

WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION
Community Nutrition Programs
Child and Adult Care Food Program

Guidance Memorandum L: For Sponsoring Organizations of the Child and Adult Care Food Program (CACFP) in Day Care Homes

Topic: Meal Pattern Requirements—Infants (Birth through 11 Months) and Children (Ages 1 to 12)

Date September 2011

The Child and Adult Care Food Program (CACFP) will reimburse a day care home provider for a maximum of two meals (breakfast, lunch or supper) and one supplement (snack) per day per child or two snacks and one meal per day per child served to enrolled children in the approved day care home participating in the CACFP. Day care homes may only participate in the CACFP through a sponsoring organization.

Written menus must be maintained for all meals served. Meals must meet the CACFP minimum meal pattern requirements for infants and children listed on the following pages. The meal patterns are based on research related to the individual needs of infants and children at specific ages.

- 1) **The meal pattern for infants** contains iron-fortified infant formula or breast milk, iron-fortified infant cereal, and other foods as shown in the attached *CACFP Infant Meal Pattern*. Required guidelines for infant meals include:

Definitions from the United States Department of Agriculture (USDA)

- **Infant**—A baby from birth through 11 months (any child less than one year of age).
- **Infant Formula**—Any iron-fortified infant formula, including soy-based, intended for dietary use solely as a food for normal, healthy infants served in liquid state according to manufacturer's recommended dilution. Infant formula labeled *low-iron* or those specifically formulated for infants with inborn errors of metabolism or digestive or absorptive problems do not meet the infant meal pattern requirement. A medical statement is required in order for the center to serve/claim reimbursement for infant formulas that do not meet this definition.
- **Infant Cereal**—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.
- **Developmentally Ready**—An infant's developmental readiness determines which foods should be fed, what texture the foods should be, and which feeding styles to use. All infants develop at their own rate. Although age and size often correspond with developmental readiness, these should not be used as sole considerations for deciding what and how to feed infants. It is important to be aware of infants rapidly developing mouth patterns and hand and body control so you know the appropriate food and texture to serve them and the appropriate feeding style to use at each stage of their development. On the Infant Meal Pattern for ages 4 through 11 months, you will see foods listed under the category *When Developmentally Ready*. If an infant is developmentally ready, you must offer these foods to the infant.

Responsibilities of Family Day Care Homes—All day care home providers participating in the Child and Adult Care Food Program must purchase and provide all the infant foods appropriate for the age of the infant according to the Infant Meal Pattern. This includes at least one iron-fortified infant formula which meets the definition of infant formula. It is recommended to select an infant formula that satisfies the needs of one or more of the infants in care. A home must inform parents in writing that an iron-fortified infant formula, including the name of the specific formula, and that all infant foods, including iron-fortified infant cereal, will be provided by the family day care provider. In response to the provider's notification, the provider (and/or the sponsoring organization) must have written documentation of the parent's decision to accept or decline the offered iron-fortified infant formula and infant foods (see attached prototype *Infant Meal Notification*). This documentation must be kept on file for each infant. Regardless of whether the parent or the home provides the formula and infant foods to meet the CACFP infant meal pattern requirements, semi-solid foods are introduced when the infant is developmentally ready, which is a decision made by the parents and baby's doctor. Infant menus must be maintained to document which meals are reimbursable. As noted in Guidance Memorandum B, the review of infant menus (ages 4 months and older) must also include one or more methods to ensure the accuracy of infant menus when food items are provided by parents. The most direct method is notations as to which item(s) were provided by the parent, or notations as to which items were provided by the day care home provider. Sponsors are free to determine the best method of notation to be used, and whether the notations will be for provider supplied food items, or will be for parent supplied food items. Other methods may also be used; for example if providers use online meal claiming systems that don't allow daily notations or comments. These may include but are not limited to monthly comments entered with online menus, phone contacts with the provider, comparison of the completed infant Meal

Notification Form to submitted infant menus and/or to observations during home visits, and/or household contacts. It is acceptable to monitor this program requirement at the home visit level only.

An infant meal may be reimbursed if all the required meal components (given the age of the infant) are provided and documented. A food item(s) which is listed in the CACFP meal pattern as being required "**when developmentally ready**" (otherwise known as optional) must be offered to the infant by the home provider when the infant is developmentally ready to accept this food item(s), but the meal can be reimbursed regardless of whether the optional food item is documented on the menu(s) as being given, or not. Furthermore, these "optional" food items may be offered consistently, or on a sporadic basis (due to the developmental readiness of each infant), yet the meals can be reimbursed at the time of claim processing **without any further documentation on file with the sponsor**, as long as all the **required** food items have been provided and documented. This applies to all infant meals and snacks. (Infants may start on the optional infant foods, then stop, then start again, as they transition to these food items). As long as all the required infant food items are provided and documented, the infant meal is reimbursable.

Sponsors should monitor compliance with the CACFP infant meal pattern and the associated infant requirements during home reviews, by way of household contacts and via other means. A sponsor can always require that additional documentation be on file in the sponsor's office, on an individual provider basis, if they have concerns about Program integrity.

Parent Providing Infant Formula/Breast Milk—The decision whether to breastfeed an infant or which type of infant formula is best for the infant is one for the infant's doctor and parent/guardian to make together. Therefore, parents or guardians may elect to decline the offered infant formula and supply their own iron-fortified formula or breast milk. This must be documented on the *Infant Meal Notification* form.

Infant Meal Notification—The attached *Infant Meal Notification* lets the parent/guardian know the specific brand of iron-fortified infant formula purchased by the day care home. It also provides official documentation of the parent's/guardian's decision to accept or decline the formula offered by the day care home. This document (or an equivalent form previously approved by DPI) must be kept on file for each infant and made available during reviews and/or audits.

Solid Infant Foods—The decision to begin offering an infant solid foods should be made by the infant's doctor and parent/guardian. When the infant is 4 through 7 months old and developmentally ready for solid foods, those foods listed on the Infant Meal Pattern under *When Developmentally Ready* must be served to the infant. Infants 8 through 11 months are able to eat a wider variety of solid foods as listed on the Infant Meal Pattern. If a parent brings in solid foods for their infant the meal can be claimed **only** when the meal meets the Infant Meal Pattern requirements and the day care home provider purchases and serves at least one of the food items according to the Infant Meal Pattern. A day care home provider may puree/grind regular food to the appropriate consistency for infants. However, a day care home must follow food safety and sanitation procedures to prepare infant food. Commercial baby food may also be purchased. See *What's In a Meal* for further information on crediting foods for infants.

Infant Menu Records—Individual infant menu records, listing food items provided by both the day care home and the parents, must be maintained to document which meals are reimbursable. Infant menus (ages 4 months and older) must also include notations as to which item(s) were provided by the parent, or notations as to which items were provided by the day care home provider. As noted above, sponsors are free to determine the best method of notation to be used, and whether the notations will be for provider supplied food items, or will be for parent supplied food items.

A day care home must follow the Infant Meal Pattern until the infant reaches one year of age; at that time the infant can begin receiving meals that follow the attached *Meal Pattern Requirements – Children (Ages 1 through 12)*. Infants ages 8 through 11 months who are consuming all table foods, including whole fluid milk and/or adult cereals for breakfast, and have a medical statement on file may be counted in the regular meal counts for the 1-12 year old children. Individual infant menu records need not be completed for these infants. However, the complete meal pattern must be met for each meal that is to be claimed.

- 2) **The meal pattern for children** contains specific components for each meal as detailed under *CACFP Meal Pattern Requirements-Children Ages 1-12* and Attachment A *Alternate Protein Products*. Breakfast must include fluid milk, juice or fruit or vegetable, and a grains/breads item such as cereal, pancakes or toast. Lunch/supper must include fluid milk, meat or meat alternate, vegetables and/or fruit (two or more), and grains/breads items such as pasta, rice or buns. A snack must contain a component from each of two different food components (fluid milk, juice or fruit or vegetable, meat or meat alternate, grains/breads such as rice cakes, graham crackers or tortillas). However, juice may not be served for snack when milk is provided as the only other component. Dated menus must be maintained for all meals claimed for reimbursement. All required food components, including milk, must be served together at the same time in order for the meal or snack to be reimbursable.

Fluid milk served to children who are two years of age and older must be fat-free (skim) or low-fat (1%) milk. Fluid milk served may also be fat-free or low-fat lactose reduced milk, fat-free or low-fat lactose free milk, fat-free or low-fat buttermilk, or fat-free or low-fat acidified milk. Whole milk and reduced-fat (2%) milk may not be served to children two years of age and older as part of a reimbursable meal. Milk served must be pasteurized fluid milk that meets State and local standards, and may be flavored or unflavored. Any request for higher fat milk must be made through a medical statement, related to a medical disability, and prescribed by a licensed physician.

Drinking water must be made available to children upon their request, including at meal times, but is not part of a reimbursable meal and may not be served in place of fluid milk. It does not have to be available for children to self-serve but can be made available in a variety of ways which include having cups available next to the kitchen sink faucet, having water pitchers and cups set out, or simply providing water to a child when it is requested. It is advised that children not be served too much water before and during meal times; excess water may lead to reducing the amount of food and milk consumed by the children. Water should be served with snacks when no other beverage is being served and in place of other high calorie, sweetened beverages (juice drinks, soda, sports drinks, etc.) that are served outside of meal times.

Non-dairy milk substitutions:

Parents or guardians may request in writing that their child be served a non-dairy milk substitution without providing a medical statement. This provision only applies to children ages one year and older. It does not apply to infants, children under 1 year of age.

This written request must identify the medical or other special dietary need (i.e. life style choice) that restricts the diet of the child, and it is recommended that the request also list the name of the non-dairy milk substitution to be used. The non-dairy milk substitution must be nutritionally equivalent to milk and meet the nutritional standards for fortification of calcium, protein, vitamin A, Vitamin D, and other nutrients to levels found in cow's milk, as outlined in the National School Lunch Program (NSLP) regulations in order to be part of a reimbursable meal. Because the Nutrition Facts Label on food products does not list all the required nutrients (see below), sponsors will need to request documentation from the product manufacturer to confirm and certify the presence of all required nutrients at the proper level, when reimbursing meals served with a non-dairy milk substitute.

Milk Substitute Nutrition Standards	
Nutrient	Per Cup
Calcium	276 mg
Protein	8 g
Vitamin A	500 IU
Vitamin D	100 IU
Magnesium	24 mg
Phosphorus	222 mg
Potassium	349 mg
Riboflavin	.44 mg
Vitamin B-12	1.1mcg (µg)

The following products are approved in Wisconsin for use as non-dairy milk substitutions:

- Kikkoman Pearl Soymilk, Smart Creamy Vanilla
* 8.25 fluid ounce single-serving container, UPC Code 0-41390-06141-7
- Kikkoman Pearl Soymilk, Smart Creamy Chocolate
* 8.25 fluid ounce single-serving container, UPC Code 0-41390-06151-6
- Pacific Natural Foods Ultra Soy All Natural Nondairy Beverage, Plain
* 8.25 fluid ounce single-serving container, UPC 0-52603-08311-9
* Quart (32 fluid ounces), UPC 0-52603-08200-6
- Pacific Natural Foods Ultra Soy All Natural Nondairy Beverage, Vanilla
* Quart (32 fluid ounces), UPC 0-52603-08225-9

A parent/guardian or the day care home provider may provide the non-dairy substitute, A meal containing a non-dairy beverage is reimbursable if: (a) a written request for the non-dairy substitute is on file, (b) the sponsor has documentation that the non-dairy substitute being used meets all the required nutrient standards as detailed above, and (c) all other required meal components are made available by the day care home provider and documented. For all other substitutions, if a parent chooses to supply the substitute(s), a signed medical statement must be on file and the center must supply at least one required meal component to claim the respective child's meals for reimbursement.

Effective October 1, 2011, meals served to children two years of age and older that include whole or reduced-fat (2%) milk are not reimbursable and must be disallowed. In addition, the provider should submit a corrective action plan and the sponsoring organization should follow-up to ensure that the corrective action plan has been successfully implemented. In cases where a provider intentionally and repeatedly ignores the requirement to serve fat-free or low-fat milk to all children ages two and older appropriate disciplinary action, including but not limited to, denial of meal reimbursement and fiscal overclaims, must be pursued and documented by the sponsoring organization.

- 3) USDA regulations 7 CFR Part 15b **require** substitutions or modifications in meals for children whose disabilities restrict their diets. A child with a disability must be provided substitutions in foods when that need is supported by a statement signed by a licensed physician. The physician's statement must identify:
- the child's disability;
 - an explanation of why the disability restricts the child's diet;
 - the major life activity affected by the disability;
 - the food or foods to be omitted from the child's diet, and the food or choice of foods that must be substituted.

The attached prototype form, *Eating and Feeding Evaluation: Children with Special Needs*, may be used to obtain the required information from the physician. It also describes "disability" and "major life activity" in more detail.

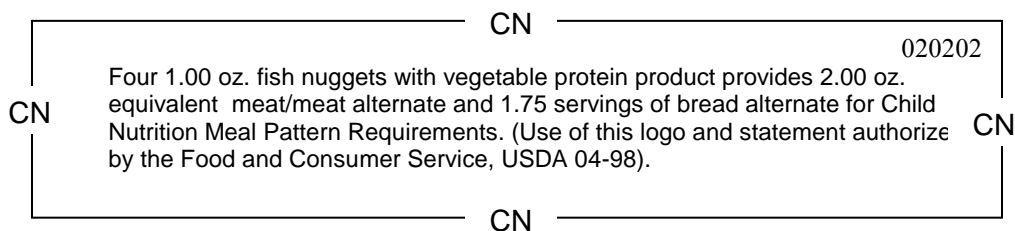
The day care home **may** make food substitutions, at their discretion, for individual children who do not have a disability, but who are medically certified as having a special medical or dietary need. Such determinations are only made on a case-by-case basis. This provision covers those children who have food intolerances or allergies but do not have life-threatening reactions (anaphylactic reactions) when exposed to the food(s) to which they have problems. The attached prototype form, *Eating and Feeding Evaluation: Children with Special Needs*, may also be used to obtain the required information for these children from a recognized medical authority. The following have been identified as medical authorities in Wisconsin, based in Wisconsin Statutes, Chapter 146.81:

- Physician
- Physical Therapist
- Licensed Nurse
- Registered Dietician
- Respiratory Care Practitioner
- Speech and Language Pathologist
- Chiropractor

The completed form or comparable information from a physician or recognized medical authority must be on file for any child with a restrictive diet that excludes a required component. This statement must indicate the food(s) to be omitted and foods that may be substituted in order to claim reimbursement for these meals. If a parent chooses to supply a particular item(s) for medical reasons and the signed statement is on file, the meal may still be claimed for reimbursement if the day care home supplies at least one required meal component.

- 4) Commercially prepared, combination food items can only be credited to the CACFP meal pattern when the actual content (i.e. meat, bread, etc.) is known and documented. Examples of such food items are pizza, corn dogs, chicken nuggets, fish sticks and ravioli. Acceptable documentation includes the actual Child Nutrition (CN) label marked on the product, or a manufacturer specification sheet signed by an official of the manufacturer. (CN labels on juice drinks and juice drink products will specify their contribution to the fruit/vegetable component.) In some cases (canned beef stew, chili, corned beef hash, etc.) the contribution a food item makes towards the CACFP meal pattern requirements(s) can be determined by reference to the USDA *Food Buying Guide for Child Nutrition Programs* (November 2001). (Also refer to *What's in a Meal*, 4th Edition, chapter III-13, 14, for more information.)

The sample CN label printed below identifies the contribution that four breaded fish nuggets make towards meeting meal pattern requirements in CN programs



A sponsoring organization (and/or the Wisconsin Sponsors' Forum) may maintain a central file of appropriate crediting documentation, including CN labels and manufacturer specification sheets for those products most frequently used by their providers, but must ensure that the providers are clearly informed as to the specific products which are creditable to the CACFP meal pattern. (A commercial food vendor catalog, if it lists specific CN label information, is acceptable documentation, in lieu of the actual CN labels, as long as the food products purchased by the home provider(s) are clearly identified on the list.) The provider can also maintain an individual file of CN labels (or equivalent, acceptable documentation) for items specific to that home. In those cases where a CN label (or equivalent documentation) cannot be obtained, the food item in question cannot be credited to the CACFP meal pattern. It would be regarded as an "other" food item on the menu.

The chart below compares CN labels with manufacturer specification sheets:

Category	CN Label	Product Specification Sheet
Description	Product label which contains a statement that clearly identifies the USDA meal pattern contribution of the product.	Advertising literature that contains varied information about one or more products.
Standard information is Required	Yes	No
Reviewed and monitored by the USDA	Yes	No
Carries a USDA Guarantee	Yes	No
Product ID Numbers	Each CN labeled product is assigned its own distinct six-digit identification number.	The same product identification number may be used for many different products.

Sponsoring organizations must monitor compliance with this meal pattern crediting requirement, and counsel noncompliant providers as needed. In cases where a provider intentionally and repeatedly ignores the requirement to obtain and serve creditable commercial, combination food items in the meals claimed for reimbursement, appropriate disciplinary action, including a declaration of serious deficiency, must be pursued and documented by the sponsoring organization.

CACFP Meal Pattern Requirements – Children (Ages 1 – 12)

The meal pattern shall contain, as a minimum, each of the following components in the amounts indicated for the specific age group.

	Ages 1 & 2	Ages 3, 4, & 5	Age 6 up to 12
BREAKFAST			
1. Milk, fluid ^h	1/2 cup	3/4 cup	1 cup
2. Juice ^a or fruit or vegetable	1/4 cup	1/2 cup	1/2 cup
3. Grains/Breads: ^b			
Bread	1/2 slice	1/2 slice	1 slice
Cornbread, biscuits, rolls, muffins, etc ^b	1/2 serving	1/2 serving	1 serving
Cereal:			
Cold dry	1/4 cup or 1/3 oz ^c	1/3 cup or 1/2 oz ^c	3/4 cup or 1 oz ^c
Hot cooked	1/4 cup total	1/4 cup	1/2 cup
Cooked pasta or noodle products	1/4 cup	1/4 cup	1/2 cup
LUNCH OR SUPPER			
1. Milk, Fluid ^h	1/2 cup	3/4 cup	1 cup
2. Meat or meat alternate:			
Meat, poultry, fish, cheese	1 oz	1+1/2 oz	2 oz
Alternate protein products ^g	1 oz	1+1/2 oz	2 oz
Yogurt, plain or flavored, unsweetened or sweetened	4 oz or 1/2 cup	6 oz or 3/4 cup	8 oz or 1 cup
Egg, large	1/2 egg	3/4 egg	1 egg
Cooked dry beans or peas	1/4 Cup	3/8 cup	1/2 cup
Peanut butter or other nut or seed butter	2 Tbsp.	3 Tbsp.	4 Tbsp.
Peanuts or soy nuts or tree nuts or seeds	1/2 oz = 50% ^d	3/4 oz = 50% ^d	1 oz = 50% ^d
3. Vegetable and/or fruit ^e (at least two)	1/4 cup total	1/2 cup total	3/4 cup total
4. Grains/Breads: ^b			
Bread	1/2 slice	1/2 slice	1 slice
Cornbread, biscuits, rolls, muffins, etc ^b	1/2 serving	1/2 serving	1 serving
Cereal:			
Hot cooked	1/4 cup total	1/4 cup	1/2 cup
Cold, dry	1/4 cup or 1/3 oz ^c	1/3 cup or 1/2 oz ^c	3/4 cup or 1 oz ^c
Cooked pasta or noodle products	1/4 cup	1/4 cup	1/2 cup
SUPPLEMENT			
Select two of the following four components:			
1. Milk, Fluid ^h	1/2 cup	1/2 cup	1 cup
2. Juice ^a or fruit or vegetable ^f	1/2 cup	1/2 cup	3/4 cup
3. Grains/Breads: ^b			
Bread	1/2 slice	1/2 slice	1 slice
Cornbread, biscuits, rolls, muffins, etc ^b	1/2 serving	1/2 serving	1 serving
Cereal:			
Cold dry	1/4 Cup or 1/3 oz ^c	1/3 cup or 1/2 oz ^c	3/4 cup or 1 oz ^c
Hot cooked	1/4 cup	1/4 cup	1/2 cup
4. Meat or meat alternate :			
Meat, poultry, fish, cheese	1/2 oz	1/2 oz	1 oz
Alternate protein products ^g	1/2 oz	1/2 oz	1 oz
Egg, large	1/2 egg	1/2 egg	1/2 egg
Cooked dry beans or peas	1/8 Cup	1/8 cup	1/4 cup
Peanut butter or other nut or seed butter	1 Tbsp.	1 Tbsp.	2 Tbsp.
Peanuts or soy nuts or tree nuts or seeds	1/2 oz	1/2 oz	1 oz
Yogurt, plain or flavored, unsweetened or sweetened	2 oz or 1/4 cup	2 oz or 1/4 cup	4 oz or 1/2 cup

a Must be full strength fruit or vegetable juice.

b Bread, pasta or noodle products, and cereal grains shall be whole grain or enriched, cornbread, biscuits, rolls, muffins, etc., shall be made with whole grain or enriched meal or flour.

c Either volume (cup) or weight (oz), whichever is less.

d No more than 50% of the requirement shall be met with tree nuts or seeds. Tree nuts and seeds shall be combined with another meat/meat alternate to fulfill the requirement. For purpose of determining combinations, 1 oz. Of nuts or seeds is equal to 1 oz. of cooked lean meat, poultry or fish.

e Serve 2 or more kinds of vegetable(s) and/or fruit(s). Full strength vegetable or fruit juice may be counted to meet not more than one-half of this requirement.

f Juice may not be served when milk is the only other component.

g Alternate protein products may be used as acceptable meat alternates. These products must meet the requirements of Appendix A of Guidance Memorandum 12C.

h Fluid milk served to children who are two years of age and older must be fat-free (skim) or low-fat (1%) milk

WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION
Community Nutrition Programs
Child and Adult Care Food Program

Guidance Memorandum L

Appendix A

Alternate Protein Products

A. What are the criteria for alternate protein products used in the Child and Adult Care Food Program?

1. An alternate protein product used in meals planned under the provisions in Sec. 226.20 must meet all of the criteria in this section.
2. An alternate protein product whether used alone or in combination with meat or meat alternate must meet the following criteria:
 - a. The alternate protein product must be processed so that some portion of the non-protein constituents of the food is removed. These alternate protein products must be safe and suitable edible products produced from plant or animal sources.
 - b. The biological quality of the protein in the alternate protein product must be at least 80 percent that of casein, determined by performing a Protein Digestibility Corrected Amino Acid Score (PDCAAS).
 - c. The alternate protein product must contain at least 18 percent protein by weight when fully hydrated or formulated. ("When hydrated or formulated" refers to a dry alternate protein product and the amount of water, fat, oil, colors, flavors or any other substances which have been added).
 - d. Manufacturers supplying an alternate protein product to participating schools or institutions must provide documentation that the product meets the criteria in paragraphs A.2. through c of this appendix.
 - e. Manufacturers should provide information on the percent protein contained in the dry alternate protein product and on an as prepared basis.
 - f. For an alternate protein product mix, manufacturers should provide information on:
 - (1) The amount by weight of dry alternate protein product in the package;
 - (2) Hydration instructions; and
 - (3) Instructions on how to combine the mix with meat or other meat alternates.

B. How are alternate protein products used in the Child and Adult Care Food Program?

1. Schools, institutions, and service institutions may use alternate protein products to fulfill all or part of the meat/meat alternate component discussed in Sec. 226.20.
2. The following terms and conditions apply:
 - a. The alternate protein product may be used alone or in combination with other food ingredients. Examples of combination items are beef patties, beef crumbles, pizza topping, meat loaf, meat sauce, taco filling, burritos, and tuna salad.
 - b. Alternate protein products may be used in the dry form (nonhydrated), partially hydrated or fully hydrated form. The moisture content of the fully hydrated alternate protein product (if prepared from a dry concentrated form) must be such that the mixture will have a minimum of 18 percent protein by weight or equivalent amount for the dry or partially hydrated form (based on the level that would be provided if the product were fully hydrated).

C. How are commercially prepared products used in the Child and Adult Care Food Program?

Schools, institutions, and service institutions may use commercially prepared meat or meat alternate product combined with alternate protein products or use a commercially prepared product that contains only alternate protein products.

CACFP Infant Meal Pattern Birth through 11 Months



To comply with the Child and Adult Care Food Program regulations, it is the responsibility of day care home providers caring for infants to purchase all required meal components on the Infant Meal Pattern according to the different age groups in care. The Infant Meal Pattern lists the minimum amount of food to be offered to infants from birth through 11 months. The infant meal must contain each of the following components in at least the amounts indicated for the appropriate age group in order to qualify for reimbursement. Food within the meal pattern should be the texture and consistency appropriate for the development of the infant and may be served during a span of time consistent with the infant's eating habits; for example, the food items for lunch might be served at two feedings between 12 noon and 2 p.m. Solid food should be introduced gradually to infants when developmentally ready and instructed by the parent.

Items on the following meal chart with a “•” indicate the items are required and must be provided to the infant in order to claim reimbursement for that meal. Items listed under “When developmentally ready” are required only when the infant is developmentally ready to accept them.

Birth through 3 months	4 through 7 months	8 through 11 months
Breakfast		
<ul style="list-style-type: none"> • 4–6 fl oz formula¹ or breast milk^{2,3} 	<ul style="list-style-type: none"> • 4–8 fl oz formula¹ or breast milk^{2,3} <p style="text-align: center;"><u>When developmentally ready</u> 0-3 T infant cereal¹</p>	<ul style="list-style-type: none"> • 6–8 fl oz formula¹ or breast milk^{2,3} and • 1–4 T fruit or vegetable or both and • 2–4 T infant cereal¹
Lunch/Supper		
<ul style="list-style-type: none"> • 4–6 fl oz formula¹ or breast milk^{2,3} 	<ul style="list-style-type: none"> • 4–8 fl oz formula¹ or breast milk^{2,3} <p style="text-align: center;"><u>When developmentally ready</u> 0-3 T infant cereal¹ and 0-3 T fruit or vegetable or both</p>	<ul style="list-style-type: none"> • 6–8 fl oz formula¹ or breast milk^{2,3} and • 1–4 T fruit or vegetable or both and • 2–4 T infant cereal¹ or in place of infant cereal you may serve a meat/meat alternate <ul style="list-style-type: none"> ○ 1–4 T meat, fish, poultry, egg yolk, cooked dry beans or peas; or ½–2 oz cheese; or 2–8 T cottage cheese; or 1–4 oz cheese food, cheese spread or you may also serve <ul style="list-style-type: none"> ○ both the infant cereal and meat/meat alternate
Supplement		
<ul style="list-style-type: none"> • 4–6 fl oz formula¹ or breast milk^{2,3} 	<ul style="list-style-type: none"> • 4–6 fl oz formula¹ or breast milk^{2,3} 	<ul style="list-style-type: none"> • 2–4 fl oz formula¹ or breast milk^{2,3} or fruit juice⁴ <p style="text-align: center;"><u>When developmentally ready</u> 0-½ slice bread⁵ or 0-2 crackers⁵</p>

¹Infant formula and dry infant cereal must be iron-fortified.

²Breast milk or formula, or portions of both, may be served; however, it is recommended breast milk be served in place of formula from birth through 11 months.

³For some breastfed infants who regularly consume less than the minimum amount of breast milk per feeding, a serving of less than the minimum amount of breast milk may be offered with additional breast milk offered if the infant is still hungry.

⁴Fruit juice must be full-strength.

⁵A serving of this component must be made from whole-grain or enriched meal or flour.

Infant Meal Notification

Child Care Provider Name/Number:
Iron-fortified Infant Formula Offered by Provider:

All children enrolled in this day care, including infants, are eligible for meals through the United States Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP). Child care providers in the program are reimbursed to help with the cost of serving nutritious meals to enrolled children. The meals must meet CACFP nutrition guidelines for children and infants. To meet CACFP requirements this provider will supply formula and other foods for infants.

To help provide the best nutritional care for your infant, please complete the following information and return it to the provider:

Infant's First and Last Name:	Infant's Date of Birth:
--------------------------------------	--------------------------------

I understand that the child care provider will supply the above iron-fortified infant formula for infants according to the CACFP requirements. ***Note: Child care providers may request parents to supply clean, sanitized, and labeled bottles on a daily basis.**

If you <i>formula-feed</i> your infant, place a check mark (✓) by only ONE of the following: <input type="checkbox"/> I prefer to have the child care provider supply formula. OR <input type="checkbox"/> I will supply formula for my infant.
If you <i>breastfeed</i> your infant, place a check mark (✓) by only ONE of the following: <input type="checkbox"/> I will supply expressed (pumped) breast milk. OR <input type="checkbox"/> I will supply expressed (pumped) breast milk and have the child care provider supply formula to supplement as needed. OR <input type="checkbox"/> I will supply expressed (pumped) breast milk and will supply formula to supplement as needed.

I understand the child care provider will supply infant cereal and infant foods for infants 4 months and older as they are developmentally ready according to the CACFP requirements. Infant foods include fruits/vegetables, meat/meat alternates, enriched bread or snack crackers, and 100% full strength juice that are creditable to the USDA Infant Meal Pattern.

Place a check mark (✓) by only ONE of the following: <input type="checkbox"/> I prefer to have the child care provider supply infant cereal and infant foods. OR <input type="checkbox"/> I will supply infant cereal and infant foods for my infant.

****This day care home provider has not requested or required me to provide infant formula or food for my infant. I understand that I have the choice of having my infant participate in the CACFP.**

Parent/Guardian Signature

Date

In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

Eating and Feeding Evaluation: Children with Special Needs

PART A		
Child's Name	Age	
Name of Facility		
Does the child have a disability ? If Yes, describe the major life activities affected by the disability.	Yes	No
Does the child have special nutritional or feeding needs? If Yes, complete Part B of this form and have it signed by a licensed physician .	Yes	No
If the child is not disabled , does the child have special nutritional or feeding needs? If Yes, complete Part B of this form and have it signed by a recognized medical authority .	Yes	No
If the child does not require special meals, the parent can sign at the bottom and return the form to the provider.		
PART B		
List any dietary restrictions or special diet.		
List any allergies or food intolerances to avoid.		
List foods to be substituted.		
List foods that need the following change in texture. If all foods need to be prepared in this manner, indicate "All." Cut up or chopped into bite size pieces: Finely ground: Pureed:		
List any special equipment or utensils that are needed.		
Indicate any other comments about the child's eating or feeding patterns.		
Parent's Signature	Date:	
Parent's Printed Name and Phone Number		
Physician or Medical Authority's Signature	Date:	
Physician or Medical Authority's Printed Name and Phone Number		

Under Section 504 of the *Rehabilitation Act of 1973*, and the *Americans with Disabilities Act (ADA)* of 1990, a "person with a disability" means any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment. The term "physical or mental impairment" includes many diseases and conditions, a few of which may be:

- orthopedic, visual, speech, and hearing impairments;
- cerebral palsy;
- epilepsy;
- muscular dystrophy;
- multiple sclerosis;
- cancer;

- heart disease;
- metabolic diseases, such as diabetes or phenylketonuria (PKU);
- food anaphylaxis (severe food allergy);
- mental retardation;
- emotional illness;
- drug addiction and alcoholism;
- specific learning disabilities;
- HIV disease; and
- tuberculosis.

Major life activities covered by this definition include caring for one's self, eating, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

The term child with a "disability" under Part B of the *Individuals with Disabilities Education Act (IDEA)* means a child evaluated in accordance with IDEA as having one or more of the recognized thirteen disability categories and who, by reason thereof, needs special education and related services. The disabilities include:

- autism;
- deaf-blindness;
- deafness or other hearing impairments;
- mental retardation;
- orthopedic impairments;
- other health impairments due to chronic or acute health problems, such as asthma, diabetes, nephritis, sickle cell anemia, a heart condition, epilepsy, rheumatic fever, hemophilia, leukemia, lead poisoning, tuberculosis;
- emotional disturbance;
- specific learning disabilities;
- speech or language impairment;
- traumatic brain injury; and
- visual impairment; including blindness which adversely affects a child's educational performance, and
- multiple disabilities.

Attention deficit disorder or attention deficit hyperactivity disorder may fall under one of the thirteen categories. Classification depends upon the particular characteristics associated with the disorder and how the condition manifests itself in the student, which will determine the category.

In Cases of Food Allergy

Generally, children with food allergies or intolerances do not have a disability as defined under either Section 504 of the Rehabilitation Act or Part B of IDEA, and the school food service may, but is not required to, make food substitutions for them. However, when in the licensed physician's assessment, food allergies may result in severe, life-threatening (anaphylactic) reactions, the child's condition would meet the definition of "disability," and the substitutions prescribed by the licensed physician must be made.