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Matthew E. Melmed

April 15, 2015

Tina Namian, Branch Chief  
Policy and Program Development Division  
FNS, USDA  
RE: Docket ID FNS-2011-0029

Dear Ms. Namian:

Thank you for the opportunity to provide comments on "Child and Adult Care Food Program: Meal Pattern Revision Related to the Healthy, Hunger-Free Kids Act of 2010" (7 CFR Parts 210, 215, 220, and 226 (January 15, 2015)). We commend USDA for updating the meal pattern and nutrition standards for the Child and Adult Care Food Program, which benefits many infants and toddlers in child care. This is an important opportunity to strengthen the child nutrition programs' role in ensuring our youngest children receive the nutrition they need for healthy development while helping to address hunger and prevent the first steps toward obesity.

ZERO TO THREE is a national nonprofit whose mission is to ensure that all babies and toddlers have a strong start in life. We translate the science of early childhood development for parents, professionals and policymakers to help them nurture early development across all domains of development.

We agree with USDA that the goal of improving good nutrition for low-income children in child care and afterschool programs is best served by a balanced approach that improves nutrition while allowing providers to continue to afford participation in CACFP. An updated food program, offering meals consistent with the U.S. Dietary Guidelines will provide much-needed good nutrition to infants and toddlers in child care programs. Beneficial aspects include a greater variety of vegetables and fruits, more whole grains, and less sugar and fat and specific attention to supporting parents in their approach to feeding their infants. To ensure very young children get the full value from the proposed improvements we offer the following comments.

A focus on nutrition starting from birth is important, because early nutrition and feeding habits can have long-lasting effects on physical and cognitive development. We therefore appreciate the attention given to infant meal patterns and feeding and note the important role CACFP plays in promoting appropriate nutrition for very young children. Few states provide strong regulatory requirements for licensed providers in the area of nutrition, particularly for infants. In that regard, we have several recommendations that apply specifically to infants.

**To align the proposed rule with current science, we recommend that the infant meal pattern:**

- *Include adequate breast milk and formula quantities and ensure amounts are consistent throughout the document.* During infancy, consuming enough calories to fulfill individual energy needs is important for normal growth and development. We recommend that USDA follows the quantities recommended by the IOM report *Child and Adult Care Food Program: Aligning Dietary Guidance for All*.<sup>i</sup> This amount is 4-6 ounce per feeding or total of 20-30 ounce for the full infant meal pattern. Currently, there are inconsistencies between the text and the meal pattern chart that need to be clarified. The section titled Birth through 5 months, found at §226.20(b)(4)(i), specifies 4-6 ounces of breast milk or formula for snacks for infants through 5 months of age, the chart at 7 CFR §226.20(b)(5) says 2-4 ounces. It is important that the higher level be used and that the chart reflects this amount. Following this guidance will ensure that the quantities of breast milk and infant formula provided are sufficient to cover the full range of individual infant energy requirements. If the meal pattern uses a smaller amount, providers may not realize it is not adequate to meet the needs of the infant or they may incur additional costs in making up the difference.
- *Allow the introduction of baby foods consistent with parents' plans, not limiting introduction to six months or later.* The proposed regulation, which would prohibit introduction of solid food until an infant reaches the age of 6 months, does not reflect current pediatric guidance that allows for variations in children's developmental needs in introducing solid foods to infants. Under the current CACFP system the timeframe for the allowable introductions of solids is clear, 4-7 months, consistent with the American Academy of Pediatrics' guidance as well as the standard incorporated in *Caring for Our Children: National Health and Safety Performance Standards for Preventing Childhood Obesity in Early Care and Education Programs (CFOC)*,<sup>ii</sup> on which AAP collaborated. Parents let providers know when the introduction of complimentary foods has begun. Under the proposed new infant feeding pattern, providers would need a prescription from a physician to provide complimentary foods to infants in the 4-5 month window before six months of age. Pediatric guidance allows flexibility for each infant within an age range. Providers should not need a doctor's prescription to serve baby food to a 5 month old, but should be able to follow the parents' lead.
- *Allow the consumption of cow's milk products, cheese and yogurt, among older infants (6-11 months of age).* The IOM recommendation of no cow's products is based on an AAP policy restricting cow's milk before the age of one.<sup>i</sup> The AAP policy recommends no cow's milk before one year of age but does not offer specific recommendations about cow's milk products.<sup>Error! Bookmark not defined.</sup> We believe the primary concerns related to delaying the introduction of cow's milk do not necessarily extend to cow's milk products. According to FITS, cow's milk products such as yogurt and cheese are commonly consumed among older infants.<sup>iii</sup> In fact, they are commonly served through CACFP since the program allows cheese and other milk products to be served to older infants. Cow's milk products are also a good source of protein for older infants, especially infants on vegetarian diets. If yogurts are allowed on the meal pattern for older infants, we recommend only allowing unsweetened, plain yogurts. Providers could choose to mix the yogurt with pureed fruit to add natural sweetness if desired. We do not recommend allowing cheese food or spread for infants in order to limit the service of highly processed foods that are also high in sodium.
- *Allow flexibility at snack time: We endorse the inclusion of fruits and vegetables are part of an older infant's snack, but encourage flexibility in what is provided, i.e., formula and cereal and/or a fruit/vegetable.* The inclusion of fruits and vegetables at this age not only helps promote healthy eating habits, it also takes advantage of a natural tendency in older infants to instinctively seek food variety.

**We endorse the following proposed improvements for infants:**

- *Eliminate fruit juice for infants:* This change is consistent with standards in *Caring for Our Children* and helps promote more servings of whole fruits, which have greater nutritional value.

- *Reimburse infant meal when the mother breastfeeds on-site.* The benefits of breastfeeding are well documented. Reimbursing the provider when the mother breast feeds on-site helps promote their support and facilitation of this practice.
- *Promote breastfeeding-friendly best practices.* We greatly appreciate the inclusion of practices to support breastfeeding under “Best Practices” section and endorse making that section part of the regulatory language.

**We also endorse the following proposed improvements for young children in general and offer recommendations for strong clear standards and practical implementation:**

- Proposed separation of the fruit and vegetable components:
  - We recommend retaining the option to serve two vegetables for lunch or supper rather than mandating a fruit and a vegetable. This will help close the vegetable consumption gap and allow programs to plan menus based on seasonal availability and local foods.
- Proposed requirement to serve one whole grain a day:
  - We recommend compliance with this requirement be assessed during on-site monitoring reviews not through monthly auditing.
  - This requirement should be applicable only when a grain is served during the day at a meal or when there are several feedings. For example, afterschool programs serving only a snack might not have a grain component each day.
- Proposed on-site frying ban:
  - We recommend USDA issue guidance with a clear definition: deep fat frying (submerging food in hot oil) is disallowed and stir frying and sautéing are allowed.
  - We recommend training and technical assistance on the best practice of limiting the service of commercially prepared fried foods to no more than once per week.
- Proposed exclusion of grain-based desserts from being claimed as part of a meal or snack:
  - We recommend USDA’s Food Buying Guide for Child Nutrition Programs grain-based “desserts” designation in Exhibit A: superscripts 3 and 4.

**Additional improvements we endorse:**

- Tofu allowed as a meat alternate.
- Sugar limits for yogurt and flavored milk.
- Best practices structure and protections from additional costs.

**In response to USDA’s request for comments on the beverages proposals, we offer the following recommendations to ensure healthier beverages for young children in child care:**

- Allow only lower fat milk for children over age two.
- Disallow flavored milk for children under age five.
- Limit juice on the menu to no more than once a day (see recommendation for infants, above).
- Make water readily available as developmentally appropriate.

**Recommendations for improvements:**

- Adopt only the WIC sugar limit for cereal.
- Do not add a fourth age group (13-18 years of age) to the children’s meal pattern without additional funding.
- For schools, maintain the ability to offer a single menu using school meal rules for Pre-K and afterschool programs for school-based and school-vended programs.

**In response to the request for suggestions for implementing the best practices:**

- We recommend USDA create CACFP model wellness policies and a USDA recognition program (similar to HealthierUS Schools Challenge) featuring the CACFP best practices and child care-wide policies, such as eliminating sugary beverages.

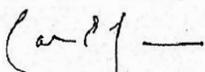
Implementation of the new rules will require ample lead time, phased-in changes, and grace periods. Implementation and administration of this new rule will be resource-intensive.

Maintaining the practical balance needed to improve the nutritional value of the meals served without diminishing the value of CACFP to providers and the children they serve is absolutely essential. If the new rule is administratively onerous, providers will stop participating in CACFP. We urge USDA to avoid creating new recordkeeping burdens or increasing the risk of unreimbursed costs due to disallowed meals and snacks. Compliance with the new requirements can be assessed during on-site monitoring reviews, rather than through monthly audits and deductions. USDA's already successful implementation of the requirement to serve non-fat or low-fat milk provides an excellent model.

In addition, while not part of the regulatory process, we would underscore the need to provide training and technical assistance for providers, especially those serving infants and toddlers, in meeting requirements and most importantly, adopting the best practices that will ultimately lead to enthusiastically healthy eaters. Providers may need training in understanding early development and how humans are wired to be cautious about new foods; using an older infant or toddler's natural instinct to seek variety in food (while rejecting what they ate the day before) to introduce new foods; the need to offer foods multiple times to older toddlers; and avoiding the use of pressure or rewards for trying foods. They also should understand how to integrate mealtime with other developmental needs, such as incorporating language as part of the mealtime routine or having the same person hold and feed an infant to promote the social-emotional aspects of mealtime. We urge the Department to consider how best to ensure such training is available.

In summary, we endorse the need to update the CACFP, and urge USDA to make the necessary changes to the proposed rule. Thank you again for the opportunity to comment on these important revisions to CACFP requirements.

Sincerely,



Matthew E. Melmed  
Executive Director

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<sup>i</sup> Moats, S., Sutor, C. W., Yaktine, A. L., & Murphy, S. P. (Eds.). (2011). *Child and Adult Care Food Program: Aligning Dietary Guidance for All*. National Academies Press.

<sup>ii</sup> American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. 2011. *Caring for our children: National health and safety performance standards; Guidelines for early care and education programs*. 3rd Edition. Elk Grove Village, IL: American Academy of Pediatrics; Washington, DC: American Public Health Association.

Also available at <http://nrckids.org>.

<sup>iii</sup> Fox, M. K., Pac, S., Devaney, B., & Jankowski, L. (2004). Feeding infants and toddlers study: What foods are infants and toddlers eating?. *Journal of the American Dietetic Association*, 104, 22-30.