferred components.

**If a parent/guardian chooses to provide one or more components of their infant’s meal, the CACFP facility must provide all other required components that the parent/guardian does not supply.** This ensures that the infant receives a complete meal, between the parents/guardians and the CACFP facility.



To claim an infant meal with parent-provided components, CACFP facilities must meet the criteria below.

1. The CACFP facility must provide (pay for) **at least one** component of the infant meal in at least the minimum required serving size.
  - If child care staff feeds expressed breast milk to an infant, the meal is reimbursable. CACFP regulations allow reimbursement for meals containing breast milk as the only component if the infant is not developmentally ready for the optional meal components. This provision applies only to meals in which breast milk is the only required item, including:
    - breakfast, lunch/supper and snack for ages birth through 7 months; and
    - snack for ages 8-11 months.

*Effective October 1, 2017, the final rule requires breast milk or formula as the only component for ages 0-5 months. Additional components become required for ages 6-11 months, when an infant is developmentally ready.*

For more information, see “[Meals Containing Only Breast Milk](#)” in section 3.

- The CACFP facility can claim reimbursement for meals containing parent-provided formula as the only component if:
  - the infant is not developmentally ready for the optional meal components; and
  - child care staff feeds the infant the meal.

The USDA recognizes the nonfood-related cost of serving infants, and allows reimbursement for meals containing only iron-fortified infant formula supplied by either the CACFP facility or parent/guardian. For more information, see “[Meals Containing Only Parent-provided Formula](#)” in section 4.

2. The infant must receive a **complete meal** (all components the child is developmentally ready to accept) between the parents and CACFP facility.

- When the meal pattern lists optional components (breakfast and lunch/supper for infants ages 4-7 months, and snack for infants ages 8-11 months), the number of other components provided depends on what the infant is ready to accept. This will be different for each child, since parents/guardians make this determination in consultation with their baby’s doctor. **If the infant is ready to accept all meal components, then all components must be served to provide a complete meal.**



For example:

- if the infant is consuming only breast milk and cereal, then only breast milk and cereal should be served; and
  - if the infant is consuming only iron-fortified infant formula, then only iron-fortified infant formula should be served.
- For infants ages 8-11 months, breakfast and lunch/supper do not contain any optional components. All three required components must be served to the infant to provide a complete (reimbursable) meal.
  - If the CACFP facility provides at least one meal component and the parent/guardian chooses to provide all other required components, the meal is reimbursable.
  - To count toward the infant meal pattern, food items provided by parents/guardians must meet the criteria for creditable foods indicated in [section 8](#). If a parent/guardian provides a noncreditable food item, the meal is not reimbursable unless the CACFP facility provides all the components of a complete meal. For example, if a parent/guardian of a 10-month-old infant provides a commercial baby food dinner (noncreditable food), the CACFP facility must provide all reimbursable meal components including formula, infant cereal or meat alternate, and a fruit or vegetable. **Noncreditable foods that are appropriate for infants may be served in addition to, but not in place of, the required infant meal components.** For more information, see “[Noncreditable Foods](#)” in section 2, and “[Serving Additional Solid Foods](#)” in section 7.

Tables 13 through 16 provide examples of when CACFP facilities may claim reimbursement for meals that contain parent-provided components.

Table 13. Parent-provided Components for Ages 4-7 months (Example 1)

A 7-month-old infant is eating infant cereal and baby food fruits and vegetables. The parent has chosen to decline the CACFP facility’s brand of iron-fortified infant formula and provide another allowable iron-fortified infant formula. \* The parent also provides commercial baby food strained peas for lunch. The CACFP facility supplies the iron-fortified infant cereal.

Lunch Meal Pattern for 4-7 months	Parent Provides	CACFP Facility Provides	Reimbursable Meal?
4-8 fl. oz. breast milk or iron-fortified infant formula *	Iron-fortified infant formula *	—	Yes
0-3 Tbsp. iron-fortified dry infant cereal (optional until infant is developmentally ready) **	—	Iron-fortified dry infant cereal	
0-3 Tbsp. fruit and/or vegetable (optional until infant is developmentally ready) **	Strained peas	—	

This meal is reimbursable because the CACFP facility has supplied at least one component (iron-fortified dry infant cereal), and a complete meal has been served to the infant. The parent has provided the other two required components, including iron-fortified infant formula and fruit/vegetable (strained peas).

\* All infant formulas must meet the CACFP requirements (see “[Allowable Infant Formulas](#)” in section 4).

\*\* Optional components become **required** when the infant is developmentally ready and the parent/guardian requests them. CACFP facilities can claim reimbursement for meals containing parent-provided components when the CACFP facility provides (pays for) at least one component, and a complete meal (all components the infant is developmentally ready to accept) is supplied between the parents and CACFP facility. For more information, see “[Responsibility to Provide Solid Foods](#)” in this section.



Table 14. Parent-provided Components for Ages 4-7 months (Example 2)

A 4-month-old infant consumes iron-fortified infant formula and has begun to eat iron-fortified infant cereal, but is not developmentally ready for fruits and vegetables. The parent provides the iron-fortified infant formula \* and iron-fortified dry infant cereal.

Lunch Meal Pattern for 4-7 months	Parent Provides	CACFP Facility Provides	Reimbursable Meal?
4-8 fl. oz. breast milk or iron-fortified infant formula *	Iron-fortified infant formula *	—	No
0-3 Tbsp. iron-fortified dry infant cereal (optional until infant is developmentally ready) **	Iron-fortified dry infant cereal	—	
0-3 Tbsp. fruit and/or vegetable (optional until infant is developmentally ready) **	—	—	

The meal is not reimbursable because the CACFP facility has not supplied at least one component of the infant's meal. The parent supplied both components (iron-fortified formula and iron-fortified dry infant cereal) that the child is developmentally ready to eat.

\* All infant formulas must meet the CACFP requirements (see “[Allowable Infant Formulas](#)” in section 4).

\*\* Optional components become **required** when the infant is developmentally ready and the parent/guardian requests them. CACFP facilities can claim reimbursement for meals containing parent-provided components when the CACFP facility provides (pays for) at least one component, and a complete meal (all components the infant is developmentally ready to accept) is supplied between the parents and CACFP facility. For more information, see “[Responsibility to Provide Solid Foods](#)” in this section.



Table 15. Parent-provided Components for Ages 8-11 Months (Example 1)

The parents of an 11-month-old infant provide commercial baby food mixed bananas and strawberries and strained chicken for lunch. The CACFP facility supplies the iron-fortified infant formula. \*

Lunch Meal Pattern for 8-11 months	Parent Provides	CACFP Facility Provides	Reimbursable Meal?
6-8 fl. oz. breast milk or iron-fortified infant formula *	—	Iron-fortified infant formula *	Yes
2-4 Tbsp. iron-fortified dry infant cereal and/or 1-4 Tbsp. meat, fish, poultry, egg yolk or cooked dry beans or peas or ½-2 oz. cheese or ⅛-½ cup cottage cheese or 1-4 oz. cheese food or cheese spread	Strained chicken	—	
1-4 Tbsp. fruit and/or vegetable	Pureed bananas and strawberries	—	

This meal is reimbursable because the CACFP facility has supplied at least one component (iron-fortified infant formula) and a complete meal has been served to the infants. The parent has provided the other required components, including meat or meat alternates (strained chicken) and fruit/vegetable (bananas and strawberries).

\* All infant formulas must meet the CACFP requirements (see “[Allowable Infant Formulas](#)” in section 4).



Table 16. Parent-provided Components for Ages 8-11 Months (Example 2)

The parent of an 8-month-old infant provides a commercial baby food combination dinner for lunch. The CACFP facility supplies the iron-fortified infant formula and baby food applesauce.

Lunch Meal Pattern for 8-11 months	Parent Provides	CACFP Facility Provides	Reimbursable Meal?
6–8 fl. oz. breast milk or iron-fortified infant formula *	—	Iron-fortified infant formula *	No
2–4 Tbsp. iron-fortified dry infant cereal and/or 1–4 Tbsp. meat, fish, poultry, egg yolk or cooked dry beans or peas or ½–2 oz. cheese or ⅛–½ cup cottage cheese or 1–4 oz. cheese food or cheese spread	—	—	
1–4 Tbsp. fruit and/or vegetable	—	Applesauce	

The meal is not reimbursable because the parent has provided a food item (baby food combination dinner) that does not meet the criteria for a creditable meat or meat alternate in the CACFP infant meal pattern. The infant has been served three items but not a complete meal. Only two of the three items (iron-fortified formula and applesauce) are creditable foods in the CACFP infant meal pattern. For more information, see “[Crediting Meat and Meal Alternates](#)” in section 8.

\* All infant formulas must meet the CACFP requirements (see “[Allowable Infant Formulas](#)” in section 4).



## USING COMMERCIALLY PREPARED BABY FOOD

CACFP facilities must keep baby food clean to keep it safe. Caregivers must always wash hands thoroughly with soap and warm water before handling any food. For more information, see “Hand Washing” in the CSDE’s *Sanitation and Food Safety in CACFP Child Care Programs*.

The USDA’s *Feeding Infants: A Guide for Use in the Child Nutrition Programs* provides the following guidance for purchasing, serving and storing commercial baby food.

### Buying Baby Food

- Buy baby food jars that are clean on the outside and do not have a broken vacuum seal. The seal is broken if the button on the center of the top is popped out.
- Single-ingredient baby foods, like single vegetables, fruits and meats, provide more nutrition ounce-for-ounce than baby food combination dinners and baby food desserts. Plain meats and plain vegetable or fruit can be mixed together if the baby likes the taste. Fruit can be served instead of baby food desserts. Note: Baby food combination dinners and baby food desserts do not credit in the infant meal pattern.
- Read the ingredients list on the baby food label to determine if foods contain a vegetable, fruit or meat as the first ingredient, and if they have added salt, butter, oil or cream, sugars, corn syrup or other ingredients. For more information see [table 20](#) and [table 24](#) in section 8, and “[Inappropriate Foods for Infants](#)” in this section.

### Serving Baby Food in Jars

- Look at the “use-by” date on the baby food jar. If the date has passed, do not use the food.

Federal regulations require a “**use-by**” date on the product label of baby food under the FDA’s inspection. Child care centers, day care homes and emergency shelters cannot buy or use baby food after its “use-by” date.

- Wash the lid and jar of baby food before opening.
- Make sure the jar lid is sealed and has not been broken before opening it. If the seal has not been broken, the lid of the jar will make a popping noise when opened.
- Do not tap the jar lid or bang it to open it. This could break glass chips into the food.
- Remove enough food from the jar for one feeding. Look closely at the food to make sure there are no abnormal pieces in it. Place the food in a dish for feeding so that the baby’s saliva on the spoon will not spoil the leftover food in the jar. If additional food is needed, use a clean spoon.



- If needed, warm the baby food on a stove or in a food warmer. Stir the food and test its temperature before feeding. Do not leave baby food in jars to heat in a microwave. The food can get very hot and could burn the baby's mouth.
- Throw away any leftover food in the dish. Do not put it back in the jar.

### Storing Baby Food in Jars

- After opening a jar, replace the lid and place it in the refrigerator. Label the jar with the child's name, and the date and time it was opened. Use refrigerated food within two days. Meats, poultry, fish and egg yolks must be used within 24 hours. Throw out foods not used within those times.
- Regularly check to make sure that the refrigerator temperature is cold enough (39 degrees Fahrenheit or below) to keep the food safe.
- Look at the "use-by" date on the jar when storing unopened jars. If the date has passed, throw out the food and recycle the jar.
- Store unopened jars in a cool dry place like a kitchen cabinet or pantry. Do not store baby food jars in the refrigerator, car, garage or outdoors.
- Rotate stored jars so that previously purchased products are used before newly purchased food. Use the food safety principle of "first in, first out."



## USING HOME-PREPARED BABY FOOD

Preparing baby food from scratch is economical and allows CACFP facilities to ensure the quality of the food. Commercial baby foods may lack enough texture for babies ages 8 months and older. Child care staff can modify the texture by preparing baby food from scratch. When preparing food for older babies and young children, CACFP facilities can use some similar foods and modify the texture for each child's stage of development.

### Before Preparing Food

- Wash hands thoroughly with soap and warm water. For more information, see “Hand Washing” in the CSDE’s *Sanitation and Food Safety in CACFP Child Care Programs*.
- Wash all bowls, utensils, pots and pans, equipment (such as a blender, food processor, baby food grinder, cutting board), the sink and counters in hot, soapy water. Rinse and sanitize, then allow to air dry.

### Preparing Baby Food

- Begin with good quality food. Use fresh food if possible. Check ingredients on the ingredients label of commercially canned or frozen foods. Prepare foods for babies immediately before use and avoid using leftover food. For more information on food ingredients, see “[Inappropriate Foods for Infants](#)” in this section.
- Wash fruits and vegetables well, and remove nonedible parts such as peels, seeds and pits before cooking.
- Do not feed home-prepared spinach, beets, turnips, carrots or collard greens to babies younger than 6 months. For more information, see “[Avoid Home-prepared Vegetables High in Nitrates](#)” in section 8.
- Remove bones, fat and gristle from meats, poultry and fish. Meats, poultry, fish, dried beans or peas and egg yolks must be well cooked. Baking, boiling, broiling, poaching and steaming are good cooking methods. The [USDA Meat and Poultry Hotline](#) provides information on safe food handling, including minimum cooking temperatures for meat, poultry and fish.
- Cook foods until they are soft and tender. Foods can be pureed to the right texture using a blender or food processor, fine mesh strainer, baby food grinder or food mill. For older babies, foods can be mashed with a fork or finely chopped. Water can be added to give pureed foods a thinner consistency.



- Do not add salt, butter, margarine, lard, oil, cream, sugar, syrups, honey, gravy, sauces or fat drippings to the baby's food. For more information, see "[Inappropriate Foods for Infants](#)" in this section.
- Do not use home-canned food, food from dented, rusted, bulging or leaking cans or jars, or food from cans or jars without labels.

### Storing Home-prepared Baby Food

- Immediately after cooking, refrigerate or freeze freshly cooked food to be stored. Label the food with the date and time it was prepared. Do not let foods sit at room temperature because harmful bacteria can grow in the food. Throw out foods left at room temperature for two hours or more including serving time.
- Store foods in the refrigerator in clean containers with tightly fitting lids. Check regularly to make sure that the refrigerator temperature is cold enough (39 degrees Fahrenheit or below) to keep food safe.
- Use refrigerated foods within two days. Meats, poultry, fish and egg yolks must be used within 24 hours. Throw out foods not used within those times.
- To freeze baby food, pour cooked food into sections of a clean ice cube tray or place 1 to 2 tablespoons of pureed food in spots on a clean cookie sheet. Cover the food with plastic wrap or foil. When frozen, store the food pieces in a covered freezer container or tightly closed plastic bag in the freezer. Label and date the containers or bags. Use frozen foods within one month.
- Regularly check to make sure that the freezer temperature is cold enough (0 degrees Fahrenheit or below) to keep food safe.

### Serving Home-prepared Baby Food

- Serve freshly cooked food to babies right after preparing it. Allow the food to cool to lukewarm. Stir the food and test its temperature before feeding.
- Throw away any leftover food in the baby's dish. Do not put it back in the refrigerator or freezer.



### Reheating Home-prepared Baby Food

- Completely reheat refrigerated or frozen home-prepared baby food to at least 165 degrees Fahrenheit before feeding to babies. Allow food to cool to lukewarm. Stir the food and test its temperature to make sure it is not too hot or cold before serving.
- Thaw frozen foods in the refrigerator, under cold running water or by reheating. Never defrost baby foods by setting them out at room temperature or in a bowl of standing water. Bacteria can grow in food sitting at room temperature.
- Throw out any leftover food remaining in the dish when the baby is done eating.
- Do not refreeze baby food that has thawed. Label food with the date and time it was removed from the freezer. Store thawed food in the refrigerator. Use within two days or throw it out. Meats, poultry and fish must be thrown out after 24 hours.



## 8 — Creditable Foods in the CACFP Infant Meal Pattern

This section describes what foods are allowed in the meal components of the CACFP infant meal pattern. Some foods such as rice, pasta, yogurt, and commercial baby food dinners do not credit in the infant meal pattern. CACFP facilities can serve certain noncreditable foods for developmentally ready infants if the parent/guardian request them, but the CACFP facility cannot count them toward the meal pattern requirements. **The CSDE strongly recommends that all CACFP facilities obtain written instructions from parents/guardians regarding foods that should or should not be fed to their infant.**

In addition to meeting the requirements of the CACFP infant meal pattern, the CSDE strongly recommends that all foods and beverages served in CACFP infant meals and snacks comply with the CCCNS. The CCCNS provides the healthiest choices for infants in child care by promoting whole or minimally processed nutrient-rich foods that are low added sugars, sodium and fat. For more information on the CCCNS, see “[Connecticut Child Care Nutrition Standards](#)” in section 2, and the CSDE’s *Action Guide for Child Care Nutrition and Physical Activity Policies*.

### SERVING FOODS WITH ALLERGENS

Foods that contain one or more of the eight major food allergens identified by the FDA (milk, eggs, fish, shellfish, tree nuts, peanuts, wheat and soybeans) can be part of a reimbursable meal if they are developmentally appropriate for an infant. The AAP indicates there is no current convincing evidence that delaying the introduction of foods considered to be major food allergens has a significant effect on the development of food allergies.

While most food allergies cause relatively mild and minor symptoms, some food allergies can cause severe and possibly life-threatening reactions. CACFP facilities should check with families to learn about any concerns of possible allergies, and preferences for how solid foods are introduced.



## Infant Cereals

### IRON-FORTIFIED INFANT CEREALS

CACFP facilities can serve infant cereal in addition to or instead of infant meat/meat alternate foods at lunch and supper for babies ages 8-11 months. CACFP regulations define infant cereal as “any iron-fortified dry cereal specially formulated for and generally recognized as cereal for infants that is routinely mixed with breast milk or iron-fortified infant formula prior to consumption.”

*Effective October 1, 2017, the final rule requires solid foods for ages 6-11 months when an infant is development ready and the parent/guardian requests them.*

Since food labeling laws do not allow manufacturers to make nutrient content claims on infant cereal labels, the cereal label will not specify that the cereal is fortified. However, the packaging will indicate statements about iron such as:

- “2 servings (about ½ cup) of Gerber cereal has 90% of baby’s daily iron needs” (Gerber); and
- “45% daily value of iron” (Beech Nut).

In addition, the “% Daily Value” on the nutrition label will indicate whether a dry infant cereal has been sufficiently fortified with iron. For a dry infant cereal to be creditable in the CACFP, the percent daily value for iron must be **at least 45 percent** per serving.

% Daily Value	
Protein	4%
Vitamin A	0%
Vitamin C	0%
Calcium	15%
Iron	45%
Vitamin D	20%
Vitamin E	25%
Thiamine	25%
Riboflavin	25%
Niacin	25%
Vitamin B6	25%
Folate	25%
Vitamin B12	25%
Pantothenic Acid	25%
Zinc	25%

### INTRODUCING CEREAL TO BABY

Iron-fortified infant rice cereal is a good choice for baby’s first solid food because:

- it is easily digested;
- is least likely to cause an allergic reaction;
- contains important nutrients; and
- can be altered in texture to meet baby’s developmental needs.

The amounts of infant cereal in the CACFP infant meal pattern refer to a measurement of the **dry cereal**, before adding liquid. Dry infant cereal can be prepared with expressed breast milk or iron-fortified infant formula to produce a smooth cereal that is not too thick, and is easy for a young baby to swallow and digest. The consistency of all cereals can be thickened by adding less liquid as the baby matures.

Oat and barley cereal can be added at one-week intervals after introducing rice cereal. Wheat cereal should not be served until babies are 8 months old because it is the grain most likely to cause a reaction in babies. The risk of intolerance decreases by ages 8-9 months. Mixed grain cereals may be served after the baby has been introduced to each grain separately. CACFP facilities must provide iron-fortified infant cereals until the infant turns 1 year old.

CACFP facilities should never add infant cereal to a baby’s bottle. This can result in choking, developmental delays in feeding skills, and the ingestion of too many calories without sufficient nutrients. Infant cereal can only be given to infants when they are developmentally ready to eat from a spoon.

### READY-TO-EAT CEREALS

Ready-to-eat cold dry breakfast cereals (such as Cheerios, Kix and Rice Krispies) and cooked breakfast cereals (such as enriched farina, regular oatmeal and corn grits) do not meet the definition of “iron-fortified dry infant cereal,” and are not specifically formulated or marketed for infants. These cereals do not credit in the CACFP infant meal pattern.

Ready-to-eat cereals often contain mixed grains and are usually higher in salt and sugars than infant cereals. Some cereals may contain hard pieces of food that could cause choking such as raisins, dates, nuts or uncooked whole-grain flakes. CACFP facilities must ensure that the texture and a consistency of ready-to-eat cereals are appropriate for the age and development of the infant being fed. In addition, some cereals may be enriched with a form of iron (ferric phosphate) that is more difficult for infants to absorb than the electrolytic iron found in infant cereals.

Ready-to-eat breakfast cereals can be fed as additional foods to older babies if a parent/guardian requests them. In this case, the CACFP facility must also serve all other required foods for the meal. For more information, see “[Noncreditable Foods](#)” in section 2, and “[Serving Additional Solid Foods](#)” in section 7.



*Effective October 1, 2017, the new CACFP infant meal pattern allows ready-to-eat cereals containing no more than 6 grams of sugar per dry ounce to credit as a grain at snack for infants ages 6-11 months.*

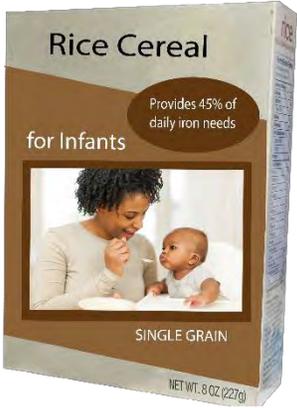
The CSDE strongly recommends that any ready-to-eat cereals served to infants in the CACFP meet the CCCNS (see table 17). For more information, see the CSDE’s [Action Guide for Child Care Nutrition and Physical Activity Policies](#).

Table 17. CCCNS for Infants for Ready-to-Eat Breakfast Cereals

- Serve only whole-grain ready-to-eat breakfast cereals. A serving of breakfast cereal contains:
- less than 0.5 gram of trans fat and no partially hydrogenated oils;
  - no more than 6 grams of sugars;
  - no artificial sweeteners, nonnutritive sweeteners or sugar alcohols; and
  - no more than 200 milligrams of sodium.

## CREDITING COMMERCIAL INFANT CEREALS

Table 18 indicates which infant cereals credit toward the infant cereal component of the CACFP infant meal pattern.

Table 18. Crediting Infant Cereal in the CACFP Infant Meal Pattern	
CREDITABLE	NONCREDITABLE
<ul style="list-style-type: none"> <li>● <b>“Any iron-fortified dry cereal specially formulated for and generally recognized as cereal for infants that is routinely mixed with breast milk or iron-fortified infant formula prior to consumption,” including:</b> <ul style="list-style-type: none"> <li>○ rice cereal;</li> <li>○ barley cereal;</li> <li>○ oat cereal;</li> <li>○ quinoa; and</li> <li>○ mixed-grain cereal. *</li> </ul> </li> </ul> <div style="text-align: center;">  </div>	<ul style="list-style-type: none"> <li>● Iron-fortified dry infant cereals containing fruit</li> <li>● Commercial jarred baby food cereals (wet not dry)</li> <li>● Ready-to-eat breakfast cereal (cold dry) and cooked breakfast cereals, e.g., oatmeal, farina, Wheatina **</li> </ul>
<p>* Mixed-grain cereals should not be served until the baby has successfully tolerated each single-grain cereal. Wheat cereal should not be served until babies are 8-9 months old, due to potential intolerances.</p> <p>** Ready-to-eat cold dry breakfast cereals and cooked breakfast cereals should not be served to babies younger than 8 months. They can be fed as an additional noncreditable food to babies at least 8 months of age if the parent/guardian requests them. The CSDE strongly recommends that breakfast cereals used in the CACFP meet the CCCNS (see <a href="#">table 17</a>). <i>Effective October 1, 2017, the new CACFP infant meal pattern allows ready-to-eat cereals containing no more than 6 grams of sugar per dry ounce to credit as a grain at snack for infants ages 6-11 months.</i></p>	

## Fruits and Vegetables

Fruits and vegetables may be introduced when the baby is readily accepting 2 to 3 tablespoons of infant cereal at each meal. Child care staff should consult with parents/guardians about which vegetables and fruits are being introduced at home, so the same foods can be served in the CACFP facility. Babies often start on vegetables and fruits around 6 months old.

The following guidance helps CACFP facilities choose fruits and vegetables that comply with the CACFP infant meal pattern.

- CACFP facilities can serve commercial or home-prepared vegetables or fruits to babies. Serve a wide variety of mild-tasting fruits and vegetables such as applesauce, apricots, bananas, peaches, pears, plums, green beans, green peas, squash and sweet potatoes.
- Fresh raw fruits (with the exception of mashed ripe bananas) and vegetables should not be served to infants younger than 6 months because they may cause choking, and are difficult to digest.
- Apples, pears and dried fruits usually need to be cooked to be pureed and mashed. Stewed, pitted dried fruits can be pureed or mashed.
- Home-prepared collard greens, carrots, spinach, turnips and beets should only be fed to babies ages 6 months and older. For more information, see “[Avoid Home-prepared Vegetables High in Nitrates](#)” in this section.



CACFP facilities can serve almost any soft, cooked fruits and vegetables to babies between 6 to 12 months, as long as the texture is appropriately modified. As a baby’s mouth skills progress, gradually increase the thickness and lumpiness of vegetables and fruits.

- Use cooked, fresh or frozen vegetables or fruits, and progress from pureed to ground to fork-mashed, and eventually diced. Alternatively, CACFP facilities can purchase commercial baby foods that progress in texture.
- Avoid canned or frozen vegetables or fruits that are high in added sugars or salt. Do not add sugars, salt, fat, spices or other seasonings to fruits and vegetables. Remove the baby’s portion before preparing and seasoning vegetables and fruits for older children.

Table 19 shows examples of fruits and vegetables that are appropriate for babies.

Table 19. Examples of Types of Fruits and Vegetables to Feed Babies

COMMERCIALY PREPARED BABY FOOD	HOME-PREPARED BABY FOOD	
<ul style="list-style-type: none"> <li>● Applesauce</li> <li>● Apricots</li> <li>● Bananas</li> <li>● Beets</li> <li>● Carrots</li> <li>● Green beans</li> <li>● Green peas</li> <li>● Peaches</li> <li>● Pears</li> <li>● Plums</li> <li>● Spinach</li> <li>● Squash</li> <li>● Sweet potatoes</li> <li>● Combination fruits and vegetables *</li> </ul>	Vegetables **	Fruits ***
	<ul style="list-style-type: none"> <li>● Asparagus</li> <li>● Broccoli</li> <li>● Cabbage</li> <li>● Cauliflower</li> <li>● Green beans</li> <li>● Green peas</li> <li>● Kohlrabi</li> <li>● Plantain</li> <li>● Potatoes</li> <li>● Summer or winter squash</li> <li>● Sweet potatoes</li> </ul>	<ul style="list-style-type: none"> <li>● Apricots</li> <li>● Avocado</li> <li>● Bananas</li> <li>● Cantaloupe</li> <li>● Mango</li> <li>● Melon</li> <li>● Nectarines</li> <li>● Papaya</li> <li>● Peaches</li> <li>● Pears</li> <li>● Plums</li> </ul>
<p>* Before serving mixed fruit/vegetable products, check with parents/guardians that an infant has tried all of the vegetables and fruits without having any reactions.</p> <p>** Vegetables must be cooked and processed to the appropriate texture.</p> <p>*** Fruits can be mashed after peeling if ripe and soft.</p>		



CREDITING COMMERCIAL BABY FOOD FRUITS AND VEGETABLES

Table 20 indicates which commercial baby foods credit in the fruits and vegetables component of the CACFP infant meal pattern. Before serving baby food products containing multiple fruits or vegetables to infants, child care staff should check with parents/guardians to be certain that an infant has tried all fruits, vegetables and other ingredients without having any reaction.



For more information, see “[Food Allergies and Intolerances](#)” in section 7, and “Meal Pattern Substitutions for Food Allergies” in the CSDE’s *Accommodating Special Dietary Needs in CACFP Child Care Programs*.

Table 20. Crediting Fruits and Vegetables in the CACFP Infant Meal Pattern

CREDITABLE	NONCREDITABLE
<ul style="list-style-type: none"> <li>Commercial baby food fruits and vegetables that list a fruit or vegetable as the first ingredient</li> <li>Commercial baby food fruits and vegetables that contain multiple fruits or multiple vegetables and list a fruit or vegetable as the first ingredient *</li> <li>Baby food fruits and vegetables with modified food starch, if water is not the first ingredient</li> </ul> 	<ul style="list-style-type: none"> <li>Commercial baby food dinners that list a fruit or vegetable as the first ingredient</li> <li>Commercial baby foods in the “<b>jarred cereal with fruit</b>” category that list a fruit as the first ingredient</li> <li>Commercial baby foods in the dessert category that list a fruit as the first ingredient (these products <b>generally have “dessert” or “pudding” as part of the product name on the front of the label</b>)</li> <li>Baby food fruits and vegetables with modified food starch if water is the first ingredient</li> <li>Commercial baby food yogurt and fruit/vegetable blends</li> <li>Fruit juices with yogurt</li> <li>Fruit snacks, e.g., fruit roll-ups, fruit wrinkles, fruit twists, fruit bars</li> </ul>
<p>* Before serving mixed fruit/vegetable products, check with parents/guardians that an infant has tried all of the vegetables and fruits without having any reactions.</p>	

The CSDE strongly recommends that any vegetables and fruits served to infants in the CACFP meet the CCCNS (see table 21). For more information, see the CSDE's *Action Guide for Child Care Nutrition and Physical Activity Policies*.

Table 21. CCCNS for Infants for Vegetables and Fruits

A serving of vegetables or fruits contains:

- no added fat or chemically altered fat substitutes;
- less than 0.5 gram of trans fat and no partially hydrogenated oils;
- no added sugars, artificial sweeteners, nonnutritive sweeteners or sugar alcohols; and
- no added salt and no more than 200 milligrams of sodium.

#### Baby Food Fruits and Vegetables with Modified Food Starch

Baby food products that contain modified food starch credit only if water is not the first ingredient. Most products containing modified food starch and other ingredients will not be creditable because the first ingredient is water.

Commercial baby food fruits with modified food starch generally have less nutritional value and may contain less fruit by weight than commercial baby food fruits without modified food starch. They also often contain a concentrated sweetener.

Plain fruit and vegetable commercial baby food products generally contain a higher relative quantity of fruit or vegetable, and provide more nutrition than products with a variety of additional nonfruit or nonvegetable ingredients. Child care staff should always carefully read the ingredients list for commercial baby food products.

#### Baby Food Fruits and Vegetables with Docosahexaenoic Acid

Docosahexaenoic acid (DHA) is an omega-3 fatty acid that manufacturers may add to commercially prepared infant formulas and infant foods. The source of DHA in some baby food products is egg yolk. Manufacturers add DHA and arachidonic acid (ARA), another omega-3 fatty acid, to infant formula and food products because some studies suggest these fatty acids may have positive effects on babies' visual function and neural development.

Prior to April 2015, the USDA prohibited infant foods containing DHA due to concerns that egg yolk and other added ingredients, additives or extenders could result in a food sensitivity or food allergy. However, more recent guidance from the AAP indicates that there is no current convincing evidence to delay the introduction of foods considered to be major food allergens, including eggs. Therefore, the USDA allows single-ingredient infant foods containing DHA to credit in the CACFP infant meal pattern, if they meet all other CACFP crediting requirements. As with all baby foods, child care staff facilities should check with parents/guardians before serving these foods.

## AVOID HOME-PREPARED VEGETABLES HIGH IN NITRATES

Home-prepared vegetables such as beets, carrots, collard greens, spinach and turnips are high in nitrates and should only be fed to babies ages 6 months and older. The naturally occurring nitrates in these vegetables can be converted to nitrites in very young babies. Nitrites bind iron in the blood and make it difficult to carry oxygen. If the nitrites are high enough, this can result in a condition called methemoglobinemia, in which a baby has blue skin and difficulty breathing. Commercially prepared baby food spinach, beets and carrots contain only traces of nitrates, and are not considered a risk to babies younger than 6 months.

## VEGETABLES AND FRUITS THAT MAY CAUSE CHOKING

Some vegetables and fruits may cause choking and should not be fed to babies. These include:

- raw vegetables (including green peas, string beans, celery and carrots);
- cooked or raw whole corn kernels;
- whole pieces of canned fruit;
- hard pieces of raw fruit such as apple, pear and melon;
- whole grapes, berries, cherries, melon balls or cherry and grape tomatoes; and
- uncooked dried fruit including raisins.

For older babies, CACFP facilities can cook and prepare these vegetables and fruits to make the texture developmentally appropriate. For example, raw vegetables and dried fruit can be cooked and mashed. Whole grapes and cherry or grape tomatoes can be cut into quarters. Cherries can be pitted and cut into quarters.



FRUIT JUICE

Juice credits only at snack for infants ages 8-11 months. Full-strength 100 percent regular or infant fruit juice is the only type of juice that is creditable. Table 22 summarizes which juices credit in the CACFP infant meal.

*Effective October 1, 2017, the final rule eliminates fruit juice from the infant meal pattern, and requires a vegetable, fruit or both at snack for ages 6-11 months.*

When purchasing fruit juice for infants, CACFP facilities should follow the guidelines below.

- Choose fruit juice containing or fortified with **vitamin C**. Vitamin C promotes the absorption of iron from food into the body.
- Choose only **pasteurized** fruit juice. Some kinds of juice and cider have not been pasteurized and may contain harmful bacteria. Frozen concentrate, shelf-stable juice in hermetically sealed containers (including infant juices and canned juices) are processed or pasteurized to eliminate harmful bacteria.
- Avoid orange juice and grapefruit juice because they are more likely to cause an allergic reaction.



Vegetable juice, combination fruit and vegetable juice, and fruit juice with yogurt do not credit in the CACFP infant meal pattern. These types of juice can be served as additional foods if the infant is developmentally ready and the parent/guardian requests them. In this case, the CACFP facility must also serve all other required foods in the CACFP infant meal pattern. For more information, see “[Responsibility to Provide Solid Foods](#)” in this section.

Table 22. Crediting Juice in the CACFP Infant Meal Pattern (through September 30, 2017)

CREDITABLE	NONCREDITABLE
<ul style="list-style-type: none"> <li>• Full-strength fruit juice (regular or infant), only at snack for infants 8 through 11 months old *</li> </ul>	<ul style="list-style-type: none"> <li>• Full-strength vegetable juice</li> <li>• Full-strength combination fruit and vegetable juice</li> <li>• Fruit juices with yogurt</li> <li>• Fruit drinks (not 100 percent juice)</li> </ul>
<p>* Limit the total amount of juice to no more than 4 ounces per day. While the CACFP infant meal pattern allows fruit juice at snack for ages 8-11 months, the CSDE recommends not serving juice to infants younger than 12 months. Juice does not offer any nutritional benefits over whole fruits and vegetables. The AAP recommends that most fruits and vegetables come from whole food rather than juice. For more information, see the CCCNS in the CSDE’s <i>Action Guide for Child Care Nutrition and Physical Activity Policies</i>.</p> <p><i>Effective October 1, 2017, the final rule eliminates fruit juice from the infant meal pattern, and requires a vegetable, fruit or both at snack for ages 6-11 months.</i></p>	

### Limiting Juice

While the current CACFP infant meal pattern allows fruit juice at snack for ages 8-11 months, the CSDE recommends not serving juice to infants younger than 12 months. Juice does not offer any nutritional benefits over whole fruits and vegetables. The AAP recommends that most fruits and vegetables come from whole foods rather than juice. For more information, see the CCCNS in the CSDE's *Action Guide for Child Care Nutrition and Physical Activity Policies*.

### Diluting Fruit Juice

USDA regulations do not allow CACFP facilities to dilute the required amount (2-4 ounces) of fruit juice with water. CACFP facilities cannot serve diluted fruit juice, even if parents request it and pediatricians may recommend it. If water is added, the juice is no longer full strength even if the minimum amount of juice required is being served.

## Meat and Meat Alternates

Meat and meat alternates are generally introduced by 8 months of age, but some doctors recommend introducing them at 6 to 8 months. By 8 months, babies will have been introduced to cereal, vegetables and fruits, and will be ready for new foods and other sources of iron. Child care staff should consult with parents/guardians about which meats and meat alternates they are introducing at home so the CACFP facility can serve the same foods at the same time.

Meat and meat alternates in the CACFP infant meal pattern include meat, fin fish (e.g., cod, salmon, flounder and haddock), poultry, egg yolks, cooked dry beans and peas (legumes), and cheese, including natural cheese, cottage cheese and cheese food or spread. Peanut butter, other nut or seed butters (e.g., soy nut, almond, cashew or sunflower seed butter), nuts and seeds do not credit in the CACFP infant meal pattern. These foods can cause choking, and may cause an allergic reaction in some babies.

*Effective October 1, 2017, the final rule allows whole eggs and yogurt (containing no more than 23 grams of sugar per 6 ounces) as meat alternates for infants ages 6-11 months, and eliminates cheese foods and cheese spreads from the meat alternates component.*

The CSDE strongly recommends that any meat and meat alternates served to infants in the CACFP meet the CCCNS (see table 23). For more information, see the CSDE's [Action Guide for Child Care Nutrition and Physical Activity Policies](#).

Table 23. CCCNS for Infants for Meat and Meat Alternates

A serving of meat or meat alternate contains:

- no added fat or chemically altered fat substitutes;
- less than 0.5 gram of trans fat and no partially hydrogenated oils;
- no added sugars, artificial sweeteners, nonnutritive sweeteners or sugar alcohols; and
- no added salt and no more than 200 milligrams of sodium.

## MEATS, POULTRY AND FISH

Meat, poultry and fish may be introduced to infants ages 8 months and older when they are developmentally ready, and their parents/guardians request these foods. Choose lean meat, poultry and fish, such as strained or pureed well-cooked lean beef, pork, lamb, veal, chicken, turkey, liver and boneless fin fish, e.g., cod, salmon, flounder and haddock. As the baby's feeding skills mature, meat can be served ground or finely chopped, and cheese can be cut into larger chunks.

Do not add fat, sugars, salt, seasonings or spices to meat and meat alternates. Plain meats may be mixed with vegetables after measuring, to help increase acceptability to the baby.



Do not serve fin fish until parents/guardians have introduced this type of fish to their baby without any problems. Observe the baby closely when introducing fish because some babies can have allergic reactions. Closely examine fish for bones, and remove them before serving.

Some types of fish are not appropriate for babies. Do not feed any shellfish (e.g., shrimp, lobster, crab, crawfish, scallops, oysters and clams) to babies younger than 12 months. These fish can cause severe allergic reactions in some babies. Do not feed shark, swordfish, king mackerel or tilefish to babies. These fish can contain high levels of harmful mercury.

Some meat products should be avoided because they are higher in fat and lower in protein. These foods include hot dogs, sausage, bacon, bologna, salami, luncheon meats, other cured meat, fried meats, and the fat and skin trimmed from meats.

## EGG YOLKS

The CACFP infant meal pattern allows egg yolks for infants ages 8 months and older when they are developmentally ready.

CACFP facilities must handle eggs carefully, including proper refrigeration and cooking to reduce the possibility of contamination with harmful bacteria. Before cooking, wash eggs with water. Cook eggs thoroughly and hard cook the yolk to kill bacteria.

Never feed raw or undercooked eggs or foods or beverages containing these ingredients to babies or anyone else. They may contain salmonella bacteria that can cause illness.

*Effective October 1, 2017, the final rule allows whole eggs to credit as a meat alternate at breakfast and lunch/supper for infants ages 6-11 months who are developmentally ready.*



## CHEESE

Cheese may be introduced to infants ages 8 months and older when they are developmentally ready, and their parents/guardians request it.

- Regular cheese (such as natural cheddar, Colby or mozzarella) and cottage cheese are the best choices.
- Cheese food, cheese spread and pasteurized process cheese (e.g., American cheese) are generally higher in salt than regular cheese or cottage cheese.

Small thin slices or strips of cheese are easier and safer. Do not feed chunks of cheese, which can cause choking.

*Effective October 1, 2017, the final rule allows eliminates cheese foods and cheese spreads from the meat alternates component for infants ages 6-11 months,*



The CCCNS recommends serving only natural cheese to infants, instead of serving process cheese. Natural cheese is produced directly from milk such as cheddar, Colby, Monterey Jack and mozzarella. Process cheese includes pasteurized process cheese (e.g., American cheese), cheese food, cheese spread and cheese products, e.g., Velveeta and Cheez Whiz.

## YOGURT

Yogurt does not credit in the current CACFP infant meal pattern. CACFP facilities may serve small amounts of commercially prepared plain yogurt made from low-fat or whole milk to infants 8 months and older. The CACFP facility must also provide all required components in the infant meal pattern.

*Effective October 1, 2017, the final rule allows yogurt containing no more than 23 grams of sugar per 6 ounces to credit as a meat alternate for infants ages 6-11 months who are developmentally ready.*



## DRY BEANS OR PEAS

Any cooked dry beans and dry peas (legumes) such as kidney beans, lima beans, pinto beans or chickpeas may be served to infants ages 8 months and older when they are developmentally ready, and their parents/guardians request them. Serve small quantities (1 to 2 teaspoons) of mashed or pureed cooked legumes at first. Modify the texture of cooked legumes for babies. Cooked whole beans or peas could cause choking.



Home-prepared legumes are more economical and lower in sodium than commercially prepared canned beans. When using canned beans, drain the salty water and rinse the beans with clean water before preparing. As with any food, if a baby does not like beans, or appears to have difficulty digesting them, do not serve them.

## CREDITING COMMERCIAL BABY FOOD MEAT AND MEAT ALTERNATES

Table 24 indicates which commercial baby foods credit in the meat and meat alternates component of the CACFP infant meal pattern. Some products may include additional ingredients such as corn starch and lemon juice concentrate. Before serving commercial baby food meat products, child care staff should check with parents/guardians to be certain that an infant has tried a meat product without having any reactions to the meat, or any other ingredients that could cause a reaction. For more information on food allergies, see “[Food Allergies and Intolerances](#)” in section 7, and “Meal Pattern Substitutions for Food Allergies” in the CSDE’s *Accommodating Special Dietary Needs in CACFP Child Care Programs*.

### Commercially Prepared Combination Foods

Commercially prepared mixed or combination baby foods do not credit in the CACFP infant meal pattern. It is difficult to identify the required food components and prove that the amount of the food components in mixed baby foods meet the CACFP meal pattern requirements. Additionally, many commercially prepared baby food mixed products:

- contain other ingredients that could possibly cause an allergic reaction in those children with allergies;
- may have added sugar that may promote the development of tooth decay; and
- provide few nutrients.



Examples of combination baby foods include macaroni and cheese dinner, chicken and rice dinner, and beef and vegetables dinner.

Table 24. Crediting Meat and Meat Alternates in the CACFP Infant Meal Pattern

CREDITABLE	NONCREDITABLE
<ul style="list-style-type: none"> <li>Commercial plain strained baby food meats (including those with beef, chicken, turkey, lamb, veal and ham)</li> <li>Beech-Nut's "Stage 1 Classics" baby food meat products, including Beef &amp; Beef Broth, Chicken &amp; Chicken Broth, and Turkey &amp; Turkey Broth</li> <li>Gerber's "2nd Foods Meats" baby food meat products, including Beef and Beef Gravy, Chicken and Chicken Gravy, Ham and Ham Gravy, Lamb and Lamb Gravy, Turkey and Turkey Gravy and Veal and Veal Gravy <sup>1</sup></li> </ul> 	<ul style="list-style-type: none"> <li>Commercially prepared baby food mixed or combination dinners <sup>2</sup></li> <li>Meat sticks or "finger sticks" (look like miniature hot dogs) <sup>3</sup></li> <li>Hot dogs and sausages <sup>4</sup></li> <li>Home-canned meats (may contain harmful bacteria if not properly canned)</li> <li>Commercial fish sticks, other commercial breaded or battered fish or seafood products, canned fish with bones <sup>4</sup></li> <li>Yogurt <sup>5</sup></li> <li>Commercial baby food yogurt and fruit/vegetable blends</li> <li>Nuts, seeds, and nut or seed butters <sup>6</sup></li> </ul>

<sup>1</sup> Some of these foods include additional ingredients such as corn starch and lemon juice concentrate.

<sup>2</sup> The actual amount of various food components in the dinner is difficult to determine. Information on the exact percentage of ingredients is proprietary and not publicly available. Combination baby food dinners generally have less nutritional value by weight than single-ingredient meats mixed together with single-ingredient vegetables or fruits. Combination baby food dinners can be served as additional foods if the parent/guardian requests them. In this case, the CACFP facility must provide all required components in the infant meal pattern. For more information, see "[Responsibility to Provide Solids Foods](#)" in section 7.

<sup>3</sup> Meat sticks are intended to match the feeding skills of children older than 12 months. They are a choking risk for infants, even if they are chopped up before service.

<sup>4</sup> These foods are a choking risk for infants younger than 12 months. Hot dogs or similarly shaped products can cause choking, even when cut into round slices. Fish sticks and other breaded fish products may contain accidental bones.

<sup>5</sup> Yogurt can be served as an additional (noncreditable) food if a parent/guardian requests that it be served. In this case, the CACFP facility must provide all required components in the infant meal pattern. *Effective October 1, 2017, the final rule allows yogurt containing no more than 23 grams of sugar per 6 ounces to credit as a meat alternate for infants ages 6-11 months who are developmentally ready.*

<sup>6</sup> Nuts, seeds, and nut or seed butters can cause an infant to choke and can also cause allergic reactions in some infants.

## Bread and Crackers

The broad category of grains/breads in the CACFP meal pattern for children is not required for any meals in the CACFP infant meal pattern. The provisions of *Serving Sizes for Grains/Breads in the CACFP* apply only to children ages 1 and older in the CACFP meal pattern for children. For information, see the Grains/Breads section of the CSDE's *Crediting Foods in CACFP Child Care Programs*.

In the CACFP infant meal pattern, snack for ages 8-11 months includes the **option** of bread or cracker-type products (not “bread alternates”). These foods must be made from whole-grain or enriched meal or flour, and be suitable for an infant to use as finger food.

CACFP facilities may serve bread or crackers at snack or as an additional noncreditable food with meals throughout the day. Child care staff should consult with parents/guardians about bread and crackers being introduced at home so the CACFP facility can serve the same foods at the same time. At ages 8 or 9 months, babies enjoy having finger foods to practice picking them up. Bread and crackers may be introduced at ages 8 to 9 months because a baby's risk of intolerance to wheat decreases at this age.



*Effective October 1, 2017, the final rule requires bread and crackers to be whole grain-rich, enriched meal or enriched flour. Beginning October 1, 2019, serving sizes must comply with ounce equivalents for creditable grains.*

CACFP facilities should use the guidelines below when choosing bread and crackers for infant menus.

- Serve strips of dry bread or toast and crackers, small pieces of soft tortilla or soft pita bread or teething biscuits.
- Check the ingredients list on the food label to verify that products are made from whole-grain or enriched flour or meal. For information on identifying whole-grain and enriched products, see the Grains/Breads section of the CSDE's *Crediting Foods in CACFP Child Care Programs*.
- Choose plain crackers low in salt, such as soda crackers or graham crackers made without honey.
- Do not serve babies snack crackers that are highly seasoned or salted, or contain nuts or seeds.

The CSDE strongly recommends that any breads and crackers served to infants in the CACFP meet the CCCNS (see table 25). For more information, see the CSDE's *Action Guide for Child Care Nutrition and Physical Activity Policies*.

Table 25. CCCNS for Infants for Breads and Crackers

Serve whole-grain products most often. A serving of bread or crackers contains:

- less than 0.5 gram of trans fat and no partially hydrogenated oils;
- no more than 35 percent of calories from sugars and no artificial sweeteners, nonnutritive sweeteners or sugar alcohols; and
- no more than 200 milligrams of sodium.

## INAPPROPRIATE GRAIN AND BREAD PRODUCTS

As infants gradually develop their eating, chewing and swallowing skills, they need to be gradually introduced to a variety of foods during the first year of life. Therefore, some grains and breads are inappropriate for infants because they may:

- contain ingredients that could cause allergies, e.g., pancakes, waffles or muffins made with whole eggs;
- cause choking, e.g., hard pretzels, certain cookies, bread sticks, tortilla chips, granola bars, rice cakes, croutons, pieces of crunchy waffles, and many ready-to-eat breakfast cereals; and
- provide additional calories without being nutrient-dense foods, e.g., doughnuts, cake and brownies.

CACFP facilities should avoid serving these types of foods to babies.

## SERVING SIZE

CACFP facilities do not need to calculate the amount of bread or the numbers of crackers that constitute a serving size in the CACFP infant meal pattern. Since the serving size range starts at zero, any amount served will meet the meal requirements for these optional foods.

*Effective October 1, 2019, the final rule requires serving sizes for bread and crackers to comply with ounce equivalents for creditable grains.*



## CREDITING BREAD AND CRACKERS

Table 26 indicates which foods credit in the bread and crackers component of the CACFP infant meal pattern. If a CACFP facility serves any of these items, they must be prepared in a form that is suitable for an infant to use as finger food and reduces the chance of choking. An example is small thin strips of bread instead of a whole or half uncut hard bagel, English muffin, pita bread, wheat roll or soft tortilla.

CACFP facilities should only serve bread and crackers if a parent/guardian requests them, and has previously introduced them to the baby without any problems.

Table 26. Crediting Bread and Crackers in the CACFP Infant Meal Pattern <sup>1</sup>

CREDITABLE	NONCREDITABLE
<p>Bread</p> <ul style="list-style-type: none"> <li>● Breads (white, wheat, whole wheat, French, Italian and similar breads, all without nuts, seeds or hard pieces of whole-grain kernels)</li> <li>● Biscuits</li> <li>● Bagels (made without nuts, seeds or hard pieces of whole-grain kernels)</li> <li>● English muffins</li> <li>● Pita bread (white, wheat, whole wheat)</li> <li>● Rolls (white, wheat, whole wheat, all without nuts, seeds or hard pieces of whole-grain kernels)</li> <li>● Soft tortillas (wheat or corn)</li> </ul> <p>Cracker-type Products</p> <ul style="list-style-type: none"> <li>● Crackers               <ul style="list-style-type: none"> <li>○ saltines, low-salt crackers or snack crackers without nuts, seeds or hard pieces of whole-grain kernels</li> <li>○ matzo crackers</li> <li>○ animal crackers</li> <li>○ graham crackers made without honey <sup>2</sup></li> </ul> </li> <li>● Teething biscuits</li> <li>● Zwieback</li> </ul>	<ul style="list-style-type: none"> <li>● Pancakes, waffles and muffins</li> <li>● Hard pretzels, cookies, bread sticks, tortilla chips, granola bars, rice cakes</li> <li>● Croutons, pieces of crunchy waffles</li> <li>● Ready-to-eat cold breakfast cereals <sup>3</sup> and cooked breakfast cereals, e.g., oatmeal, cream of wheat</li> <li>● Doughnuts, cake and brownies</li> </ul>

<sup>1</sup> All crackers and breads must be made from whole-grain or enriched meal or flour. For information on identifying whole-grain and enriched products, see the grains/breads section of the CSDE's *Crediting Foods in CACFP Child Care Programs*.

<sup>2</sup> Never serve honey alone or in baked goods to infants younger than 1 year. For more information, see "Inappropriate Foods for Infants" in section 7.

<sup>3</sup> Effective October 1, 2017, the final rule allows ready-to-eat breakfast cereals containing no more than 6 grams of sugar per dry ounce to credit as a grain at snack for infants ages 6 through 11 months.



## 9 — Crediting Guide for Infant Foods

Meals served to children younger than 12 months must follow the CACFP infant meal pattern to receive CACFP reimbursement. For information on the CACFP infant meal pattern, see [table 3](#) in section 2.

Child care staff should work closely with parents/guardians when deciding what foods to serve infants. Good communication ensures coordination between what is being fed at home and in the child care setting.

The crediting guide for infant foods assists child care centers, family day care homes and emergency shelters with determining whether a food item credits in the infant meal pattern. When using the guide, CACFP facilities should note the information below.

- The crediting guide is not all-inclusive. It includes foods about which crediting inquiries are frequently made and foods that are often credited incorrectly.
- The use of brand name products does not constitute approval or endorsement by the CSDE or USDA. Product names are used solely for clarification.

For questions regarding the crediting of a particular item not included in the Crediting Guide for Infant Foods, contact the CSDE. For more information, see “[CSDE Contact Information](#)” at the beginning of this guide.



The CSDE strongly encourages all CACFP facilities to follow the CCCNS for all CACFP meals and snacks. The CCCNS provides the healthiest choices for infants and children in child care by promoting whole or minimally processed nutrient-rich foods that are low in fat, added sugars and sodium. **For more information on the CCCNS, see the CSDE's [Action Guide for Child Care Nutrition and Physical Activity Policies](#).**

Crediting Guide for Infant Foods				
Food Item	Creditable		Comments	Nutrition Information
	YES	NO		
Adult breakfast cereal		X	<p>See “Breakfast cereals, ready-to-eat” and “Breakfast cereals, cooked, e.g., farina, cream of wheat, oatmeal”</p> <p><i>Effective October 1, 2017, the final rule allows ready-to-eat breakfast cereals with no more than 6 grams of sugar per dry ounce to credit as a grain at snack for infants ages 6-11 months. To prevent choking, the texture and a consistency of ready-to-eat cereals must be appropriate for the age and development of the infant being fed.</i></p>	
Animal crackers, not whole grain or enriched		X		
Animal crackers, whole grain or enriched	X		<p>Animal crackers credit at snack for infants ages 8-11 months. Crackers must be whole-grain or enriched.</p> <p><i>Effective October 1, 2019, the final rule allows bread and crackers (whole grain-rich or enriched meal/flour) to credit for infants ages 6-11 months who are developmentally ready. Effective October 1, 2019, serving sizes for bread and crackers must comply with ounce equivalents for creditable grains.</i></p>	Read labels and choose varieties lowest in sugars and fat.
Beech-Nut baby cereal, e.g., rice single grain, oatmeal single grain, multigrain, oat & quinoa	X		<p>See “Cereals, iron-fortified infant”</p> <p><i>Effective October 1, 2017, the final rule requires solid foods at breakfast, lunch/ supper and snack for infants ages 6-11 months who are developmentally ready.</i></p>	These cereals contain <b>45 percent of infants’</b> daily value for iron.
Beech-Nut baby cereal, oatmeal & mixed fruit		X	See “Commercial baby food, mixed cereal and fruit”	

Crediting Guide for Infant Foods				
Food Item	Creditable		Comments	Nutrition Information
	YES	NO		
Beech-Nut breakfast on-the-go, yogurt & fruit blends, e.g., Yogurt & Strawberry, Yogurt, Banana & Strawberry, Yogurt, Banana & Mixed Berry Blend		X	See “Yogurt and fruit blends (commercial baby food)”	
Beech-Nut Fruities on-the-go, e.g., Apple, Mango & Carrot Puree, Apple, Peach & Strawberry Puree, Pear, Mango & Squash Puree	X		This product contains pureed fruits and vegetables.	Read ingredients. Some products contain lemon juice concentrate.
Beech-Nut Veggies on-the-go, e.g., Beet, Apple & Mango Blend, Squash, Peas & Pear Blend, Zucchini, Spinach & Banana Blend	X		This product contains pureed fruits and vegetables.	Read ingredients. Some products contain lemon juice concentrate.
Bread, not whole grain or enriched		X		
Bread, whole grain or enriched	X		Crusty whole-grain or enriched bread, including dry bread and toast, credits only at snack for infants ages 8-11 months.  <i>Effective October 1, 2019, the final rule allows bread and crackers (whole grain-rich or enriched meal/flour) to credit for infants ages 6-11 months who are developmentally ready. Effective October 1, 2019, serving sizes for bread and crackers must comply with ounce equivalents for creditable grains.</i>	Chose 100 percent whole-grain breads most often.

Crediting Guide for Infant Foods				
Food Item	Creditable		Comments	Nutrition Information
	YES	NO		
Breakfast cereals, ready-to-eat (cold)		X	<p>Ready-to-eat cold breakfast cereals (e.g., Cheerios, Kix and Rice Krispies) do not credit in the CACFP infant meal pattern. These cereals can be served as an additional noncreditable food item when an infant is developmentally ready and the parent/guardian requests them.</p> <p>When serving noncreditable foods, CACFP facilities must also provide all required components infant meal pattern. <b>For more information, see “<a href="#">Responsibility to Provide Solid Foods</a>” in section 7.</b></p> <p>Choose breakfast cereals that meet the CCCNS.</p> <p><i>Effective October 1, 2017, the final rule allows ready-to-eat breakfast cereals with no more than 6 grams of sugar per dry ounce to credit as a grain at snack for infants ages 6-11 months. To prevent choking, the texture and a consistency of ready-to-eat cereals must be appropriate for the age and development of the infant being fed.</i></p>	Iron and other nutrients in these cereals are intended to meet the needs of older children and adults rather than infants. Raisins, nuts and other hard pieces in these cereals may cause choking. Some ready-to-eat breakfast cereals are high in sugars and sodium.
Breakfast cereals, cooked, e.g., farina, cream of wheat, oatmeal		X	<p>Cooked breakfast cereals (e.g., oatmeal and farina) do not credit in the CACFP infant meal pattern. These cereals can be served as an additional noncreditable food item when an infant is developmentally ready and the parent/guardian requests them.</p> <p>When serving noncreditable foods, CACFP facilities must also provide all required components infant meal pattern. <b>For more information, see “<a href="#">Responsibility to Provide Solid Foods</a>” in section 7.</b></p> <p>Choose breakfast cereals that meet the CCCNS.</p>	Iron and other nutrients in these cereals are intended to meet the needs of older children and adults rather than infants. Some cooked breakfast cereals are high in sugars and sodium.

Crediting Guide for Infant Foods				
Food Item	Creditable		Comments	Nutrition Information
	YES	NO		
Breast milk	X		<p>Meals containing only breast milk may be claimed for infants from birth through 7 months. For infants ages 8 months and older, meals containing breast milk may be claimed when the CACFP facility is providing at least one other meal component. For more information, see <a href="#">“Meals Containing Only Breast Milk”</a> in section 3.</p> <p>Breast milk must be properly labeled and <b>identified with the child’s name, and the date that the milk was collected.</b> Breast milk identified for a particular child can only be served to that child, and must be stored and handled appropriately.</p>	Breast milk is the best food for infants. It provides energy and all the important nutrients in appropriate amounts for infants. The AAP recommends exclusive breastfeeding for at least the first six months.
Cereals, adult		X	<p><b>See “Breakfast cereals, ready-to-eat” and “Breakfast cereals, cooked, e.g., farina, cream of wheat, oatmeal”</b></p> <p><i>Effective October 1, 2017, the final rule allows ready-to-eat breakfast cereals with no more than 6 grams of sugar per dry ounce to credit as a grain at snack for infants ages 6-11 months. To prevent choking, the texture and a consistency of ready-to-eat cereals must be appropriate for the age and development of the infant being fed.</i></p>	
Cereals mixed with fruit (commercial mixed baby food)		X	<b>See “Commercial baby food, mixed cereal and fruit”</b>	
Cereals, iron-fortified infant	X		<p>Iron-fortified dry infant cereals are specially formulated for infants and are required by the CACFP infant meal pattern when the infant is developmentally ready. For more information, see <a href="#">“Infant Cereals”</a> in section 8.</p>	The iron in iron-fortified infant cereals is designed for infants to absorb easily.
Cereal and formula, mixed, commercial		X	<b>See “Infant cereal and formula, mixed commercial baby food”</b>	

Crediting Guide for Infant Foods				
Food Item	Creditable		Comments	Nutrition Information
	YES	NO		
Cheese, natural, e.g., brick, cheddar, Colby, Monterey Jack, mozzarella, muenster, provolone, Swiss, feta, brie	X		Natural cheese (produced directly from milk) is creditable when served at lunch/supper for infants ages 8-11 months.  <i>Effective October 1, 2017, the final rule allows cheese as a meat alternate for infants ages 6-11 months who are developmentally ready.</i>	Natural cheeses do not include pasteurized process cheese (e.g., American), pasteurized process cheese food, pasteurized process cheese spread or pasteurized process cheese products.
Cheese, pasteurized process cheese (e.g., pasteurized process American cheese, pasteurized process Swiss cheese, pasteurized process cheddar cheese)	X		Pasteurized process cheese is creditable when served at lunch/supper for infants ages 8-11 months.  The CCCNS recommends serving only natural cheese in the CACFP.  <i>Effective October 1, 2017, the final rule allows cheese as a meat alternate for infants ages 6-11 months who are developmentally ready.</i>	Process cheeses are generally high in fat and sodium.
Cheese, pasteurized process cheese food or cheese spread, e.g., Velveeta, Cheez Whiz	X		Cheese food and cheese spread credit at lunch/supper for infants ages 8-11 months.  The CCCNS recommends serving only natural cheese in the CACFP.  <i>Effective October 1, 2017, the final rule eliminates cheese foods and cheese spreads from the meat alternates component.</i>	Process cheese foods and cheese spreads are higher in moisture content and lower in protein and fat content than natural cheeses. Process cheese foods are often high in sodium. Look for lower sodium varieties.
Chocolate		X	Chocolate should not be served to infants younger than 1 year because it may cause allergic reactions.	

Crediting Guide for Infant Foods				
Food Item	Creditable		Comments	Nutrition Information
	YES	NO		
Combination dinners/foods (commercial baby food)		X	The amount of each component in combination baby foods is difficult to determine.  For developmentally ready infants, CACFP facilities can measure the appropriate amount of plain meat and plain vegetables, then mix together.	Commercial combination baby food dinners/foods have less nutritional value by weight than single ingredient foods.
Commercial baby food, mixed cereal and fruit		X	The amount of each component in combination baby foods is difficult to determine.  For developmentally ready infants, CACFP facilities can measure the appropriate amount of infant cereal and plain fruit, then mix together.	
Commercial baby food fruits	X		<b>See “Fruit, baby food (multiple fruit ingredients)” and “Fruit, baby food (single fruit ingredient)”</b>  <i>Effective October 1, 2017, the final rule requires a vegetable, fruit or both at breakfast, lunch/ supper and snack for infants ages 6-11 months who are developmentally ready.</i>	
Commercial baby food meat	X		<b>See “Meat, commercial baby food”</b>	
Commercial baby food vegetables	X		<b>See “Vegetables, baby food (multiple vegetable ingredients)” and “Vegetables, baby food (single vegetable ingredient)”</b>  <i>Effective October 1, 2017, the final rule requires a vegetable, fruit or both at breakfast, lunch/ supper and snack for infants ages 6-11 months who are developmentally ready.</i>	
Cottage cheese	X		Cottage cheese credits at lunch/supper for infants ages 8-11 months.  <i>Effective October 1, 2017, the final rule allows cottage cheese as a meat alternate at breakfast and lunch/ supper for infants ages 6-11 months who are developmentally ready.</i>	

Crediting Guide for Infant Foods				
Food Item	Creditable		Comments	Nutrition Information
	YES	NO		
Cookies, commercial or made from scratch		X	Cookies are generally high in fat and sugars. They fill up babies without providing essential nutrients. Sweetened foods can promote the development of tooth decay in babies.	
Crackers, not whole grain or enriched		X	Crackers must be made from whole-grain or enriched flour or meal, bran or germ.	
Crackers, whole grain or enriched	X		Crackers credit at snack only for developmentally ready infants ages 8-11 months. Crackers must be made from whole-grain or enriched flour or meal, bran or germ. They cannot contain nuts, seeds or hard pieces of whole-grain kernels.  <i>Effective October 1, 2017, the final rule allows bread and crackers to credit at snack for infants ages 6-11 months who are developmentally ready. Effective October 1, 2019, serving sizes for bread and crackers must comply with ounce equivalents for creditable grains.</i>	Choose whole-grain products most often. Some crackers are high in fat and sodium. Read labels and choose varieties that meet the CCCNS.
Desserts, baby food, commercial		X	Commercial baby foods in the dessert category do not credit in the infant meal pattern. These products generally have <b>“dessert” or “pudding” as part of the product name on the front of the label.</b> This includes commercial baby food desserts that list a fruit as the first ingredient. Most commercial baby foods labeled <b>“dessert” contain sugars, extenders and other nonfruit ingredients.</b>	Desserts may be high in sugars and fat and often contain less of the key nutrients needed by infants.

Crediting Guide for Infant Foods				
Food Item	Creditable		Comments	Nutrition Information
	YES	NO		
Egg, whole		X	Only egg yolk credits at lunch/supper for infants ages 8-11 months. CACFP facilities may serve commercial baby food egg yolk or properly cooked and prepared (pureed or mashed) egg yolk.  <i>Effective October 1, 2017, the final rule allows whole eggs to credit as a meat alternate at breakfast and lunch/ supper for infants ages 6-11 months who are developmentally ready.</i>	
Egg white		X	Egg whites may cause allergic reactions and should not be served to infants younger than 1 year.  <i>Effective October 1, 2017, the final rule allows whole eggs to credit as a meat alternate at breakfast and lunch/ supper for infants ages 6-11 months who are developmentally ready.</i>	
Egg yolk	X		Egg yolk credits at lunch/supper for infants ages 8-11 months. CACFP facilities may serve commercial baby food egg yolk or properly cooked and prepared (pureed or mashed) egg yolk.  <i>Effective October 1, 2017, the final rule allows whole eggs to credit as a meat alternate at breakfast and lunch/ supper for infants ages 6-11 months who are developmentally ready.</i>	
Farina		X	“Cereals, adult”	
Fat-free milk		X	See “Milk, fat-free (nonfat or skim)”	
Fish, e.g., cod, salmon, flounder, haddock	X		Fish credits at lunch/supper for infants ages 8-11 months.  <i>Effective October 1, 2017, the final rule allows fish to credit as a meat alternate at breakfast and lunch/ supper for infants ages 6-11 months who are developmentally ready.</i>	Fish should not be served until the parents/guardians have introduced it to the baby without any adverse reactions. Examine fish closely to ensure bones are removed.

Crediting Guide for Infant Foods				
Food Item	Creditable		Comments	Nutrition Information
	YES	NO		
Formula, follow-up (ages 6 months and older only)		X	Follow-up formulas are designed for older infants or toddlers consuming solid foods. These formulas credit only if an infant has a disability that restricts their diet, and the family provides a medical statement signed by recognized medical authority. For more information, see <a href="#">“Noncreditable Formulas”</a> in section 4.	Follow-up formulas are not intended for dietary use as a sole source food for infants.
Formula, iron-fortified or with iron (ready-to-eat or powdered)	X		Iron-fortified infant formulas (including soy-based formulas) are specially formulated for infants and are required by the CACFP infant meal pattern when the infant does not receive breast milk.  During the first year of life, the AAP recommends that the only acceptable alternative to breast milk is iron-fortified infant formula. For more information, see <a href="#">“Allowable Infant Formulas”</a> in section 4.  Reconstitute powdered formula according <b>to manufacturers’ instructions</b> . Proper sanitation procedures such as sanitary equipment and proper hand-washing procedures must be followed. For more information, see <a href="#">“Guidelines On Purchasing, Storing, Handling and Preparing Formula”</a> in section 4.	Iron-fortified infant formula contains 1 milligram or more of iron in a quantity of product that supplies 100 kilocalories when prepared in accordance with label directions for infant consumption. The label specifies the amount of iron in a product.
Formula, low-iron (ready-to-eat or powdered)		X	Low-iron formulas cannot credit in the CACFP infant meal pattern unless an infant has a disability that restricts their diet, and the family provides a medical statement signed by recognized medical authority. For more information, see <a href="#">“Noncreditable Formulas”</a> in section 4.	Low-iron infant formulas contain less than 1 milligram of iron per 100 kilocalories of formula. Infants need to receive an adequate amount of iron in the first year to maintain health.
Formula, powdered, iron-fortified or with iron	X		<b>See “Formula, iron-fortified or with iron (ready-to-eat or powdered)”</b>	

Crediting Guide for Infant Foods				
Food Item	Creditable		Comments	Nutrition Information
	YES	NO		
Fruit, dried or dehydrated		X	Dried fruit does not credit in the CACFP infant meal pattern. Dried fruit may cause choking. It must be cooked and pureed or mashed to the appropriate texture for an infant. <b>For more information, see “Fruits and Vegetables” in section 8.</b>	
Fruit, freeze dried		X	Freeze-dried fruit is the same as dried fruit and does not credit in the CACFP infant meal pattern. <b>See “Fruit, dried or dehydrated”</b>	
Fruit, fresh, frozen or canned	X		Fresh, frozen and canned fruits credit at lunch/supper for infants 4-7 months old, and at breakfast and lunch/supper for infants ages 8-11 months.  These foods may cause choking if not properly prepared. CACFP facilities must cook fruit, if necessary, and puree or mash it to the appropriate texture for an infant.  <b>For more information, see “Fruits and Vegetables” in section 8.</b>  <i>Effective October 1, 2017, the final rule requires a vegetable, fruit or both at breakfast, lunch/ supper and snack for infants ages 6-11 months who are developmentally ready.</i>	
Fruit, baby food (multiple fruit ingredients)	X		Plain commercial baby food fruits that contain multiple fruits and list a fruit as the first ingredient credit at lunch/supper for infants 4-7 months old, and at breakfast and lunch/supper for infants ages 8-11 months.  For more information, see <a href="#">table 20</a> in section 8.  <i>Effective October 1, 2017, the final rule requires a vegetable, fruit or both at breakfast, lunch/ supper and snack for infants ages 6-11 months who are developmentally ready.</i>	

Crediting Guide for Infant Foods				
Food Item	Creditable		Comments	Nutrition Information
	YES	NO		
Fruit, baby food (single fruit ingredient)	X		<p>Plain commercial baby food fruits that contain a single fruit and list that fruit as the first ingredient credit at lunch/supper for infants ages 4-7 months, and at breakfast and lunch/supper for infants ages 8-11 months.</p> <p>For more information, see <a href="#">table 20</a> in section 8.</p> <p><i>Effective October 1, 2017, the final rule eliminates fruit juice from the infant meal pattern, and requires a vegetable, fruit or both at snack for ages 6-11 months.</i></p>	
Fruit, baby food with docosahexaenoic acid (DHA)	X		<p><b>For more information, see “Baby Food Fruits and Vegetables with Docosahexaenoic Acid” in section 8.</b></p> <p><i>Effective October 1, 2017, the final rule requires a vegetable, fruit or both at breakfast, lunch/ supper and snack for infants ages 6-11 months who are developmentally ready.</i></p>	
Fruit and vegetable juice blend		X	<p>Only 100 percent fruit juices credit in the CACFP infant meal pattern. Fruit and vegetable juice blends do not credit.</p> <p><i>Effective October 1, 2017, the final rule eliminates fruit juice from the infant meal pattern, and requires a vegetable, fruit or both at snack for ages 6-11 months.</i></p>	
Fruit drink		X	<p>Fruit drinks do not credit in the CACFP infant meal pattern. Only 100 percent fruit juice credits in the infant meal pattern.</p>	Fruit drinks are high in added sugars.

Crediting Guide for Infant Foods				
Food Item	Creditable		Comments	Nutrition Information
	YES	NO		
Fruit juice, 100 percent	X		<p>Full-strength (100 percent) fruit juice (including infant and adult varieties) credits at snack for infants ages 8-11 months. Serve fruit juice to infants only when they are ready to drink juice from a <b>cup</b>. For more information, see <a href="#">“Fruit Juice from a Cup”</a> in section 6.</p> <p>Full-strength fruit juice is not creditable if it is diluted with water. For more information, see <a href="#">“Diluting Fruit Juice”</a> in section 8.</p> <p><i>Effective October 1, 2017, the final rule eliminates fruit juice from the infant meal pattern, and requires a vegetable, fruit or both at snack for ages 6-11 months.</i></p>	<p>Choose juices that are fortified with vitamin C.</p> <p>The CSDE does not recommend serving juice to infants younger than 12 months. Juice does not offer any nutritional benefits over whole fruits and vegetables. The AAP recommends that most fruits and vegetables come from whole food rather than juice. For more information, see the CCCNS in the <a href="#">CSDE’s Action Guide for Child Care Nutrition and Physical Activity Policies</a>.</p>
Fruit juice with yogurt, commercial baby food		X	Only full-strength 100 percent juice be credits in the CACFP infant meal pattern.	
Fruit punch drink		X	Fruit punch drink is not creditable. Juice must be 100 percent fruit juice to credit in the CACFP infant meal pattern.	Fruit punch drink is high in added sugars.
Fruit punch juice, 100 percent	X		<p>Fruit punch that is 100 percent full-strength juice credits at snack for infants ages 8-11 months.</p> <p><b>See “Fruit juice, 100 percent”</b></p> <p><i>Effective October 1, 2017, the final rule eliminates fruit juice from the infant meal pattern, and requires a vegetable, fruit or both at snack for ages 6-11 months.</i></p>	

Crediting Guide for Infant Foods				
Food Item	Creditable		Comments	Nutrition Information
	YES	NO		
Fruit snacks, e.g., fruit roll-ups, fruit wrinkles, fruit twists, fruit bars		X	Snack-type foods made from vegetables or fruits (such fruit snacks, roll-ups, wrinkles, twists and fruit leathers) do not credit as a vegetable or fruit.  Fruit snacks are a choking hazard for infants.	Fruit snacks do not have the nutritional value of whole fruit. They are not 100 percent fruit.  Most fruit snack products contain little or no fruit. They are usually made with juice from concentrates and other ingredients such as corn syrup, sugar, modified food starch, starch, fruit puree, gelatin, wax and artificial colors and flavors.
Gerber baby cereal, e.g., rice single grain, single grain oatmeal, organic single grain oatmeal, organic single grain whole wheat, multigrain	X		<b>See “Cereals, iron-fortified infant”</b> <i>Effective October 1, 2017, the final rule requires solid foods at breakfast, lunch/ supper and snack for infants ages 6-11 months who are developmentally ready.</i>	These cereals contain <b>45 percent of infants’</b> daily value for iron.
Gerber cereal, e.g., oatmeal & banana, oatmeal & peach apple, rice & banana apple		X	<b>See “Commercial baby food, mixed cereal and fruit”</b>	
Gerber Graduates animal crackers	X		This product contains whole wheat flour as the first ingredient.	Cookies are dessert-type items and are not appropriate for infants.
Gerber Graduates arrowroot cookies		X	<b>See “Cookies, commercial or made from scratch”</b>	Cookies are dessert-type items and are not appropriate for infants.

Crediting Guide for Infant Foods				
Food Item	Creditable		Comments	Nutrition Information
	YES	NO		
Gerber Graduates banana cookies		X	See “Cookies, commercial or made from scratch”	
Gerber Graduates Bitty Bites Multi-grain Nuggets, e.g., blueberry, strawberry		X	See “Cookies, commercial or made from scratch”	
Gerber Graduates Cereal bars, e.g., apple cinnamon, strawberry banana,		X	See “Cookies, commercial or made from scratch”	
Gerber Graduates Grabbers Fruit & Yogurt, e.g., tropical, very berry		X	See “Yogurt and fruit blends (commercial baby food)”	
Gerber Graduates Fruit & Veggie Melts Snack, e.g., truly tropical blend, very berry blend		X	These products are not a fruit or vegetable, and do not meet the requirements for any component of the CACFP infant meal pattern.	
Gerber Graduates Hearty Bits Multigrain Cereal, banana apple strawberry, strawberry raspberry		X	See “Commercial baby food, mixed cereal and fruit”	

Crediting Guide for Infant Foods				
Food Item	Creditable		Comments	Nutrition Information
	YES	NO		
Gerber Graduates Lil' Bits, e.g., oatmeal banana strawberry, whole wheat cereal apple blueberry,		X	These products are not a bread or cracker, and do not meet the requirements for any component of the CACFP infant meal pattern. The CACFP infant meal pattern allows only whole-grain or enriched bread or crackers at snack for infants ages 8-11 months who are developmentally ready. For more information, see <a href="#">"Crediting Bread and Crackers"</a> in section 8.	
Gerber Graduates Lil' Crunchies, e.g., apple & sweet potato, cinnamon maple, garden tomato, mild cheddar, ranch, veggie dip		X	These products are not a bread or cracker, and do not meet the requirements for any component of the CACFP infant meal pattern. The CACFP infant meal pattern allows only whole-grain or enriched bread or crackers at snack for infants ages 8-11 months who are developmentally ready. For more information, see <a href="#">"Crediting Bread and Crackers"</a> in section 8.	
Gerber Graduates Puffs Cereal Snack, e.g., apple cinnamon, banana, blueberry, peach, strawberry banana, sweet potato, vanilla		X	These products are not a bread or cracker, and do not meet the requirements for any component of the CACFP infant meal pattern. The CACFP infant meal pattern allows only whole-grain or enriched bread or crackers at snack for infants ages 8-11 months who are developmentally ready. For more information, see <a href="#">"Crediting Bread and Crackers"</a> in section 8.	
Gerber Graduates Yogurt Melts Freeze-dried Yogurt & Fruit Snacks, e.g., mixed berries, peach, strawberry		X	These products are not a fruit or vegetables, and do not meet the requirements for any component of the CACFP infant meal pattern. They are not intended for infants.	

Crediting Guide for Infant Foods				
Food Item	Creditable		Comments	Nutrition Information
	YES	NO		
Gerber Graduates Yogurt Melts Freeze-dried Yogurt & Fruit Snacks, Banana Vanilla		X	These products are not a fruit or vegetables, and do not meet the requirements for any component of the CACFP infant meal pattern.	
Gerber Graduates Waffle Wheels Puffed Grain Snack, Banana Cream		X	These products are not a bread or cracker. The CACFP infant meal pattern allows only whole-grain or enriched bread or crackers at snack for developmentally ready infants ages 8-11 months. For more information, see <a href="#">“Crediting Bread and Crackers”</a> in section 8.	
Gerber Graduates Wagon Wheels Puffed Grains with Real Apples, Apple Harvest		X	These products are not a bread or cracker. The CACFP infant meal pattern allows only whole-grain or enriched bread or crackers at snack for developmentally ready infants ages 8-11 months. For more information, see <a href="#">“Crediting Bread and Crackers”</a> in section 8.	
Gerber Graduates Lil’ Biscuits, Vanilla Wheat		X	These products are not a bread or cracker and they are not intended for infants. The CACFP infant meal pattern allows only whole-grain or enriched bread or crackers at snack for developmentally ready infants ages 8-11 months. For more information, see <a href="#">“Crediting Bread and Crackers”</a> in section 8.	
Gerber My 1st Puffs, Classic Rice-Wheat-Oat		X	These products are not a bread or cracker and they are not intended for infants. The CACFP infant meal pattern allows only whole-grain or enriched bread or crackers at snack for developmentally ready infants ages 8-11 months. For more information, see <a href="#">“Crediting Bread and Crackers”</a> in section 8.	

Crediting Guide for Infant Foods				
Food Item	Creditable		Comments	Nutrition Information
	YES	NO		
Gerber Organic Yogurt Melts Freeze-dried Yogurt Snacks, e.g., Red Berries, Banana Strawberry		X	These products are not a fruit or vegetable, and do not meet the requirements for any component of the CACFP infant meal pattern.	
Gerber Organic Puffs Puffed Grain Snack, e.g., Apple, Green Veggies		X	These products are not a bread or cracker, and do not meet the requirements for any component of the CACFP infant meal pattern. The CACFP infant meal pattern allows only whole-grain or enriched bread or crackers at snack for infants ages 8-11 months who are developmentally ready. For more information, see <a href="#">“Crediting Bread and Crackers”</a> in section 8.	
Graham crackers, made without honey, whole-grain or enriched	X		Whole-grain or enriched graham crackers credit at snack for infants ages 8-11 months.  Never serve graham crackers containing honey to infants younger than 1.  <b>See “Honey”</b>  <i>Effective October 1, 2017, the final rule allows bread and crackers to credit at snack for infants ages 6-11 months who are developmentally ready. Effective October 1, 2019, serving sizes for bread and crackers must comply with ounce equivalents for creditable grains.</i>	Read labels and choose varieties lowest in sugars and fat.
Home-canned infant foods		X	Home-canned infant foods cannot be served due to the risk of foodborne illness.	

Crediting Guide for Infant Foods				
Food Item	Creditable		Comments	Nutrition Information
	YES	NO		
Honey		X	Honey served alone or cooked or baked in products such as honey graham crackers cannot be served to infants younger than 1 year. Honey is sometimes contaminated with Clostridium botulinum spores. If a baby ingests these spores, they can produce a toxin that may cause a severe foodborne illness called infant botulism.	
Honey graham crackers		X	<b>See “Honey”</b>	
Hot dogs (frankfurters)		X	Hot dogs are not intended for infant consumption. Hot dogs may cause choking, even when cut into round slices.	
Infant cereal, iron-fortified	X		<b>See “Cereals, iron-fortified infant”</b> <i>Effective October 1, 2017, the final rule requires solid foods at breakfast, lunch/ supper and snack for infants ages 6-11 months who are developmentally ready.</i>	
Infant cereal and formula, mixed commercial baby food, e.g., Carnation brand		X	<p>Infant cereals that contain formula ingredients added by the manufacturer do not credit in the infant meal pattern. CACFP facilities can only serve infant <b>cereal that meets the definition of “any iron fortified dry cereal specially formulated for and generally recognized as cereal for infants that is routinely mixed with breast milk or iron-fortified infant formula prior to consumption,” and does not contain additional ingredients such as fruit or iron-fortified infant formula ingredients.</b></p> <p>An infant could potentially have an allergic reaction to the infant cereal with formula ingredients if the parent/guardian did not check whether the infant was allergic to the type of formula added to the cereal.</p> <p><b>For more information, see “Infant Cereals”</b> in section 8.</p>	

Crediting Guide for Infant Foods				
Food Item	Creditable		Comments	Nutrition Information
	YES	NO		
Infant cereal mixed with fruit (commercial baby food)		X	See “Commercial baby food, mixed cereal and fruit”	
Iron-fortified infant cereal	X		See “Cereals, iron-fortified infant” <i>Effective October 1, 2017, the final rule requires solid foods at breakfast, lunch/ supper and snack for infants ages 6-11 months who are developmentally ready.</i>	
Iron-fortified infant formula	X		See “Formula, iron-fortified or with iron”	
Juice, 100 percent	X		See “Fruit and vegetable juice blend,” “Fruit juice” or “Vegetable juice” <i>Effective October 1, 2017, the final rule eliminates fruit juice from the infant meal pattern, and requires a vegetable, fruit or both at snack for ages 6-11 months.</i>	
Legumes (dry or canned beans, dry peas), e.g., black beans, garbanzo beans/chick peas, kidney beans, pinto beans	X		Cooked dry beans and dry peas credit at lunch/supper for infants ages 8-11 months who are developmentally ready to eat them. Dry or canned legumes should be mashed or pureed to the appropriate texture for infants. Whole cooked legumes may cause choking in infants. <i>Effective October 1, 2017, the final rule requires solid foods at breakfast, lunch/ supper and snack for infants ages 6-11 months who are developmentally ready.</i>	
Matzo crackers, whole grain or enriched	X		Matzo crackers credit at snack for infants ages 8-11 months. Crackers must be whole-grain or enriched. <i>Effective October 1, 2019, the final rule allows bread and crackers (whole grain-rich or enriched meal/flour) to credit for infants ages 6-11 months who are developmentally ready. Effective October 1, 2019, serving sizes for bread and crackers must comply with ounce equivalents for creditable grains.</i>	Read labels and choose varieties lowest in sugars and fat.

Crediting Guide for Infant Foods				
Food Item	Creditable		Comments	Nutrition Information
	YES	NO		
Meat, commercial baby food	X		Plain commercial baby food meats credit at lunch/supper for infants ages 8-11 months who are developmentally ready to eat them. Fresh or frozen meats must be cooked thoroughly and prepared to the appropriate texture for infants, e.g., pureed, ground or finely chopped.  <i>Effective October 1, 2017, the final rule requires solid foods at breakfast, lunch/supper and snack for infants ages 6-11 months who are developmentally ready.</i>	Meats are an excellent source of protein, riboflavin, niacin, vitamin B <sub>6</sub> , copper and other nutrients.
Meat sticks (finger sticks)		X	Meat sticks are not intended for infant consumption. Meat sticks may cause choking.	
Milk, fat-free (nonfat or skim)		X	Fat-free (nonfat or skim) milk is not creditable for infants.	Fat-free milk should not be served to infants. Babies need adequate amounts of fat for normal growth and development.
Milk, low-fat (1%)		X	Low-fat milk is not creditable for infants.	Low-fat milk should not be served to infants. Babies need adequate amounts of fat for normal growth and development.
Milk, reduced-fat (2%)		X	Reduced-fat milk is not creditable for infants.	Reduced-fat milk should not be served to infants. Babies need adequate amounts of fat for normal growth and development.

Crediting Guide for Infant Foods				
Food Item	Creditable		Comments	Nutrition Information
	YES	NO		
Milk, whole		X	<p>Whole milk does not credit in the CACFP infant meal pattern. Whole milk only credits for infants younger than 12 months if the infant has a disability that restricts their diet, and the family provides a medical statement signed by recognized medical authority. For more information, see <a href="#">“Whole Cow’s Milk for Infants Younger Than 12 Months”</a> in section 4.</p> <p>During the first year of life, the AAP recommends that the only acceptable alternative to breast milk is iron-fortified infant formula.</p>	Whole milk, unlike breast milk and formula, does not contain all nutrients needed for an <b>infant’s growth and development</b> . Whole milk can place stress on <b>an infant’s kidneys</b> , cause allergic reactions and cause blood loss through the intestines, which can lead to iron deficiency anemia.
Nonfat milk		X	<b>See “Milk, fat-free (nonfat or skim) ”</b>	
Nuts		X	Nuts may cause choking and should not be served to infants.	
Oatmeal		X	Oatmeal is an adult cereal. It may be served as an additional noncreditable food if the infant is developmentally ready, and the parent/guardian requests it.	Some flavored varieties are high in added sugar.
Pasteurized process cheese food or cheese spread	X		<p><b>See “Cheese, pasteurized process cheese food or cheese spread”</b></p> <p><i>Effective October 1, 2017, the final rule eliminates cheese foods and cheese spreads from the meat alternates component for infants ages 6-11 months.</i></p>	
Peanut butter		X	Peanut butter or other nut or seed butters should not be served to children younger than 1 because it may cause choking.	

Crediting Guide for Infant Foods				
Food Item	Creditable		Comments	Nutrition Information
	YES	NO		
Saltine crackers, whole-grain or enriched	X		Saltine crackers credit at snack for infants ages 8-11 months if they are developmentally ready and the parent/guardian requests them.  <i>Effective October 1, 2019, the final rule allows bread and crackers (whole grain-rich or enriched meal/flour) to credit for infants ages 6-11 months who are developmentally ready. Effective October 1, 2019, serving sizes for bread and crackers must comply with ounce equivalents for creditable grains.</i>	Read labels and choose no sodium or low-sodium varieties.
Seeds		X	Seeds may cause choking in infants.	
Shellfish		X	Shellfish may cause allergic reactions in infants younger than 1 year.	
Skim milk		X	<b>See “Milk, fat-free (nonfat or skim)”</b>	
Sunflower seed butter		X	<b>See “Peanut butter”</b>	
Soy formula, iron-fortified	X		<b>See “Formula, iron-fortified or with iron”</b>	
Soy formula, low-iron		X	<b>See “Formula, low- iron”</b>	
Teething biscuits, not whole-grain or enriched		X	Teething biscuits must be made from whole-grain or enriched flour or meal, bran or germ.	
Teething biscuits, whole-grain or enriched	X		Teething biscuits are intended for infants.  <i>Effective October 1, 2017, the final rule allows bread and crackers to credit at snack for infants ages 6-11 months who are developmentally ready. Effective October 1, 2019, serving sizes for bread and crackers must comply with ounce equivalents for creditable grains.</i>	

Crediting Guide for Infant Foods				
Food Item	Creditable		Comments	Nutrition Information
	YES	NO		
Vegetables, fresh, frozen or canned	X		<p>Fresh, frozen or canned vegetables should be cooked and pureed or mashed to the appropriate texture for infants. Raw vegetables are not recommended for infants because they may cause choking.</p> <p><i>Effective October 1, 2017, the final rule requires a vegetable, fruit or both at breakfast, lunch/ supper and snack for infants ages 6-11 months who are developmentally ready.</i></p>	Canned vegetables may be high in sodium. Read labels and choose varieties with no or little sodium.
Vegetables, baby food (multiple vegetable ingredients)	X		<p>Plain commercial baby food vegetables that contain multiple vegetables and list a vegetable as the first ingredient credit at lunch/supper for infants ages 4-7 months, and at breakfast and lunch/supper for infants ages 8-11 months.</p> <p>For more information, see <a href="#">table 20</a> in section 8.</p> <p><i>Effective October 1, 2017, the final rule requires a vegetable, fruit or both at breakfast, lunch/ supper and snack for infants ages 6-11 months who are developmentally ready.</i></p>	
Vegetables, baby food (single vegetable ingredient)	X		<p>Plain commercial baby food vegetables that contain a single vegetable as the first ingredient credit at lunch/supper for infants ages 4-7 months old, and at breakfast and lunch/supper for infants ages 8-11 months.</p> <p>For more information, see <a href="#">table 20</a> in section 8.</p> <p><i>Effective October 1, 2017, the final rule requires a vegetable, fruit or both at breakfast, lunch/ supper and snack for infants ages 6-11 months who are developmentally ready.</i></p>	
Vegetables, baby food with docosahexaenoic acid (DHA)	X		<p><b>For more information, see “<a href="#">Baby Food Fruits and Vegetables with Docosahexaenoic Acid</a>” in section 8.</b></p> <p><i>Effective October 1, 2017, the final rule requires a vegetable, fruit or both at breakfast, lunch/ supper and snack for infants ages 6-11 months who are developmentally ready.</i></p>	

Crediting Guide for Infant Foods				
Food Item	Creditable		Comments	Nutrition Information
	YES	NO		
Vegetables, baby food with modified food starch	X		<p>If a baby food product contains modified food starch and water is not the first ingredient, the product is creditable.</p> <p><i>Effective October 1, 2017, the final rule requires a vegetable, fruit or both at breakfast, lunch/ supper and snack for infants ages 6-11 months who are developmentally ready.</i></p>	Commercial baby food fruits with modified food starch generally have less nutritional value and may contain less fruit by weight than commercial baby food fruits without modified food starch. They also often contain a concentrated sweetener.
Vegetables, dried or dehydrated		X	Dried vegetables do not credit in the CACFP infant meal pattern. Dried vegetables may cause choking. They must be cooked and pureed or mashed to the appropriate texture for an infant.	
Vegetables, freeze dried		X	<p>Freeze-dried vegetables are the same as dried vegetables.</p> <p><b>See “Vegetables, dried or dehydrated”</b></p>	
Vegetables, high in nitrates, home prepared, e.g., beets, carrots, collard greens, spinach and turnips		X	<p>Home-prepared vegetables that are high in nitrites should only be fed to babies ages 6 months and older. Commercially prepared baby food spinach, beets and carrots contain only traces of nitrate and are not considered a risk to babies younger than 6 months.</p> <p><b>For more information, see “Avoid Home-prepared Vegetables High in Nitrates” in section 8.</b></p>	
Vegetable juice		X	<p>Only 100 percent fruit juices credit in the CACFP infant meal pattern Vegetable juice does not credit.</p> <p><i>Effective October 1, 2017, the final rule eliminates fruit juice from the infant meal pattern, and requires a vegetable, fruit or both at snack for ages 6-11 months.</i></p>	Vegetable juice can be high in sodium.

Crediting Guide for Infant Foods				
Food Item	Creditable		Comments	Nutrition Information
	YES	NO		
Yogurt, plain, made from low-fat or whole milk		X	Yogurt does not credit in the CACFP infant meal pattern. CACFP facilities can serve plain yogurt as an additional noncreditable food if an infant is developmentally ready infant and the parent/guardian requests it.  <i>Effective October 1, 2017, the final rule allows yogurt containing no more than 23 grams of sugar per 6 ounces to credit as a meat alternate for infants ages 6-11 months who are developmentally ready.</i>	Yogurt is a nutrient-rich food but flavored yogurt is often high in added sugars. Limit added sugars by serving only plain yogurt sweetened with mashed fruit. Alternatively, mix equal parts of plain yogurt with a sweetened yogurt that contains no more than 4 grams of sugars per ounce.
Yogurt and fruit blends (commercial baby food)		X	Commercial yogurt and fruit blends do not credit in the CACFP infant meal pattern. Yogurt is not a creditable food, and it is difficult to determine the amount of fruit.  For developmentally ready infants, CACFP facilities can measure the appropriate amount of plain fruit, then mix with plain yogurt.	
Zwieback, not whole-grain or enriched		X	<b>See “Crackers, not whole-grain or enriched”</b>	
Zwieback, whole-grain or enriched	X		<b>See “Bread, whole-grain or enriched”</b>  <i>Effective October 1, 2019, the final rule allows bread and crackers (whole grain-rich or enriched meal/flour) to credit for infants ages 6-11 months who are developmentally ready. Effective October 1, 2019, serving sizes for bread and crackers must comply with ounce equivalents for creditable grains.</i>	

## 10 — Resources

This section includes links to federal and state Web sites, guides, policy memoranda, and the CSDE’s guides, resource lists, forms, and handouts.

### CSDE FORMS AND HANDOUTS

*Accepting/Rejecting Infant Formula in the CACFP*

[www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/cacfp/infants/formulaform.pdf](http://www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/cacfp/infants/formulaform.pdf)

*Bottle Feeding Infants*

[www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/cacfp/infants/bottlefeed.pdf](http://www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/cacfp/infants/bottlefeed.pdf)

*Weekly Infant Menu Form 1 (Five Days)*

[www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/cacfp/infants/infantmf1.pdf](http://www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/cacfp/infants/infantmf1.pdf)

[www.sde.ct.gov/sde/lib/sde/word\\_docs/deps/nutrition/cacfp/infants/infantmf1.doc](http://www.sde.ct.gov/sde/lib/sde/word_docs/deps/nutrition/cacfp/infants/infantmf1.doc)

*Weekly Infant Menu Form 2 (Seven Days)*

[www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/cacfp/infants/infantmf2.pdf](http://www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/cacfp/infants/infantmf2.pdf)

[www.sde.ct.gov/sde/lib/sde/word\\_docs/deps/nutrition/cacfp/infants/infantmf2.doc](http://www.sde.ct.gov/sde/lib/sde/word_docs/deps/nutrition/cacfp/infants/infantmf2.doc)

*Preventing Choking in Infants and Young Children*

[www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/cacfp/infants/preventchoking.pdf](http://www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/cacfp/infants/preventchoking.pdf)

## CSDE GUIDES

*Action Guide for Child Care Nutrition and Physical Activity Policies*

[www.sde.ct.gov/sde/cwp/view.asp?a=2678&q=322594](http://www.sde.ct.gov/sde/cwp/view.asp?a=2678&q=322594)

*Guidelines for Feeding and Swallowing Programs in Schools*

[www.sde.ct.gov/sde/lib/sde/pdf/deps/special/feeding\\_and\\_swallowing.pdf](http://www.sde.ct.gov/sde/lib/sde/pdf/deps/special/feeding_and_swallowing.pdf)

*Guidelines for Managing Life-threatening Food Allergies in Connecticut Schools*

[www.sde.ct.gov/sde/cwp/view.asp?a=2663&q=334632](http://www.sde.ct.gov/sde/cwp/view.asp?a=2663&q=334632)

*Nutrition Policies and Guidance for the CACFP*

- *Accommodating Special Diets in CACFP Child Care Programs:*  
[www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=322326#special](http://www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=322326#special)
- *Crediting Foods in CACFP Child Care Programs:*  
[www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=322326#crediting](http://www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=322326#crediting)
- *Feeding Infants in CACFP Child Care Programs:*  
[www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=322326#infants](http://www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=322326#infants)
- *Food Safety in CACFP Child Care Programs:*  
[www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=322326#safety](http://www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=322326#safety)
- *Healthy Meals in CACFP Child Care Programs*  
[www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=322326#healthymeals](http://www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=322326#healthymeals)
- *Meal Pattern Requirements in CACFP Child Care Programs*  
[www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=322326#mealpattern](http://www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=322326#mealpattern)

## CSDE RESOURCE LISTS

The CSDE resource lists are available on the CSDE's [Resources for School Nutrition Programs](http://www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=333786) Web page at [www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=333786](http://www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=333786).

- *Nutrition Resources:* This list contains online resources related to nutrition guidelines and information, menu planning and food production, special diets, food safety and the USDA Child Nutrition Programs.
- *Healthy School Environment Resources:* This list contains online resources to assist USDA programs with promoting healthy eating and physical activity.

## WEB SITES

CACFP (CSDE):

[www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=321576](http://www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=321576)

CACFP Resources (USDA):

<http://healthymeals.nal.usda.gov/resource-library/child-nutrition-program-resources/child-and-adult-care-food-program>

Child Nutrition (USDA):

<https://fnic.nal.usda.gov/lifecycle-nutrition/child-nutrition>

Child Nutrition Programs (CSDE):

[www.sde.ct.gov/sde/cwp/view.asp?a=2626&Q=320670](http://www.sde.ct.gov/sde/cwp/view.asp?a=2626&Q=320670)

Food Labeling (USDA):

<https://fnic.nal.usda.gov/food-labeling>

Forms for CACFP Centers (CSDE):

[www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=333810](http://www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=333810)

Forms for CACFP Homes (CSDE):

[www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=333826](http://www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=333826)

Licensing Statutes and Regulations (Connecticut Office of Early Childhood):

[www.ct.gov/oec/cwp/view.asp?a=4542&q=545996](http://www.ct.gov/oec/cwp/view.asp?a=4542&q=545996)

Manuals and Guides (CSDE):

[www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=334690](http://www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=334690)

Menu Planning (CSDE):

[www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=333780](http://www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=333780)

Menu Planning (USDA):

<http://healthymeals.nal.usda.gov/menu-planning-0>

Nutrition Education Resources (CSDE):

[www.sde.ct.gov/sde/cwp/view.asp?a=2678&q=333798](http://www.sde.ct.gov/sde/cwp/view.asp?a=2678&q=333798)

Nutrition Policies and Guidance for the CACFP (CSDE):

[www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=322326](http://www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=322326)

Operational Memos for the CACFP (CSDE):

[www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=333794](http://www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=333794)

Preschool Nutrition (USDA):

<https://fnic.nal.usda.gov/lifecycle-nutrition/preschool-nutrition>

Program Guidance for the CACFP (CSDE):

[www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=333814](http://www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=333814)

Recipes and Meal Planning (USDA):

<https://fnic.nal.usda.gov/lifecycle-nutrition/vegetarian-nutrition/recipes-and-meal-planning>

Recipes for Child Care Providers (USDA):

<http://healthymeals.nal.usda.gov/recipes/recipes-child-care-providers>

Resources for CACFP Child Care (CSDE):

[www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=333812](http://www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=333812)

Toddler Nutrition (USDA):

<https://fnic.nal.usda.gov/lifecycle-nutrition/toddler-nutrition>

## USDA REGULATIONS AND POLICY

CACFP Policy Memos (USDA):

[www.fns.usda.gov/cacfp/policy](http://www.fns.usda.gov/cacfp/policy)

CACFP Regulations (USDA):

[www.fns.usda.gov/cacfp/regulations](http://www.fns.usda.gov/cacfp/regulations)

*Child and Adult Care Food Program: Meal Pattern Revisions Related to the Healthy, Hunger-Free Kids Act of 2010 (81 FR 24348)*, April 25, 2016. <https://www.gpo.gov/fdsys/pkg/FR-2016-04-25/pdf/2016-09412.pdf>

CSDE Operational Memorandum 4A-16, 5C-16 and 5H-16: *New Meal Pattern Requirements for the Child and Adult Care Food Program (CACFP)*.

[www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/cacfp/memos/memos16/OM04A16\\_05C16\\_05H16.pdf](http://www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/cacfp/memos/memos16/OM04A16_05C16_05H16.pdf)

CSDE Operational Memorandum 3A-16, 4C-16 and 4H-16: *Statements Supporting Accommodations for Children with Disabilities in the Child Nutrition Programs*.

[www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/cacfp/memos/memos16/OM03A16\\_04C16\\_04H16.pdf](http://www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/cacfp/memos/memos16/OM03A16_04C16_04H16.pdf)

*Final Rule: Child and Adult Care Food Program: Meal Pattern Revisions Related to the Healthy, Hunger-Free Kids Act of 2010*: [www.gpo.gov/fdsys/pkg/FR-2016-04-25/pdf/2016-09412.pdf](http://www.gpo.gov/fdsys/pkg/FR-2016-04-25/pdf/2016-09412.pdf)

Nutrition Standards for CACFP Meals and Snacks (USDA):

[www.fns.usda.gov/cacfp/meals-and-snacks](http://www.fns.usda.gov/cacfp/meals-and-snacks)

USDA Memo CACFP 14-2015 (v.2): *Infant Feeding in the CACFP – Revised*. U.S.

Department of Agriculture, June 24, 2015.

[www.fns.usda.gov/sites/default/files/sfsp/CACFP14\\_2015V2os.pdf](http://www.fns.usda.gov/sites/default/files/sfsp/CACFP14_2015V2os.pdf)

## Glossary

**added sugars:** Sugars and syrups added to foods in processing or preparation, as opposed to the naturally occurring sugars found in foods like fruits, vegetables, grains and dairy products. Names for added sugars include brown sugar, corn sweetener, corn syrup, dextrose, fructose, fruit juice concentrates, glucose, high-fructose corn syrup, honey, invert sugar, lactose, malt syrup, maltose, molasses, raw sugar, sucrose, sugar, and syrup.

**administrative review:** A periodic review of an institution’s operations by the Connecticut State Department of Education to monitor CACFP performance and assess compliance with all USDA regulations.

**arachidonic acid (ARA):** A fatty acid added to infant formula. ARA is naturally found in breast milk and help supports brain and eye development. Iron-fortified infant formula with ARA is allowable in the CACFP if it meets the USDA criteria for infant formula. For more information, see “[Allowable Infant Formulas](#)” in section 4.

**artificial sweeteners:** Ingredients with little or no calories used as sugar substitutes to sweeten foods and beverages. Artificial sweeteners are hundreds of times sweeter than sugar. Common artificial sweeteners include acesulfame potassium (Acesulfame-K, Sunett, Sweet & Safe, Sweet One), aspartame (NutraSweet, Equal), neotame, saccharin (Sweet and Low, Sweet Twin, Sweet ‘N Low Brown, Necta Sweet), sucralose (Splenda), and tagatose. These nonnutritive sweeteners are calorie-free, except for aspartame, which is very low in calories. The CSDE strongly recommends that foods with these ingredients are not served in the CACFP. The CCCNS do not allow foods or beverages with these ingredients. For more information, see “Connecticut Child Care Nutrition Standards” and “nonnutritive sweeteners” in this section.

**Child and Adult Care Food Program (CACFP):** The USDA’s federally assisted meal program providing nutritious meals and snacks to children in child care centers, family day care homes and emergency shelters and snacks and suppers to children participating in eligible at-risk afterschool care programs. The program also provides meals and snacks to adults who receive care in nonresidential adult day care centers. For more information, see the USDA’s [CACFP Web page](#).

**CACFP facilities:** Child care centers, family day care homes, emergency shelters, and at-risk afterschool care centers that participate in the USDA Child and Adult Care Food Program. Note: At-risk afterschool care centers serve only school-age children. The CACFP infant meal pattern does not apply to these centers.

**CACFP meal pattern for children:** The required food components and minimum serving sizes that facilities participating in the CACFP must provide to children ages 1-12 to receive federal reimbursement for meals (breakfast, lunch, and supper) and snacks served to children. (Note: Emergency shelters can serve CACFP meals to residents ages 18 and younger and to children of any age who have disabilities. At-risk afterschool care centers can serve CACFP snacks to students ages 18 or younger.) For more information, see the CACFP Meal Pattern for Children in the CSDE’s [Meal Pattern Requirements for CACFP Child Care Programs](#).

**CACFP meal pattern for infants:** The required food components and minimum serving sizes that facilities participating in the CACFP must provide to infants from birth through 11 months to receive federal reimbursement for meals (breakfast, lunch, and supper) and snacks served to infants. For more information, see the CACFP infant meal pattern in [table 3](#) of section 2.

**CACFP sponsor:** A public or private nonprofit organization that is entirely responsible for the administration of the CACFP in one or more day care homes, child care centers, emergency shelters or at-risk afterschool care centers. In some situations, for-profit institutions may also be eligible to participate in the CACFP. For more information, see Section 226.2 in the CACFP regulations ([7 CFR 226](#)).

**cereal grains:** The seeds that come from grasses. Cereal grains can be whole grain (such as amaranth, barley, buckwheat, corn, millet, oats, quinoa, rice, rolled wheat, rye, sorghum, triticale, wheat and wheat berries) or enriched, such as cornmeal, corn grits and farina.

**Child Nutrition Programs:** The USDA’s federally funded programs that provide nutritious meals and snacks to children, including the National School Lunch Program (NSLP), School Breakfast Program (SBP), Afterschool Snack Program, Special Milk Program (SMP), Summer Food Service Program (SFSP), Seamless Summer Option (SSO) of the NSLP, Fresh Fruit and Vegetable Program (FFVP), and Child and Adult Care Food Program (CACFP). The CACFP also provides nutritious meals and snacks to the frail elderly in adult day care centers. For more information, see the CSDE’s [Child Nutrition Programs](#) Web page.

**Connecticut Child Care Nutrition Standards (CCCNS):** The CSDE’s guidelines for the nutritional content of all foods and beverages served throughout the child care environment, including CACFP meals and snacks, celebrations and any other activities where foods and beverages are provided by the child care program or families. The CCCNS reflects current nutrition science and national health recommendations, and promotes whole or minimally processed nutrient-rich foods that are low in fat, added sugars, and sodium. The CCCNS eliminates foods and beverages that do not contribute to the CACFP meal pattern, e.g., potato chips, ice cream, frozen novelties, pudding, gelatin, candy, bacon, cream cheese, soda, lemonade, and fruit-flavored drinks. Foods that are creditable in the CACFP meal pattern for children but contain little nutritional value are also eliminated, such as sweetened grain-based desserts (e.g., cakes, cookies, doughnuts and brownies), grain-based snack chips (e.g., tortilla chips, corn chips, and multi-grain chips), fried or baked pre-fried vegetables (e.g., french fries and potato puffs) and fried, baked pre-fried or high-fat meats and meat alternates (e.g., chicken nuggets, fish sticks, processed luncheon meats, full-fat cheeses, and process cheese foods. For more information, see the CSDE’s [Action Guide for Child Care Nutrition and Physical Activity Policies](#).

**docosahexaenoic acid (DHA):** An omega-3 fatty acid that may be added to commercially prepared baby food fruits or vegetables and to iron-fortified infant formula. Baby food with DHA is allowable. Iron-fortified infant formula with DHA is allowable in the CACFP if it meets the USDA criteria for infant formula. For more information, see “[Baby Food Fruits and Vegetables with Docosahexaenoic Acid \(DHA\)](#)” in section 8, and “[Allowable Infant Formulas](#)” in section 4

**enriched grains:** Refined grains (such as wheat, rice and corn) and grain products (such as cereal, pasta and bread) that have some vitamins and minerals added to replace the nutrients lost during processing. The five enrichment nutrients are added within limits specified by the FDA, and include thiamin (B<sub>1</sub>), riboflavin (B<sub>2</sub>), niacin (B<sub>3</sub>), folic acid and iron. For more information, see “Identifying Enriched Grains” in the CSDE’s *Crediting Foods in CACFP Child Care Programs*.

**enrichment:** Adding back nutrients (usually vitamins or minerals) originally present in a food that were lost during processing. Enrichment nutrients are added back in approximately the same levels as were originally present in the food. For more information, see “enriched grains” in this section.

**enrolled child (infant):** A child (infant) whose parent or guardian has submitted to an institution a signed document that indicates the child (infant) is enrolled for child care.

**exempt infant formulas:** Special infant formulas intended for use by babies who have an inborn error of metabolism or low birth weight, or who otherwise have an unusual medical or dietary problem. For more information, see “Exempt Infant Formulas” in section 4.

**extra foods:** See “noncreditable foods” in this section.

**flour:** Finely ground and sifted wheat or other grains, such as rye, corn, rice or buckwheat.

**food components:** The food groups that comprise the reimbursable CACFP infant meal, including breast milk or iron-fortified infant formula, infant cereals, fruits and vegetables, meat and meat alternates, and bread and crackers. For more information on the individual food components, see the CACFP infant meal pattern in [table 3](#) of section 2, and the corresponding section of the crediting foods guide in [section 8](#).

**fortification:** Adding nutrients (usually vitamins or minerals) that were not originally present in a food or beverage or adding nutrients at levels that are higher than originally present. Fortification is used both for naturally nutrient-rich products based on scientifically documented health needs (e.g., fortifying milk with vitamin D to increase the body’s absorption of calcium), and to enhance the perceived nutritional value of products with little or no natural nutritional value, e.g., fortifying “energy” bars made from processed flour with multiple vitamins and minerals. Fortification nutrients are added to products in varying amounts, from small percentages up to amounts greater than recommended intakes. For more information, see the CSDE’s *Crediting Foods in CACFP Child Care Programs*.

**full-strength fruit or vegetable juice:** An undiluted product obtained by extraction from sound fruit. Full-strength juice may be fresh, canned, frozen or reconstituted from concentrate and may be served in either liquid or frozen state or as an ingredient in a recipe. The name of the full-strength fruit juice on the label must include one of the following terms: “juice,” “full-strength juice,” “100 percent juice,” “reconstituted juice,” or “juice from concentrate.” For more information, see the CSDE’s *Crediting Foods in CACFP Child Care Programs*.

**hydrogenated oils:** Oils that have undergone hydrogenation, a chemical process that adds hydrogen and changes the structure of unsaturated fatty acids to increase shelf life and flavor stability. Hydrogenation turns oils that are liquid at room temperature into solids, e.g., shortening and margarine. Oils can be either completely or partially hydrogenated. Partial hydrogenation results in the formation of trans fat, a type of fat that increases the risk for cardiovascular disease. Partially hydrogenated oils are listed in the ingredients, e.g., partially hydrogenated cottonseed oil and partially hydrogenated soybean oil. For more information, see “trans fat” in this section.

**infant cereal:** Per CACFP regulations (7 CFR 226.2), infant cereal is any iron-fortified dry cereal specially formulated for and generally recognized as cereal for infants that is routinely mixed with breast milk or iron-fortified infant formula before consumption.

**infant formula:** The Federal Food, Drug, and Cosmetic Act (21 U.S.C. 321(z)) defines infant formula as a food that purports to be or is represented for special dietary use solely as a food for infants by reason of its simulation of human milk or its suitability as a complete or partial substitute. There are currently two types of infant formula available in the United States, either “iron-fortified” or “low-iron.” For more information, see “iron-fortified infant formula” and “low-iron infant formula” in this section.

**iron-fortified infant formula:** A formula that meets the Food and Drug Administration’s definition under 21 CFR 107.10(b)(4) (i) that it “contains 1 milligram or more of iron in a quantity of product that supplies 100 kilocalories when prepared in accordance with label directions for infant consumption.” The formula label must state “with iron” or “iron fortified.” The AAP recommends formula-fed infants receive iron-fortified infant formula to prevent iron-deficiency anemia. For more information, see “[Allowable Infant Formulas](#)” in section 4.

**juice drink:** A product resembling juice that contains full-strength juice along with added water and possibly other ingredients, such as sweeteners, spices or flavorings. Juice drinks cannot be counted toward meeting meal pattern requirements.

**licensed physician:** A doctor of medicine or osteopathy.

**low-iron infant formula:** A formula that contains less than 1 milligram of iron per 100 kilocalories. Low-iron formulas cannot credit in the CACFP infant meal pattern unless they are required by a signed medical statement from a recognized medical authority. For more information, see “[Other Formulas](#)” in section 4.

**meal:** A grain made by coarsely grinding corn, oats, wheat or other grains.

**meals:** See “reimbursable meals” in this section.

**meal pattern:** The required food components and minimum serving sizes that institutions participating in the CACFP must provide to receive federal reimbursement for meals and snacks served to infants. For more information, see the CACFP infant meal pattern in [table 3](#) of section 2.

**meat alternates:** Meat alternates for infants include cheese, egg yolk, and cooked dry beans or peas (legumes).

**menu of record:** The official menu that documents exactly what is served each day in the CACFP facility. This provides a record of the meal pattern components and portion sizes served to all enrolled children and infants, and provides documentation for the number of CACFP meals claimed for reimbursement. For more information, see the CSDE’s [Meal Pattern Requirements for CACFP Child Care Programs](#).

**methemoglobinemia:** A blood disorder in which an abnormal amount of hemoglobin (the oxygen-carrying molecule found in red blood cells) builds up in the blood. This condition can be inherited and can also occur in infants who are very ill or who are fed too many vegetables containing nitrates, such as beets, carrots, collard greens, spinach and turnips. In some cases of methemoglobinemia, the hemoglobin is unable to carry oxygen effectively to body tissues.

**modified food starch:** A food additive used as a thickening agent, stabilizer or emulsifier. Modified food starch is sometimes added to baby foods. For more information, see “[Baby Food Fruits and Vegetables with Modified Food Starch](#)” in section 8.

**natural:** For the purposes of food labeling, “natural” means that the food does not contain added colors, artificial flavors or synthetic substances. However, it does not necessarily mean that a product is healthier or more nutritious. While the FDA allows manufacturers to use this term if a product meets these requirements, the FDA has not developed a definition for use of the term natural or its derivatives. For more information, see the FDA’s “[What is the meaning of ‘natural’ on the label of food?](#)”

**natural cheese:** Cheese that is produced directly from milk such as cheddar, Colby, Monterey Jack, mozzarella, muenster, provolone, Swiss, feta and brie. Natural cheese also includes pasteurized blended cheese that is made by blending one or more different kinds of natural cheese. Natural cheeses do not include pasteurized process cheese (e.g., American), pasteurized process cheese food, pasteurized process cheese spread or pasteurized process cheese products.

**noncreditable foods:** Foods and beverages that do not count toward any meal pattern components in the CACFP infant meal pattern.

**nonnutritive sweeteners:** Ingredients with no calories used as sugar substitutes to sweeten foods and beverages. Nonnutritive sweeteners can be 200 to 600 times sweeter than sugar. They include artificial sweeteners such as acesulfame-potassium, neotame, saccharin and sucralose and “natural” sweeteners such as stevia (e.g., Rebiana, Rebaudioside A, Truvia, PureVia and SweetLeaf). For a list of artificial sweeteners, see definition for “artificial sweeteners” in this section. The CSDE strongly recommends that foods with these ingredients are not served in the CACFP. The CCCNS does not allow foods or beverages with these ingredients. For more information, see “Connecticut Child Care Nutrition Standards” and “artificial sweeteners” in this section.

**nutrient-dense foods:** Foods and beverages that provide vitamins, minerals, and other substances that contribute to adequate nutrient intakes or may have positive health effects, with little or no solid fats and added sugars, refined starches, and sodium. Ideally, these foods and beverages are also in forms that retain naturally occurring components, such as dietary fiber. Examples include all vegetables, fruits, whole grains, seafood, eggs, beans and peas, unsalted nuts and seeds, fat-free and low-fat dairy products, and lean meats and poultry (when prepared with little or no added solid fats, sugars, refined starches, and sodium). The term “nutrient dense” indicates the nutrients and other beneficial substances in a food have not been “diluted” by the addition of calories from added solid fats, sugars, or refined starches, or by the solid fats naturally present in the food.

**nutrient-rich foods:** See “nutrient-dense foods” in this section.

**organic:** A USDA labeling term that indicates the food or other agricultural product has been produced through approved methods that integrate cultural, biological, and mechanical practices that foster cycling of resources, promote ecological balance and conserve biodiversity. Synthetic fertilizers, sewage sludge, irradiation and genetic engineering cannot be used. The USDA’s National Organic Program provides for certification that agricultural ingredients have been produced under conditions that meet the definition. They also include labeling standards based on the percentage of organic ingredients in food. Organically produced foods are not necessarily safer or more nutritious than conventionally produced foods. The FDA does not define the term “organic.” For more information, see the USDA’s [National Organic Program](#) Web page.

**partially hydrogenated oils:** Oils that have been chemically altered to change their consistency from liquid to semi-solid, e.g., margarine. This process results in the formation of trans fat, a type of fat that increases the risk for cardiovascular disease. Partially hydrogenated oils will be listed in the ingredients statement, e.g., partially hydrogenated cottonseed and partially hydrogenated soybean oil. For more information, see “trans fat” in this section.

**potable water:** Water that is safe for human consumption.

**recognized medical authority:** A state-licensed health care professional who is authorized to write medical prescriptions under state law, and is recognized by the State Department of Public Health. In Connecticut, recognized medical authorities include physicians, physician assistants, doctors of osteopathy and advanced practice registered nurses (APRNs), i.e., nurse practitioners, clinical nurse specialists and certified nurse anesthetists who are licensed as APRNs.

**reimbursable meals:** Meals and snacks that meet the meal pattern requirements of the CACFP regulations, and are eligible for USDA funds.

**refined grains:** Grains that have been processed to remove the bran and germ, making the product less nutritious than whole grains. Refined grains may or may not be enriched. For more information, see “enriched grains” in this section.

**serving size or portion:** The weight, measure, or number of pieces or slices of a food or beverage. CACFP facilities must provide the minimum serving sizes in the USDA meal patterns for meals and snacks to be reimbursable.

**sodium:** A mineral that helps maintain the body’s fluid balance and blood pressure. Diets that are high in sodium can increase the risk of high blood pressure in individuals who are sodium sensitive.

**solid fats:** Fats that are usually not liquid at room temperature. Solid fats are found in most animal foods but also can be made from vegetable oils through hydrogenation. Some common solid fats include butter, beef fat (tallow, suet), chicken fat, pork fat (lard), stick margarine, coconut oil, palm oil, and shortening. Foods high in solid fats include full-fat (regular) cheese, cream, whole milk, ice cream, well-marbled cuts of meats, regular ground beef, bacon, sausages, poultry skin and many baked goods (such as cookies, crackers, donuts, pastries and croissants). Solid fats contain more saturated fat and/or trans fat. For more information, see “saturated fat” and “trans fat” in this section.

**sugar alcohols (polyols):** A type of carbohydrate used as sugar substitutes to sweeten foods and beverages. Sugar alcohols are incompletely absorbed and metabolized by the body, and contribute fewer calories than most sugars. They also perform other functions such as adding bulk and texture to foods. Common sugar alcohols include sorbitol, mannitol, xylitol, maltitol, maltitol syrup, lactitol, erythritol, isomalt and hydrogenated starch hydrolysates (HSH). Products with sugar alcohols are often labeled “sugar free.” Large amounts of sugar alcohols may cause bloating, gas or diarrhea. The CCCNS does not allow foods or beverages with these ingredients. For more information, see “Connecticut Child Care Nutrition Standards” and “nonnutritive sweeteners” in this section.

**sugars:** See “added sugars” and “simple carbohydrates” in this section.

**supplements:** Reimbursable snacks served in the CACFP.

**trans fat:** A type of saturated (solid) fat that increases the risk factors for cardiovascular disease. Like saturated fats, trans fats raise “bad” low-density lipoproteins (LDL) cholesterol. However, unlike saturated fats, they also decrease “good” high-density lipoproteins (HDL) cholesterol. Small amounts of trans fats occur naturally in some foods of animal origin, e.g., dairy products, beef and lamb. However, most trans fats in the American diet are artificially made as the result of “hydrogenation,” a process where liquid vegetable oils are made into a solid (saturated) fat. Trans fats are used by manufacturers to increase shelf life and enhance the flavor and texture of food products. They are found in processed foods made with partially hydrogenated oils such as cakes, cookies, crackers, snack chips, fried foods and margarine. For more information, see “partially hydrogenated oils” in this section.

**whole foods:** Foods that are unprocessed or minimally processed, and do not contain added ingredients such as fat, sugars, or sodium.

**whole fruits and vegetables:** Fresh, frozen, canned, and dried fruits and vegetables that are unprocessed or minimally processed, and do not contain added ingredients such as fat, sugars, or sodium.

**whole-grain flour:** Flour made by grinding the entire whole-grain kernel, including the fiber-rich bran, nutrient-rich germ, and starchy endosperm. Flour or meal that does not contain all parts of the grain is not whole grain, e.g., degermed corn, milled rice, and wheat flour.

**whole grain-rich:** Grain products that contain at least 50 percent whole grains, any other grain ingredients are enriched, and any noncreditable grains such as bran, germ, and modified food starch are less than two percent of the product formula. For more information, see “noncreditable grains” in this section.

**whole grains:** Grains that consist of the entire kernel, including the starchy endosperm, the fiber-rich bran and the germ. All grains start out as whole grains, but many are processed to remove the bran and germ, which also removes many of the nutrients. Whole grains are nutrient rich, containing vitamins, minerals, fiber, antioxidants, and health-enhancing phytonutrients such as lignans and flavonoids. Examples of whole grains include whole wheat, whole oats, oatmeal, whole-grain cornmeal, brown rice, whole rye, whole barley, wild rice, buckwheat, and bulgur (cracked wheat). For more information, see the CSDE’s *Crediting Foods in CACFP Child Care Programs*.





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