

MENU PATTERN REQUIREMENTS

The CACFP meal patterns require Institutions to serve meals that meet the nutritional needs of all participants (Infants, Children, and Adults). Each meal pattern is consistent with the Dietary Guidelines for Americans and assists the menu planner in providing well-balanced meals and snacks that provide the appropriate amount of energy and nutrients for each participant.

This manual section outlines 7 CFR Part 226.20 and provides the following guidance:

1. [Creditable and Non-Creditable Foods](#)
2. [Food Components](#)
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Along with updating the meal requirements for the CACFP, the Final Rule (dated April 25, 2016) preamble outlined optional best practices that centers and day care homes may choose to adopt to further improve the nutritional value of the meals they offer. The best practices are also provided in this manual section. They are a vital tool to encourage centers and day care homes to voluntarily go beyond the regulatory requirements to further strengthen the nutritional quality of the meals they serve.

The best practices are optional and will not be monitored for noncompliance. FNS and SDE highly encourage implementing the best practices and applaud those centers and day care homes that find ways to incorporate them into their meal service.

CREDITABLE AND NON-CREDITABLE FOODS

Creditable foods are foods that may be counted toward meeting meal pattern requirements for a reimbursable meal.

Non-creditable foods (sometimes called “other foods”) are foods that do not meet any meal pattern component requirement. Non-creditable foods may be served in addition to required meal pattern components in reimbursable meals, unless the food is specifically prohibited in the CACFP.

The USDA interactive web-based Food Buying Guide (FBG) and the FNS Crediting Handbook are the ultimate references for crediting meal components in CACFP meals. The FBG is the principal tool to determine the contribution that foods make toward meal requirements regardless if foods are produced on site or purchased commercially. The interactive Food Buying Guide allows for easy searching, navigating, and displaying of content. In addition, users can compare yield information, create a favorite foods list, and access tools, such as the Recipe Analysis Workbook (RAW) and the Product Formulation Statement Workbook. The Crediting Handbook is a supplementary resource to the Food Buying Guide with additional information on creditable foods in CACFP. Please note the Crediting Handbook does not replace the Food Buying Guide, but is a valuable supplement.

The FBG is used to determine how much food to purchase or prepare for the number of portions planned, or how to credit one portion of a recipe. The FBG is divided into sections according to meal pattern components: Meat/Meat Alternate, Vegetables, Fruits, Grains, and Milk. Each section provides information on how to determine the creditable amount or the number of servings of a given size from each purchase unit of the food. For example, the FBG specifies one pound of raw ground beef with no more than 20% fat will provide 11.8 one ounce portions of cooked, drained lean meat.

Other Foods listed in the food buying guide contains yield information for foods that are not creditable in the CACFP. Foods in this section do not count toward reimbursable meals.

The USDA interactive web-based Food Buying Guide (FBG) is located at <https://foodbuyingguide.fns.usda.gov/> and the Crediting Handbook is located at <https://www.fns.usda.gov/tn/crediting-handbook-child-and-adult-care-food-program>.

FOOD COMPONENTS

The meal pattern is made up of five food components. A food component is one of the food categories that comprise a reimbursable meal (Breakfast, Lunch, Supper or Snack). CACFP centers and day care homes must serve at least the minimum required portion sizes of all meal pattern food components to each age group.

A **food item** is a specific food offered within the food components comprising the reimbursable meal. For example, separate $\frac{1}{2}$ cup servings of broccoli and carrots are two food items that comprise the vegetable component.

The food components in the CACFP meal pattern are; fluid milk, vegetables, fruits, grains, and meat/meat alternates.

FLUID MILK

Milk is a critical component of the CACFP meal patterns because it provides nutrients that are vital for health and maintenance of the body. These nutrients include calcium, potassium, vitamin D, and protein. Consuming dairy products, such as milk, is especially important to bone health during childhood and adolescence when bone mass is built.

Milk must be pasteurized fluid milk that meets State and local standards. Fluid milk may be cow's milk, lactose free milk, buttermilk, or acidified milk and must be served as a beverage or on cereal, or a combination of both, as follows:

1. Children one year of age must be served unflavored whole milk;
2. Children two through five years old must be served either unflavored low-fat (1 percent) or unflavored fat-free (skim) milk;
3. Children six years old and older must be served unflavored low-fat (1 percent), unflavored fat-free (skim), or flavored fat-free (skim) milk;
4. Adult participants in adult day care centers must be served unflavored low-fat (1 percent), unflavored fat-free (skim), or flavored fat-free (skim) milk. Six ounces (weight) or $\frac{3}{4}$ cup (volume) of yogurt may be used to fulfill the equivalent of 8 ounces of fluid milk once per day. Yogurt may be counted as either a fluid milk substitute or as a meat alternate, but not as both in the same meal. In addition, yogurt must contain no more than 23 grams of total sugars per 6 ounces. A serving of fluid milk is optional for suppers served to adult participants.

Additionally, breastmilk is considered an allowable fluid milk substitute for children of any age if a mother chooses to breastfeed her child past 1 year of age. Breastmilk may be served in combination with fluid milk. For example, if a mother brings in $\frac{1}{4}$ cup of expressed breast milk, the center or day care home could provide an additional $\frac{1}{4}$ cup of whole milk to meet the $\frac{1}{2}$ cup serving for a child 1-2 years of age.

Milk contained in smoothies at breakfast prepared in-house may be credited toward the milk component if the milk used meets the requirements for fluid milk above, per policy memo CACFP 05-2014 (v.2).

When smoothies contributing to the fluid milk component are served, it is critical that the Institution and facility staff continue to offer fluid milk and monitor milk consumption to ensure that the service of smoothies does not compromise participant's consumption of milk. It is also important to recognize that the addition of yogurt to a smoothie does not serve as a substitution for fluid milk, which must continue to be offered separately to meet the milk component requirement.

TRANSITIONAL PERIOD

A one-month period for children between 12 and 13 months is allowed to transition from infant formula to fluid whole milk. Meals containing infant formula served to 12-month-old participants qualify for reimbursement without a Medical Statement Form. Breastmilk continues to be considered an acceptable milk alternative for children over 12 months of age.

Meals containing infant formula that are served to children 13 months and older are reimbursable when it is supported by a medical statement signed and certified by a Licensed Physician (MD or DO), Physician Assistant (PA), Nurse Practitioner (NP), Naturopathic Medical Doctor or Dentist (DMD/DDS). The statement should include a description of the infant's physical or mental impairment and an explanation of how to modify the meal or meal service to accommodate the infant's disability. The statement must be submitted and kept on file by the center or day care home.

In addition, a one-month period for children 24 and 25 months is allowed to transition from whole milk to low-fat or fat-free milk. This means that meals served to children 24 months to 25 months old that contain whole milk or reduced-fat milk (2%) may be claimed for reimbursement.

FLAVORED MILK

Flavored milk contains all the major nutrients found in unflavored milk. Flavored milk (commercially prepared and plain milk that is flavored with syrup or straws) also contains added sugars and the Dietary Guidelines recommends that all Americans reduce their consumption of added sugars. To better align with the Dietary Guidelines' recommendation and help children develop healthy eating practices early, FNS established the following requirements for flavored milk:

1. *Children 1 through 5 years old:* Meals served to children 1 through 5 years old that contain flavored fluid milk and flavored non-dairy beverages cannot be claimed for reimbursement.

2. *Children 6 years old and older and adults:* If flavored milk is served to children 6 years old and older or adults it must be fat-free. This is consistent with the National School Lunch and School Breakfast Programs. It is important to note that adding syrup or milk powder to low-fat (1%) milk is not allowed because only fat-free milk may be flavored.

CACFP centers and day care homes must comply with these flavored milk requirements.

FLUID MILK SUBSTITUTES (NON-DAIRY BEVERAGES)

For children or adults who cannot consume fluid milk due to non-disability medical or other special dietary needs, non-dairy beverages may be served in place of fluid milk. Non-dairy beverages 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. The nutrient standards for non-dairy beverages are outlined later in this manual section under Fluid Milk Substitutions for Non-disability Reasons.

Non-dairy beverages served to children 1 through 5 years old must be unflavored due to the higher sugar content of flavored varieties.

Parents, guardians, adult participants, or a person on-behalf of the adult participant, must provide a written request for the non-dairy milk substitution that is nutritionally equivalent to milk. A medical statement is not required. For example, if a parent has a child who follows a vegan diet, the parent must submit a written request to the child's center or day care home asking that soy milk be served in place of cow's milk. The written request must identify the medical or other special dietary need that restricts the diet of the child or adult. Non-dairy beverage substitutions are served at the option and the expense of the center or day care home.

Idaho SDE has identified fluid milk substitutions that are available in the State of Idaho. The list of milk substitutions is available to Institutions in MyIdahoCNP under Download Forms.

A medical statement is required for non-dairy substitutions due to a disability that do not meet the nutritional standards of cow's milk as described above. Requiring non-dairy beverages to be nutritionally equivalent to cow's milk ensures children receive vital nutrients needed for growth and development. A medical statement for non-dairy beverages that are not nutritionally equivalent to cow's milk provides the assurance that the beverage substitute is meeting the nutritional needs of the child or adult participant. For more information on medical statement requirements please refer to the Medical Statement section in this document.

MILK BEST PRACTICES

Serve only unflavored milk to all participants. If flavored milk is served to children 6 years

old and older, or adults, use the Nutrition Facts Label to select and serve flavored milk that contains no more than 22 grams of sugar per 8 fluid ounces, or the flavored milk with the lowest amount of sugar if flavored milk within this sugar limit is not available.

Serve water as a beverage when serving yogurt in place of milk for adults.

VEGETABLES

In the CACFP meal pattern there is a separate vegetable component and fruit component at lunch, supper, and snack. This change means children and adults are offered a serving of vegetables and a serving of fruit at lunch and supper. In addition, a snack with a vegetable and fruit in the appropriate minimum serving sizes is reimbursable. Separate vegetable and fruit components will help increase the variety of vegetables and fruits served and consumed by children and adults.

To increase flexibility in menu planning, centers and day care homes may choose to serve two vegetables at lunch and supper, rather than a serving of vegetables and a serving of fruit. This means that the fruit component at lunch and supper may be substituted by an additional vegetable. The substituted vegetable must be at least the same serving size as the fruit component it replaced. To be consistent with the Dietary Guidelines' recommendation that all Americans should eat a variety of vegetables, when two vegetables are served at lunch or supper, they must be two different kinds of vegetables. Please note that vegetables do not need to be from different vegetable subgroups (e.g., dark green vegetables, red and orange vegetables, starchy vegetables, beans and peas (legumes), or other vegetables). See the table below for examples of reimbursable lunch or supper meals featuring a fruit and a vegetable, or two vegetables, in lieu of fruit. Centers and day care homes cannot serve two fruits at lunch or supper meals under the updated meal patterns.

Required components	Sample menu, fruit and vegetable (Ages 3-5)	Sample menu, two vegetables (Ages 3-5)	Sample menu, fruit and vegetable (Ages 6-12)	Sample Menu, two vegetables (Ages 6-12)
Meat/meat alternates	1.5 oz. chicken salad	1.5 oz. chicken salad	2 oz. chicken salad	2 oz. chicken salad
Vegetables	¼ cup green beans	¼ cup cauliflower	½ cup broccoli	½ cup sweet potato
Fruit	¼ cup diced peaches	¼ cup carrots	¼ cup apple slices	¼ cup zucchini
Grain	½ whole wheat pita	½ whole wheat pita	1 whole wheat pita	1 whole wheat pita
Milk	¾ cup unflavored, low-fat milk	¾ cup unflavored, low-fat milk	1 cup unflavored, low-fat milk	1 cup unflavored, low-fat milk

Vegetables and fruit are one combined component at breakfast meals. Centers and day care homes can continue to serve vegetables, fruits, or a combination of both at breakfast.

A serving may contain fresh, frozen, or canned vegetables, dry beans and peas (legumes), or vegetable juice. All vegetables are credited based on their volume as served, except that 1

cup of leafy greens counts as 1/2 cup of vegetables.

Pasteurized, full-strength vegetable juice may be used to fulfill the entire requirement. Vegetable juice or fruit juice may only be served at one meal, including snack, per day. Cooked dry beans or dry peas may be counted as either a vegetable or as a meat alternate, but not as both in the same meal.

Each vegetable in a combination dish or garnishes must be at a minimum of 1/8 cup to be counted toward part of the vegetable meal pattern requirement. For example, lettuce on a sandwich must be at least 1/8 cup equivalent to count toward the vegetable meal pattern requirement. Fresh, frozen, or canned fruit or vegetables, 100% fruit or vegetable juice, and 100% fruit and vegetable blends may be credited toward the meal pattern when contained in smoothies. Pureed vegetables and fruits, when served in a smoothie, credit as juice, and as such are subject to the juice limitation to serve at only one meal or snack per day.

100% juice blends and purees credit as either a fruit or a vegetable. Juice blends and purees will contribute to the food component with the highest ingredient amount. For example, if the juice blend or puree contains more fruits than vegetables, the beverage would contribute to the fruit component. If it has more vegetables than fruit, it would contribute to the vegetable component.

FRUITS

A serving of fruit may contain fresh, frozen, canned, dried fruits, or fruit juice. All fruits are based on their volume as served, except that 1/4 cup of dried fruit counts as 1/2 cup of fruit. Pasteurized, full-strength fruit juice may be used to fulfill the entire requirement. Fruit juice or vegetable juice may only be served at one meal, including snack, per day. A vegetable may be used to meet the entire fruit requirement at lunch and supper. When two vegetables are served at lunch or supper, two different kinds of vegetables must be served.

Each fruit in a combination dish or garnishes must be at a minimum of 1/8 cup to be counted toward part of the fruit meal pattern requirement. For example, blueberries in a yogurt parfait must be at least 1/8 cup equivalent to count toward the fruit meal pattern requirement.

VEGETABLE AND FRUIT BEST PRACTICES

1. Serve a variety of fruits and choose whole fruits (fresh, canned, frozen, or dried) more often than juice.
2. Provide at least one serving each of dark green vegetables, red and orange vegetables, beans and peas (legumes), starchy vegetables, and other vegetables once per week.
3. Make at least one of the two required components of snack a vegetable or a fruit.

GRAINS

All creditable grains must be made with enriched or whole grain meal or flour (7 CFR 226.20(a)(4)(i)). Whole grains contain the bran, germ and endosperm. Common whole grain ingredients are cracked wheat, crushed wheat, whole wheat flour, graham flour, bromated whole wheat flour and whole durum wheat flour. Some other common names for whole grains include:

1. Those with the word “whole” listed before the grain, for example, whole corn.
2. Those with words berries and groats, for example, wheat berries or oat groats; and
3. Rolled oats and oatmeal.

Other grain ingredients are considered non-creditable. There may be times when non-creditable grains appear in the ingredient list of a food. Some examples of non-creditable grain ingredients include: bromated flour, durum flour, white flour, semolina, wheat starch, corn starch, modified food starch, and vegetable flours (e.g., potato and legume flours). Non-creditable grains in insignificant amounts are acceptable. To the extent possible, centers and day care homes should choose foods with an insignificant amount of non-creditable grains. If the product has the statement “contains 2% or less,” any ingredients listed after that is considered insignificant. For example, an ingredient list may state “contains less than 2% of wheat flour and corn starch.” In this example, the wheat flour and corn starch can be disregarded.

A serving of grains may contain whole grain-rich or enriched bread, cornbread, biscuits, rolls, muffins, and other bread products; or whole grain-rich, enriched, or fortified cereal grain, cooked pasta or noodle products, or breakfast cereal; or any combination of these foods. Grain is a required component at breakfast, lunch and supper meals, and is optional at snack.

ENRICHED GRAINS

Enriched grains are grains that have certain B vitamins and iron added back to them after processing. There are two simple ways to determine if a grain is enriched. The following checklist can be used to determine if a grain is enriched. The food must meet at least one of the following in order to be creditable:

1. The food is labeled as enriched.
2. An enriched grain is listed as the first ingredient on the food’s ingredient list, or second after water. The label will usually say “enriched flour” or “enriched wheat flour,” or there is a sub-listing of nutrients used to enrich the ingredient. For example, in this ingredient list, the yellow corn flour has a sub-list of nutrients used to enrich it: “whole wheat flour, yellow corn flour {folic acid, riboflavin, niacin, and thiamine}”.

WHOLE GRAIN-RICH

At least one serving per day, across all eating occasions of bread, cereals, and grains, must be whole grain-rich. Whole grain-rich means that at least half the grains food are whole grain and the remaining grain ingredients are enriched, bran or germ. This whole grain-rich requirement only applies to meals or snacks served to children and adults; it does not apply to infants (ages 0-11 months).

There are six simple ways to determine if a grain product meets the whole grain-rich criteria. The following checklist can be used to decide if a grain is whole grain-rich. The food must meet at least one of the following:

1. **Labels.** Certain breads and pastas that have the words “whole wheat” in the name are whole grain-rich. Grain products that are specifically labeled as “whole wheat bread, rolls or buns”, “entire wheat bread, rolls, and bunds”, “graham bread, rolls and buns”, “whole wheat spaghetti, vermicelli, macaroni and macaroni products” meet the whole grain-rich criteria.
2. **The *Rule of Three*.** Foods are whole grain-rich if the first ingredient on the food’s ingredient list (or second after water) is whole grain, and the second and third grain ingredients are creditable (whole or enriched grains, bran, or germ). Also referred to as the rule of three. Some examples of whole grain ingredients are whole wheat, brown rice or wild rice, oatmeal, bulgur, whole-grain corn or whole corn, quinoa, whole barley, whole corn flour, whole cornmeal, whole oats, rolled oats, whole rye, rye berries, graham flour, whole durum flour, whole wheat flour, and whole wheat pasta. For a more extensive list please see the Identifying Whole Grain-Rich Foods in CACFP Using the Ingredient List located at <https://fns-prod.azureedge.net/sites/default/files/resource-files/CACFPworksheetIdentifyingWholeGrain.pdf>
3. **WIC Lists.** Aside from cereals, any grain included on a State’s Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Approved Foods List is considered whole grain-rich in the CACFP. This includes tortillas, pastas, rice, and breads on a State WIC list. Not all cereals on a WIC list are whole grain-rich. When using the WIC list to choose a whole grain-rich cereal, be sure to choose one that is marked as whole grain on the WIC list.
4. **Whole Grain-Rich in Schools.** Foods that are considered whole grain-rich in the School Meals program (National School Lunch Program and School Breakfast Program) are whole grain-rich in the CACFP. Note: Not all grains served in School Meals programs are whole grain-rich, so be sure to look specifically for foods that are whole grain-rich.

5. **FDA Whole Grain Health Claims.** The product includes one of the following Food and Drug Administration approved whole-grain health claims on its packaging:

- a) “Diets rich in whole grain foods and other plant foods and low in total fat, saturated fat, and cholesterol may reduce the risk of heart disease and some cancers.”; or
- b) “Diets rich in whole grain foods and other plant foods, and low in saturated fat and cholesterol, may help reduce the risk of heart disease.”

FNS is allowing the FDA whole grain health claims to be sufficient documentation to demonstrate compliance with the whole grain-rich criteria in the CACFP, only. The FDA whole grain health claims are not sufficient documentation to demonstrate a grain is whole grain-rich in the School Meal Programs.

6. **Documentation.** Foods that have a standardized recipe or documentation such as a Child Nutrition (CN) label or a Product Formulation Statement (PFS) showing that whole grains are the primary grain ingredient in the food are whole grain-rich in the CACFP. When a whole grain is not listed as the first ingredient, the primary ingredient by weight may be whole grain if there are multiple whole-grain ingredients and the combined weight of those whole grains is more than the weight of the other ingredients. For example, bread may be made with three grain ingredients: enriched wheat flour (40 percent of grain weight), whole-wheat flour (30 percent of grain weight) and whole oats (30 percent of grain weight). The combined weight of the two whole-grain ingredients (whole wheat and whole oats at 60 percent) is greater than the enriched wheat flour (at 40 percent), even though the enriched wheat flour is listed first on the ingredient list. This bread could meet the whole grain-rich criteria with proper documentation from the manufacturer or a standardized recipe, for foods prepared by a CACFP center or day care home.

If the first ingredient (or second after water) on a grain food’s (e.g., breads and rolls) ingredient list or the grain portion of a mixed product’s (e.g., breaded chicken patties) ingredient list is not whole grain or enriched, centers and day care homes must request proper documentation from a manufacturer demonstrating the primary grain ingredient by weight is whole grain to decide if the product meets the whole grain-rich criteria. Proper documentation from a manufacturer is a product formulation statement. Please refer to the Menu Planning and Menu Record Requirements section of this manual for more information on product formulation statements and standardized recipes and what documentation is acceptable to demonstrate that a grain is creditable and contains an insignificant amount of non-creditable grains.

BREAKFAST CEREALS

Breakfast cereals include ready-to-eat, instant and regular hot cereals. To be creditable in CACFP, breakfast cereals must be whole grain-rich, enriched, or fortified. Cereal products that have been fortified are labeled as such and have an ingredient statement similar to the following (for EXAMPLE purposes only): “Ingredients: Whole wheat, sugar, oats, contains 2% or less of salt, baking soda, caramel color, annatto color, BHT for freshness. Vitamins and Minerals: Vitamin C (sodium ascorbate, ascorbic acid), niacin amide, vitamin B6 (pyridoxine hydrochloride), reduced iron, zinc oxide, folic acid, vitamin B2 (riboflavin), vitamin B1 (thiamin hydrochloride), vitamin A palmitate, vitamin D, vitamin B12.”

In addition, breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21.2 grams sucrose and other sugars per 100 grams of dry cereal). If a ready-to-eat breakfast cereal has a whole grain as the first ingredient (or second after water), and it is fortified, it meets the whole grain-rich criteria. As a reminder, only iron-fortified infant cereals and ready-to-eat cereals are reimbursable in the infant meal pattern.

There are several ways for centers and day care homes to determine if a breakfast cereal is within the sugar limit. Centers and day care homes may use any one of the following methods to determine if a breakfast cereal meets the sugar limit:

1. Use any state agency’s Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) approved breakfast cereal list. Similar to CACFP, all WIC-approved breakfast cereals must contain no more than 6 grams of sugar per dry ounce (21.2 grams of sugar per 100 grams).
2. Use USDA’s Team Nutrition training worksheet “Choose Breakfast Cereals That Are Low in Added Sugar” or Idaho wallet sugar limit card. The worksheet or wallet card includes a chart with common breakfast cereal serving sizes and the maximum amount of sugar the breakfast cereal may contain per serving.
3. Use the Nutrition Facts label on the breakfast cereal packaging to calculate the sugar content per dry ounce.
 - a) First, find the serving size in grams at the top of the Nutrition Facts label and the sugars listed towards the middle.
 - b) Next, divide the total sugars by the serving size in grams.
 - c) If the answer is equal to or less than 0.212, then the cereal is within the required sugar limit and may be creditable in CACFP.
4. Use an FNS-provided alternate calculation that uses rounding and aligns with the Team Nutrition training worksheet or Idaho wallet card noted above:
 - a) First, find the serving size in grams at the top of the Nutrition Facts label.

- b) Multiply the serving size in grams by 0.212.
- c) If the answer in step 2 ends in 0.5 or more, round the number up to the next whole number. If the answer in step 2 ends in 0.49 or less, round the number down to the next whole number. For example, if the answer in step 2 is 4.24, it is rounded down to 4.
- d) Next, find the Sugars listed towards the middle of the Nutrition Facts label.
- e) Compare the number from Step 4 with the number in Step 3. If the number from Step 4 is equal to, or less than, the number in Step 3, the cereal meets the sugar limit and may be creditable in the CACFP.

As long as a breakfast cereal meets the sugar limit using at least one of the methods described above, it is considered within the sugar limit. Centers and day care homes must demonstrate they are serving meals that meet the meal pattern requirements, including grain requirements. Centers and day care homes must maintain written documentation for all cereals served in their facilities. This includes a Nutrition Facts label (that includes the cereal name and ingredient list) and/or a copy of any state's WIC approved breakfast cereal list.

GRAIN-BASED DESSERTS

The Dietary Guidelines recommend limiting consumption of added sugars and saturated fats as part of a healthy eating pattern. It identifies grain-based desserts as sources of added sugars and saturated fats. To better align the CACFP meal patterns with the Dietary Guidelines, grain-based desserts do not count towards the grain requirement at any meal or snack (7 CFR 226.20(a)(4)(iii)). This will help reduce the amount of added sugars and saturated fats that children and adults consume.

Grain-based desserts are those items that are denoted with a superscript 3 or 4 in the revised Exhibit A in the Food Buying Guide. Under the revised Exhibit A, the following foods are considered grain-based desserts:

1. cookies,
2. sweet pie crusts,
3. doughnuts,
4. cereal bars,
5. breakfast bars,
6. granola bars,
7. sweet rolls,
8. toaster pastries,
9. cake,
10. coffee cake, and
11. brownies.

Please note, Exhibit A does not include all possible grains, in situations in which a menu planner is considering serving an item that is not in Exhibit A, a general rule of thumb is to consider the common perception of the food item and whether it is thought of as a dessert; using this common sense is particularly important when a food item may not be labeled as a dessert (e.g., a cookie labeled as a “breakfast round”). If you are unsure about a food item, always work with SDE to determine if a food item is a grain-based dessert.

Sweet crackers were excluded from being designated as a grain-based dessert in the CACFP. This revision does not change the designation of sweet crackers for the School Meal Programs K-12 meal pattern requirements.

As a best practice, FNS encourages centers and day care homes to serve sweet crackers on a limited basis because of their higher added sugar content.

FNS recognizes that centers and day care homes may want to occasionally serve grain-based desserts, such as for celebrations or other special occasions. As a reminder, centers and day care homes continue to have the flexibility to serve grain-based desserts as an additional food item that does not contribute to the meal components required for reimbursement.

GRAINS BEST PRACTICE

1. Provide at least two servings of whole grain-rich grains per day.

MEAT AND MEAT ALTERNATES

Meat and meat alternates must be served in a main dish, or in a main dish and one other menu item. The creditable quantity of meat and meat alternates must be the edible portion as served of:

1. Lean meat, poultry, or fish;
2. Alternate protein products;
3. Cheese, or an egg;
4. Cooked dry beans or peas;
5. Peanut butter; or
6. Any combination of these foods.

To be counted toward meeting any part of the meat and meat alternate requirement, a food item must provide a minimum of ¼ ounce cooked lean meat or meat equivalent. The rest of the required meat and meat alternate requirement serving must be met by adding other meat and meat alternate requirement foods.

NUTS AND SEEDS

Nuts and seeds and their butters are allowed as meat alternates in accordance with FNS guidance. For lunch and supper meals, nuts or seeds may be used to meet one-half of the meat and meat alternate component. They must be combined with other meat and meat alternates to meet the full requirement for a reimbursable lunch or supper. Nut and seed meals or flours may be used only if they meet the requirements for alternate protein products (see below). Acorns, chestnuts, and coconuts cannot be used as meat alternates because of their low protein and iron content.

YOGURT

Four ounces (weight) or 1/2 cup (volume) of yogurt equals one ounce of the meat and meat alternate component. Yogurt may be used to meet all or part of the meat and meat alternate component as follows:

1. Yogurt may be plain or flavored, unsweetened, or sweetened;
2. Yogurt must contain no more than 23 grams of total sugars per 6 ounces;
3. Noncommercial or commercial standardized yogurt products, such as frozen yogurt, drinkable yogurt products, homemade yogurt, yogurt flavored products, yogurt bars, yogurt covered fruits or nuts, or similar products are not creditable; and
4. For adult participants in adult day care centers, yogurt may only be used as a meat alternate when it is not also being used as a fluid milk substitute in the same meal.
5. Yogurt in smoothies at any meal or snack may count toward the meat/meat alternate component for children ages one and older and adult participants to meet the meal pattern per policy memo CACFP 05-2014(v.3)

TOFU AND SOY PRODUCTS

Commercial tofu and soy products may be used to meet all or part of the meat and meat alternate component in accordance with FNS guidance. Tofu does not have a Federal standard of identity. For the purposes of the CACFP, tofu must be commercially prepared and meet the following definition, “a soybean-derived food...basic ingredients [in tofu] are whole soybeans, one or more food-grade coagulants (typically a salt or an acid), and water.” Non-commercial and non-standardized tofu and soy products are not creditable and cannot be used.

To credit tofu in the CACFP meal pattern, 2.2 ounces (1/4 cup) of commercially prepared tofu, containing at least 5 grams of protein, is creditable as 1.0 ounce equivalent meat alternate.

Tofu is widely recognized as a meat substitute, comes in a variety of textures (for example, silken, soft, firm, and extra firm) and may be served in a variety of ways, including in culturally appropriate and traditional dishes. Firm or extra firm tofu in stir-fries, omelets, and

miso soup may credit towards the meat alternate component. However, soft or silken tofu that is incorporated into drinks, such as smoothies, or other dishes to add texture or improve nutrition, such as in baked desserts, does not credit toward the meat alternate component. Meat substitute products such as links and sausages made from tofu are also easily recognizable as meat substitutes and can be included in a meal. Tofu noodles are not easily recognizable as a meat substitute since noodles imitate the grains component. Therefore, tofu noodles are a non-creditable tofu.

When considering processed tofu products such as links and sausages made from tofu as meat alternates for the reimbursable meal, the tofu ingredient must contain the required 5 grams of protein, which is not shown on a nutrition facts label. Therefore, the center or day care home must obtain a CN label or Product Formulation Statement (PFS) from the manufacturer to document how the product meets the CACFP meal pattern requirements.

If a center or day care home purchases tofu to include in a recipe, the updated interactive Food Buying Guide does have the yield information for purchasing and crediting tofu to the meal pattern.

For soy yogurt, ½ cup (4.0 fluid ounces) is creditable as 1.0 ounce equivalent meat alternate. Additional purchasing and yield information for soy yogurt is located in the interactive Food Buying Guide.

BEANS AND PEAS (LEGUMES)

Cooked dry beans and peas may be used to meet all or part of the meat and meat alternate component. Beans and peas include black beans, garbanzo beans, lentils, kidney beans, mature lima beans, navy beans, pinto beans, and split peas. Beans and peas may be counted as either a meat alternate or as a vegetable, but not as both in the same meal.

OTHER MEAT ALTERNATES

Other meat alternates, such as cheese, eggs, and nut butters may be used to meet all or part of the meat and meat alternate component.

ALTERNATE PROTEIN PRODUCTS

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

An alternate protein product used in meals planned whether used alone or in combination with meat or meat alternate must meet the following criteria:

1. 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.
2. 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).

3. 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).
4. Manufacturers supplying an alternate protein product to participating schools or Institutions must provide documentation that the product meets the criteria in this section.
5. Manufacturers should provide information on the percent protein contained in the dry alternate protein product and on an as prepared basis.
6. For an alternate protein product mix, manufacturers should provide information on:
 - a) The amount by weight of dry alternate protein product in the package;
 - b) Hydration instructions; and
 - c) Instructions on how to combine the mix with meat or other meat alternates.

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

Schools, Institutions, and service institutions may use alternate protein products to fulfill all or part of the meat/meat alternate component as described in this manual section. The following terms and conditions apply:

1. 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.
2. Alternate protein products may be used in the dry form (non-hydrated), or 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).

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

Schools, Institutions, and service institutions may use a commercially prepared meat or meat alternate products combined with alternate protein products or use a commercially prepared product that contains only alternate protein products. To credit the food item to the meal pattern the facility must maintain a manufacturer’s product formulation statement.

MEAT AND MEAT ALTERNATES BEST PRACTICES

1. Serve only lean meats, nuts, and legumes.
2. Limit serving processed meats to no more than one serving per week. A processed meat is any meat preserved by smoking, curing or salting, or with the addition of chemical preservatives. Processed meat includes salami, bologna and other

luncheon meats, hot dogs, pepperoni, and bacon. It is important for any processed meats offered that the facility maintains a CN label or product formulation statement to determine the creditable serving size.

3. Serve only natural cheeses and choose low-fat or reduced-fat cheeses. Some examples might include low-fat cottage cheese, reduced-fat string cheese, or reduced-fat cheddar cheese. Make sure that the label does not list “imitation cheese” or “cheese product” as these foods do not count towards a reimbursable meal.

COMBINATION FOODS

Combination foods, either commercially prepared or homemade, served to children or adult participants that contain more than one food item from different food components that cannot be separated (Examples: casserole dishes, soups, and breaded meat items) may credit for no more than three different meal pattern components in a meal. If all components have been properly documented via a CN label, product formulation statement or standardized recipe, up to one meat/meat alternate component, one grain component and one vegetable or one fruit component may be counted toward the meal pattern. Example: A pizza that contains the crust, cheese and tomato sauce may credit for grain, meat/meat alternate and the vegetable components of the meal.

If the combination food is homemade the center or day care home must have a written standardized recipe to prepare the food item. To count a homemade combination food item toward meal pattern component requirements, the standardized recipe must document the amount of creditable ingredients in the product. For commercially prepared combination food items on the menu, the center or day care home must have a Child Nutrition (CN) Label or documentation from the food manufacturer in the form of a Product Formulation Statement that certifies the amount of creditable ingredients in the product. Please refer to the Meal Planning and Menu Record section of this manual for more information on standardized recipes, CN Labels and Product Formulation Statements.

ADDITIONAL BEST PRACTICES

1. Incorporate seasonal and locally produced foods into meals.
2. Limit serving purchased pre-fried foods to no more than one serving per week.
3. Avoid serving non-creditable foods that are sources of added sugars, such as sweet toppings (e.g., honey, jam, syrup), mix-in ingredients sold with yogurt (e.g., honey, candy or cookie pieces), and sugar-sweetened beverages (e.g., fruit drinks or sodas).
4. In adult day care centers, offer and make water available to adults upon their request throughout the day.

Feeding Infants in CACFP

Institutions must offer CACFP meals that meet the infant meal pattern requirements (7 CFR 226.20(b)) to all infants enrolled in care at the center or home. A center or day care home may not 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. Decisions on offering CACFP meals must be based on whether the infant is enrolled for care in a participating CACFP center or day care home, not if the infant is enrolled in the CACFP.

Centers and homes that provide care for infants must provide to parents and maintain a signed Infant Benefit Notification Form for all infants in care. The form describes the infant meal pattern; the type of formula(s) offered by the facility and collects parents’ preferences for feeding their infant. The Infant Benefit Notification Form is located in MyIdahoCNP under Download Forms.

Foods in reimbursable meals served to infants ages birth through 11 months must be of a texture and a consistency that are appropriate for the age and development of the infant being fed. Since infants do not eat on a strict meal schedule, foods must be served during a span of time consistent with the infant's eating habits. Please refer to the Meal Planning and Menu Record Requirement section of this manual for information on how to document meals and snacks served to infants.

Breast milk, or FDA approved iron-fortified infant formula is the only food a newborn needs, and the American Academy of Pediatrics (AAP) recommends exclusive breast-feeding for the first 6 months after birth. Around 6 months, most babies are ready to begin eating solid foods as a complement to breast-feeding or formula-feeding. It's during this time that babies typically stop using their tongues to push food out of their mouths and begin to develop the coordination to move solid food from the front of the mouth to the back for swallowing.

There is no single, direct signal to determine when an infant is developmentally ready to accept solid foods. An infant’s readiness depends on his or her rate of development. The AAP provides the following guidelines to help determine when an infant is developmentally ready to accept solid foods:

1. The infant is able to sit in a high chair, feeding seat, or infant seat with good head control;
2. The infant opens his or her mouth when food comes his or her way. He or she may watch others eat, reach for food, and seem eager to be fed;
3. The infant can move food from a spoon into his or her throat; and
4. The infant has doubled his or her birth weight.

BREAST MILK AND IRON-FORTIFIED FORMULA

Breastmilk or iron-fortified infant formula, or portions of both, must be served to infants' birth through 11 months of age. An institution or facility must offer at least one type of iron-fortified infant formula. Meals containing breastmilk or iron-fortified infant formula supplied by the institution or facility, or by the parent or guardian, are eligible for reimbursement. Formula or breast milk mixed into infant cereal may not be credited toward meeting the minimum portion size of fluid formula or breast milk required on the meal pattern.

Cows' milk in any form (whole, 2%, 1%, or nonfat) may not be served to infants under 12 months of age without a medical statement form signed and certified by a licensed physician (MD or DO), physician assistant, nurse practitioner, naturopathic medical doctor or dentist. The statement should include a description of the infant's physical or mental impairment and an explanation of how to modify the meal or meal service to accommodate the infant's disability. The statement must be submitted to the Institution and kept on file by the center or day care home.

PARENT OR GUARDIAN PROVIDED BREASTMILK OR IRON-FORTIFIED FORMULA

A parent or guardian may, at their discretion, choose to accept the offered formula, or decline the offered formula by the center or day care home and supply expressed breastmilk or a creditable iron-fortified infant formula instead. Meals containing parent or guardian provided expressed breastmilk or creditable infant formula that are served to the infant by the child care provider are eligible for reimbursement, including meals when an infant is only consuming breastmilk or infant formula.

MOTHER BREAST FEEDING ONSITE

Additionally, in recognition of the numerous benefits of breastfeeding, and that the AAP recommends breastmilk as the optimal source of nutrients through the first year of life, centers and day care homes may claim reimbursement of meals when a mother directly breastfeeds her infant.

When a parent or guardian chooses to provide breastmilk (expressed breastmilk or by directly breastfeeding on-site) or a creditable infant formula and the infant is consuming solid foods, the center or day care home must supply all the other required food components in order for the meal to be reimbursable. The CACFP meal pattern requirements allow parents or guardians to provide only one food component for a reimbursable infant meal. If parents/guardians wish to provide more than one component, the meal would not be reimbursable.

BREASTFED INFANTS

For some breastfed infants who regularly consume less than the minimum amount of breastmilk per feeding, a serving of less than the minimum amount of breastmilk may be

offered. In these situations, additional breastmilk must be offered at a later time and prior to the next meal service, if the infant will consume more, to meet the minimum serving size offered and claim the meal or snack for reimbursement.

Expressed breast milk provided by the mother should be properly identified and labeled with the infant's name and the date the milk was collected. Breast milk identified for a particular infant should only be served to that infant. Breast milk should be stored and handled according to applicable state and local laws and regulations governing health and safety standards.

The Academy of Breastfeeding Medicine recommends a storage time of 72 hours for refrigerated breastmilk. Accordingly, to follow current scientific recommendations, breastmilk may be stored at the center or day care home in a refrigerator for up to 72 hours from the date the breastmilk was expressed. Bottles of expressed breastmilk must be stored in a refrigerator kept at 40o Fahrenheit (4.4o Celsius) or below. This is consistent with recommendations from the AAP and the Centers for Disease Control and Prevention. Centers and day care homes should continue to follow all other breastmilk handling and storage guidelines listed in Feeding Infants: A Guide for Child Nutrition Programs.

IRON-FORTIFIED FORMULA

As part of offering a meal that is compliant with the CACFP infant meal pattern requirements, centers and day care homes with infants in their care must offer at least one type of iron-fortified infant formula (7 CFR 226.20(b)(2)).

The Food and Drug Administration (FDA) defines iron-fortified infant formula as a product "which 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" (21 CFR 107.10(b)(4)(i)). The number of milligrams (mg) of iron per 100 kilocalories (calories) of formula can be found on the Nutrition Facts label of infant formulas.

Formula prepared from powder or concentrate must be diluted according to manufacturers' instructions. The facility or Institution must have a written plan for mixing formula, sanitizing bottles and nipples and storing prepared formula to meet State and local health and safety standards.

Previously, FNS provided a list of Iron-Fortified Infant Formulas That Do Not Require a Medical Statement. FNS no longer maintains such a list due to the continuous development of new or re-formulated infant formula products. This makes maintaining an accurate, all-inclusive list impractical. Instead, the following criteria may be used to determine whether a formula is eligible for reimbursement:

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. Formulas classified as Exempt Infant Formulas by FDA may be served as a part of a reimbursable meal if the substitution is due to a disability and is supported by a medical statement signed and certified by a licensed physician (MD or DO), physician assistant, nurse practitioner, naturopathic medical doctor or dentist. The statement must be submitted to the Institution and kept on file by the center or day care home.
3. Look for the statement “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.
4. Use the nutrition facts label as a guide to ensure that the formula is iron-fortified. The nutritive values of each formula are listed on the product’s nutrition facts label. To be considered iron-fortified, an infant formula must have 1 mg of iron or more per 100 calories of formula when prepared in accordance with label directions.

Additionally, to be creditable for reimbursement, infant formula must be compliant with the FDA regulatory standards on infant formula. This is consistent with the Special Supplemental Nutrition Program for Women, Infants, and Children’s (WIC) infant formula requirements. It also ensures that all infant formulas served in the CACFP meet nutrient specifications and safety requirements. If a formula is purchased outside of the United States, it is likely that the formula is not regulated by the FDA. Infant formulas that are not regulated by the FDA are not creditable in the CACFP.

SDE will contact FNS Western Regional Office (WRO) in situations where the creditability of an infant formula is uncertain.

SOLID FOODS

The gradual introduction of solid foods may begin at six months of age, or before or after six months of age if it is developmentally appropriate for the infant and in accordance with FNS guidance.

The CACFP infant meal pattern includes two infant age groups: birth through the end of 5 months and the beginning of 6 months through the end of 11 months. The infant age groups will help delay the introduction of solid foods until around 6 months of age. It is important to delay the introduction of solid foods until around 6 months of age because most infants are typically not physiologically developed to consume solid foods until midway through the first year of life. According to the AAP, 6 to 8 months of age is often referred to as a critical window for initiating the introduction of solid foods to infants. In addition, by 7 to 8 months of age, infants should be consuming solid foods from all food groups (vegetables, fruits, grains, protein foods, and dairy).

Solid foods must be served to infants around 6 months of age, as it is developmentally appropriate for each individual infant. Once an infant is developmentally ready to accept solid foods, the center or day care home is required to offer them to the infant. Centers and day care homes must follow the eating habits of the infants, therefore, when introducing solid foods to infants, facilities shall start with foods that have already been introduced to the infant by the parent or guardians. Centers and day care homes should be in constant communication with an infant's parents or guardians about when and what solid foods to serve while the infant is in care. As a best practice, FNS recommends that parents or guardians request in writing when a center or day care home should start serving solid foods to their infant. To document the food items offered by the parent or guardian the center may use a meal plan form. A sample Individual Infant Meal and Snack Plan form is available to all Institutions in MyIdahoCNP Download Forms. It may also be reviewed in the Meal Planning and Menu Record Requirement section of this manual.

FNS recognizes that solid foods are introduced gradually, new foods may be introduced one at a time over the course of a few days, and an infant's eating patterns may change. For example, an infant may eat a cracker one week and not the next week. Centers and day care homes must follow the eating habits of infants. Meals should not be disallowed simply because one food was offered one day and not the next if that is consistent with the infant's eating habits. In addition, solid foods served to infants must be of a texture and consistency that is appropriate for the age and development of the infant being fed.

Allowing solid foods to be served when the infant is developmentally ready (around 6 months of age) better accommodates infants' varying rates of development and allows centers and day care homes to work together with the infant's parents or guardians to determine when solid foods should be served.

VEGETABLES AND FRUITS

The primary goal of updating the CACFP meal patterns is to help children establish healthy eating patterns at an early age. Offering a variety of nutrient dense foods, including vegetables and fruits (cooked, mashed, pureed, or small diced as needed to obtain the appropriate texture and consistency), can help promote good nutritional status in infants. Vegetables and fruits are required at breakfast, lunch, supper meals and snacks for infants that are developmentally ready to accept them (around 6 months of age). In addition, juice cannot be served as part of a reimbursable meal for infants of any age.

GRAINS

Iron-fortified infant cereals are often the first solid foods introduced to infants because they are easily digested and are filled with essential nutrients. To provide greater flexibility to the

menu planner, the meal pattern allows ready-to-eat cereals to be served at snack for infants that are developmentally ready to accept them. All ready-to-eat cereals served to infants must meet the same sugar limit as breakfast cereals served to children and adults in the CACFP. This means, ready-to-eat cereals served to infants at snack must contain no more than 6 grams of sugar per dry ounce. As a reminder, ready-to-eat cereals must also be whole grain-rich, enriched, or fortified in order to be creditable in the CACFP.

MEAT AND MEAT ALTERNATES

Meat and meat alternates are good sources of protein and provide essential nutrients for growing infants, such as iron and zinc. Some common examples of meat/meat alternates include poultry, fish, meat, yogurt, cheese, whole eggs, and dry beans. The infant meal pattern allows yogurt as a meat alternate for older infants who are developmentally ready to accept them. All yogurts served in the CACFP, including those served to infants, must contain no more than 23 grams of sugar per 6 ounces. In addition, the infant meal pattern no longer allows cheese food, imitation cheese, cheese product or cheese spread as creditable meat alternates. This is due to their higher sodium content, and the AAP recommends caregivers choose products lower in sodium. Regular cheese, however, is still creditable.

The infant meal patterns allow whole eggs as meat alternates. Crediting yogurt and whole eggs as meat alternates and the disallowance of cheese food and cheese spread in the infant meal patterns went into effect October 1, 2017.

DHA ENRICHED INFANT FOODS

Docosahexaenoic acid, known as DHA, is an omega-3 fatty acid that may be added to infant formulas and infant foods. While the science is mixed on the benefits of DHA and ARA (arachidonic acid, another omega-6 fatty acid), some studies suggest they may have positive effects on visual function and neural development.

According to the American Academy of Pediatrics, there is no current convincing evidence to delay the introduction of foods considered to be major food allergens, including eggs. Based on this, FNS is now allowing single-ingredient infant foods containing DHA to be creditable in the CACFP infant meal pattern. Child care centers and day care home providers now may serve and claim as part of a reimbursable meal, infant foods containing DHA, as long as they meet all other crediting requirements.

For more information on creditable foods in the infant menu pattern, infant development, infant nutritional requirements, breastfeeding and formula feeding, safe food handling and food preparation, and choking prevention please refer to Team Nutrition's "Feeding Infants-a Guide for Use in the Child Nutrition Programs". This handbook may be found at https://fns-prod.azureedge.net/sites/default/files/resource-files/FI_FullGuide-a.pdf.

INFANT MEAL PATTERN

Infant meals must have, at a minimum, each of the food components indicated, in the amount that is appropriate for the infant's age. The infant meal pattern has two age groups:

1. Birth through 5 months
2. 6 through 11 months

BIRTH THROUGH 5 MONTHS

Only breast milk or iron-fortified formula is required to meet the infant's nutritional needs.

BREAKFAST, LUNCH, SUPPER AND SNACK- 4 to 6 fluid ounces of breast milk or iron-fortified infant formula or portions of both.

6 THROUGH 11 MONTHS

Breastmilk or iron-fortified formula, or portions of both, is required. Meals are reimbursable when institutions and facilities provide all the components in the meal pattern that the infant is developmentally ready to accept.

BREAKFAST, LUNCH OR SUPPER

1. Six to 8 fluid ounces of breastmilk or iron-fortified infant formula, or portions of both; and
2. 0 to ½ ounce equivalent of iron-fortified dry infant cereal; or 0 to 4 tablespoons meat, fish, poultry, whole egg, cooked dry beans, or cooked dry peas; or 0 to 2 ounces (weight) of cheese; or 0 to 4 ounces (volume) of cottage cheese; or 0 to 4 ounces (volume) of yogurt; and
3. 0 to 2 tablespoons of vegetable, fruit, or portions of both.
4. Fruit juices and vegetable juices must not be served.

SNACK

1. Two to 4 fluid ounces of breastmilk or iron-fortified infant formula; and
2. 0 to 1/2 ounce equivalent bread; or 0-1/4 ounce equivalent crackers; or 0 to 1/2 ounce equivalent infant cereal or 0 to ¼ ounce equivalent ready-to-eat cereals; and
3. 0 to 2 tablespoons of vegetable or fruit, or portions of both.
4. Fruit juices and vegetable juices must not be served.
5. A serving of grains must be whole grain-rich, enriched meal, or enriched flour.

A one-month period for children between 12 and 13 months is allowed to transition from infant formula to fluid whole milk. Meals containing infant formula served to 12-month-old participants qualify for reimbursement without a Medical Statement Form. Breastmilk continues to be considered an acceptable milk alternative for children over 12 months of age.

Meals containing infant formula that are served to children 13 months and older are reimbursable when it is supported by a medical statement signed and certified by a licensed physician (MD or DO), physician assistant, nurse practitioner, naturopathic medical doctor or dentist. The statement should include a description of the infant’s physical or mental impairment and an explanation of how to modify the meal or meal service to accommodate the infant’s disability. The statement must be submitted and kept on file by the center or day care home.

INFANT MEAL PATTERN TABLES

The minimum amounts of food components to serve to infants by age groups and meal service.

Breakfast	
Birth through 5 months	6 through 11 months
4-6 fluid ounces breastmilk ¹ or formula ²	6-8 fluid ounces breastmilk ¹ or formula ² ; and 0-½ ounce equivalent infant cereal ^{2,3} 0-4 tablespoons meat, fish, poultry, whole egg, cooked dry beans, or cooked dry peas; or 0-2 ounces of cheese; or 0-4 ounces (volume) of cottage cheese; or 0-4 ounces or ½ cup of yogurt ⁴ ; or a combination of the above ⁵ ; and 0-2 tablespoons vegetable or fruit or a combination of both ^{5,6}

¹ Breastmilk or formula, or portions of both, must be served; however, it is recommended that breastmilk be served in place of formula from birth through 11 months. For some breastfed infants who regularly consume less than the minimum amount of breastmilk per feeding, a serving of less than the minimum amount of breastmilk may be offered, with additional breastmilk offered at a later time if the infant will consume more.

² Infant formula and dry infant cereal must be iron-fortified.

³ Refer to FNS guidance for additional information on crediting different types of grains.

⁴ Yogurt must contain no more than 23 grams of total sugars per 6 ounces.

⁵ A serving of this component is required when the infant is developmentally ready to accept it.

⁶ Fruit and vegetable juices must not be served.

Lunch and Supper	
Birth through 5 months	6 through 11 months
4-6 fluid ounces breastmilk ¹ or formula ²	6-8 fluid ounces breastmilk ¹ or formula ² ; and 0-½ ounce equivalent infant cereal ^{2,3} 0-4 tablespoons meat, fish, poultry, whole egg, cooked dry beans, or cooked dry peas; or 0-2 ounces of cheese; or 0-4 ounces (volume) of cottage cheese; or 0-4 ounces or ½ cup of yogurt ⁴ ; or a combination of the above ⁵ ; and 0-2 tablespoons vegetable or fruit or a combination of both ^{5,6}

¹ Breastmilk or formula, or portions of both, must be served; however, it is recommended that breastmilk be served in place of formula from birth through 11 months. For some breastfed infants who regularly consume less than the minimum amount of breastmilk per feeding, a serving of less than the minimum amount of breastmilk may be offered, with additional breastmilk offered at a later time if the infant will consume more.

² Infant formula and dry infant cereal must be iron-fortified.

³ Refer to FNS guidance for additional information on crediting different types of grains.

⁴ Yogurt must contain no more than 23 grams of total sugars per 6 ounces.

⁵ A serving of this component is required when the infant is developmentally ready to accept it.

⁶ Fruit and vegetable juices must not be served.

Snack	
Birth through 5 months	6 through 11 months
4-6 fluid ounces breastmilk ¹ or formula ²	2-4 fluid ounces breastmilk ¹ or formula ² ; and 0-½ ounce equivalent bread ^{3,7} ; or 0-¼ ounce equivalent crackers ^{3,7} ; or 0-½ ounce equivalent infant cereal ^{2,3} or 0-¼ ounce equivalent ready-to-eat breakfast Cereal ^{3,5,7,8} ; and 0-2 tablespoons vegetable or fruit, or a combination of both ^{5,6}

¹ Breastmilk or formula, or portions of both, must be served; however, it is recommended that breastmilk be served in place of formula from birth through 11 months. For some breastfed infants who regularly consume less than the minimum amount of breastmilk per feeding, a serving of less than the minimum amount of breastmilk may be offered, with additional breastmilk offered at a later time if the infant will consume more.

² Infant formula and dry infant cereal must be iron-fortified.

³ Refer to FNS guidance for additional information on crediting different types of grains.

⁵ A serving of this component is required when the infant is developmentally ready to accept it.

⁶ Fruit and vegetable juices must not be served.

⁷ A serving of grains must be whole grain-rich, enriched meal, or enriched flour.

⁸ Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21.2 grams sucrose and other sugars per 100 grams of dry cereal).

MEAL PATTERNS FOR CHILDREN AND ADULTS

Institutions and facilities must serve the food components and quantities specified in the following meal patterns for children and adult participants in order to qualify for reimbursement.

The child meal pattern reflects the amount of food required for normal growth and development of children. Children should be encouraged, but never forced, to eat all foods offered. The charts that follow show the required components for snacks and meals, with the minimum required serving sizes. Because older children have greater calorie needs, facilities and Institutions may serve larger portions to satisfy a child's appetite.

Child Meal Pattern Tables

BREAKFAST

Fluid milk, vegetables or fruit, or portions of both, and grains are required components of the breakfast meal. Meat and meat alternates may be used to meet the entire grains requirement a maximum of three times per week. The minimum amounts of food components to be served at breakfast are as follows:

Breakfast (Select all three components for a reimbursable meal)				
Food Components and Food Items ¹	Ages 1-2	Ages 3-5	Ages 6-12	Ages 13-18 ² (at-risk afterschool programs and emergency shelters)
Fluid Milk ³	4 fluid ounces	6 fluid ounces	8 fluid ounces	8 fluid ounces
Vegetables, fruits, or portions of both ⁴	1/4 cup	1/2 cup	1/2 cup	1/2 cup
Grains (oz. eq.) ^{5,6,7}				
Whole grain-rich or enriched bread	1/2 ounce	1/2 ounce	1 ounce	1 ounce
Whole grain-rich or enriched bread product, such as biscuit, roll or muffin	1/2 ounce	1/2 ounce	1 ounce	1 ounce
Whole grain-rich, enriched or fortified cooked breakfast cereal ⁸ , cereal grain, and/or pasta	1/4 cup	1/4 cup	1/2 cup	1/2 cup
Whole grain-rich, enriched or fortified ready-to-eat breakfast cereal (dry, cold) ⁸				

Flakes or rounds	½ cup	½ cup	1 cup	1 cup
Puffed cereal	¾ cup	¾ cup	1 ¼ cup	1 ¼ cup
Granola	⅛ cup	⅛ cup	¼ cup	¼ cup

¹ Must serve all three components for a reimbursable meal. Offer versus serve is an option for At-risk afterschool participants.

² Larger portion sizes than specified may need to be served to children 13 through 18 years old to meet their nutritional needs.

³ Must be unflavored whole milk for children age one. Must be unflavored low-fat (1 percent) or unflavored fat-free (skim) milk for children two through five years old. Must be unflavored low-fat (1 percent), unflavored or flavored fat-free (skim) milk for children six years old and older.

⁴ Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one meal, including snack, per day.

⁵ At least one serving per day, across all eating occasions, must be whole grain-rich. Grain-based desserts do not count towards meeting the grains requirement.

⁶ Meat and meat alternates may be used to meet the entire grains requirement a maximum of three times a week. One ounce of meat and meat alternates is equal to one ounce equivalent of grains.

⁷ Refer to FNS guidance for additional information on crediting different types of grains.

⁸ Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21.2 grams sucrose and other sugars per 100 grams of dry cereal).

LUNCH AND SUPPER

Fluid milk, meat and meat alternates, vegetables, fruits, and grains are required components in the lunch and supper meals. The minimum amounts of food components to be served at lunch and supper are as follows:

Lunch and Supper (Select all five components for a reimbursable meal)				
Food Components and Food Items ¹	Ages 1-2	Ages 3-5	Ages 6-12	Ages 13-18 ² (at-risk afterschool programs and emergency shelters)
Fluid Milk ³	4 fluid ounces	6 fluid ounces	8 fluid ounces	8 fluid ounces
Meat/meat alternates				
Lean meat, poultry, or fish	1 ounce	1 ½ ounce	2 ounces	2 ounces
Tofu, soy product, or alternate protein	1 ounce	1 ½ ounce	2 ounces	2 ounces
Cheese	1 ounce	1 ½ ounce	2 ounces	2 ounces
Large egg	½	¾	1	1

Cooked dry beans or peas	¼ cup	⅜ cup	½ cup	½ cup
Peanut butter or soy nut butter or other nut or seed butters	2 tbsp.	3 tbsp.	4 tbsp.	4 tbsp.
Yogurt, plain or flavored unsweetened or sweetened ⁵	4 ounces or ½ cup	6 ounces or ¾ cup	8 ounces or 1 cup	8 ounces or 1 cup
The following may be used to meet no more than 50% of the requirement: Peanuts, soy nuts, tree nuts, or seeds, as listed in program guidance, or an equivalent quantity of any combination of the above meat/meat alternates (1 ounce of nuts/seeds = 1 ounce of cooked lean meat, poultry, or fish)	½ ounce = 50%	¾ ounce = 50%	1 ounce = 50%	1 ounce = 50%
Vegetables ⁶	⅛ cup	¼ cup	½ cup	½ cup
Fruits ^{6,7}	⅛ cup	¼ cup	¼ cup	¼ cup
Grains (oz. eq.) ^{8,9}				
Whole grain-rich or enriched bread	½ ounce	½ ounce	1 ounce	1 ounce
Whole grain-rich or enriched bread product, such as biscuit, roll or muffin	½ ounce	½ ounce	1 ounce	1 ounce
Whole grain-rich, enriched or fortified cooked breakfast cereal ¹⁰ , cereal grain, and/or pasta	¼ cup	¼ cup	½ cup	½ cup

¹ Must serve all five components for a reimbursable meal. Offer versus serve is an option for at-risk afterschool participants.

² Larger portion sizes than specified may need to be served to children 13 through 18 years old to meet their nutritional needs.

³ Must be unflavored whole milk for children age one. Must be unflavored low-fat (1 percent) or unflavored fat-free (skim) milk for children two through five years old. Must be unflavored low-fat (1 percent), unflavored or flavored fat-free (skim) milk for children six years old and older.

⁴ Alternate protein products must meet the requirements in Appendix A to Part 226.

⁵ Yogurt must contain no more than 23 grams of total sugars per 6 ounces.

⁶ Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one meal, including snack, per day.

⁷ A vegetable may be used to meet the entire fruit requirement. When two vegetables are

served at lunch or supper, two different kinds of vegetables must be served.

⁸ At least one serving per day, across all eating occasions, must be whole grain-rich. Grain-based desserts do not count towards the grain's requirement.

⁹ Refer to FNS guidance for additional information on crediting different types of grains.

¹⁰ Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21.2 grams sucrose and other sugars per 100 grams of dry cereal).

SNACK

Serve two of the following five components: Fluid milk, meat and meat alternates, vegetables, fruits, and grains. Fruit juice, vegetable juice, and milk may comprise only one component of the snack. The minimum amounts of food components to be served at snacks are as follows:

Snack (Select two of the five components for a reimbursable snack)				
Food Components and Food Items ¹	Ages 1-2	Ages 3-5	Ages 6-12	Ages 13-18 ² (at-risk afterschool programs and emergency shelters)
Fluid Milk ³	4 fluid ounces	4 fluid ounces	8 fluid ounces	8 fluid ounces
Meat/meat alternates				
Lean meat, poultry, or fish	½ ounce	½ ounce	1 ounce	1 ounce
Tofu, soy product, or alternate protein products ⁴	½ ounce	½ ounce	1 ounce	1 ounce
Cheese	½ ounce	½ ounce	1 ounce	1 ounce
Large egg	½	½	½	½
Cooked dry beans or peas	⅓ cup	⅓ cup	¼ cup	¼ cup
Peanut butter or soy nut butter or other nut or seed butters	1 tbsp.	1 tbsp.	2 tbsp.	2 tbsp.
Yogurt, plain or flavored unsweetened or sweetened ⁵	2 ounces or ¼ cup	2 ounces or ¼ cup	4 ounces or ½ cup	4 ounces or ½ cup
Peanuts, soy nuts, tree nuts, or seeds	½ ounce	½ ounce	1 ounce	1 ounce
Vegetables ⁶	½ cup	½ cup	¾ cup	¾ cup
Fruits ⁶	½ cup	½ cup	¾ cup	¾ cup
Grains (oz. eq.) ^{7,8}				
Whole grain-rich or enriched bread	½ ounce	½ ounce	1 ounce	1 ounce

Whole grain-rich or enriched bread product, such as biscuit, roll or muffin	½ ounce	½ ounce	1 ounce	1 ounce
Whole grain-rich, enriched or fortified cooked breakfast cereal ⁹ , cereal grain, and/or pasta	¼ cup	¼ cup	½ cup	½ cup
Whole grain-rich, enriched or fortified ready-to-eat breakfast cereal (dry, cold) ⁹				
Flakes or rounds	½ cup	½ cup	1 cup	1 cup
Puffed cereal	¾ cup	¾ cup	1 ¼ cup	1 ¼ cup
Granola	⅛ cup	⅛ cup	¼ cup	¼ cup

¹ Select two of the five components for a reimbursable snack. Only one of the two components may be a beverage.

² Larger portion sizes than specified may need to be served to children 13 through 18 years old to meet their nutritional needs.

³ Must be unflavored whole milk for children age one. Must be unflavored low-fat (1 percent) or unflavored fat-free (skim) milk for children two through five years old. Must be unflavored low-fat (1 percent), unflavored or flavored fat-free (skim) milk for children six years old and older.

⁴ Alternate protein products must meet the requirements in Appendix A to Part 226.

⁵ Yogurt must contain no more than 23 grams of total sugars per 6 ounces.

⁶ Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one meal, including snack, per day.

⁷ At least one serving per day, across all eating occasions, must be whole grain-rich. Grain-based desserts do not count towards meeting the grains requirement.

⁸ Refer to FNS guidance for additional information on crediting different types of grains.

⁹ Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21.2 grams sucrose and other sugars per 100 grams of dry cereal).

ADULT MEAL PATTERN TABLES

BREAKFAST

Fluid milk, vegetables or fruit, or portions of both, and grains are required components of the breakfast meal. Meat and meat alternates may be used to meet the entire grains requirement a maximum of three times per week. The minimum amounts of food components to be served at breakfast are as follows:

Breakfast (Select all three components for a reimbursable meal)	
Food Components and Food Items ¹	Minimum Quantities
Fluid Milk ²	8 fluid ounces
Vegetables, fruits, or portions of both ³	½ cup
Grains (oz. eq.) ^{4,5,6}	
Whole grain-rich or enriched bread	2 ounces
Whole grain-rich or enriched bread product, such as biscuit, roll or muffin	2 ounces
Whole grain-rich, enriched or fortified cooked breakfast cereal ⁷ , cereal grain, and/or pasta	1 cup
Whole grain-rich, enriched or fortified ready-to-eat breakfast cereal (dry, cold) ⁷	
Flakes or rounds	2 cups
Puffed cereal	2 ½ cups
Granola	½ cup

¹ Must serve all three components for a reimbursable meal. Offer versus serve is an option for adult participants.

² Must be unflavored low-fat (1 percent), unflavored or flavored fat-free (skim) milk. Six ounces (weight) or ¾ cup (volume) of yogurt may be used to meet the equivalent of 8 ounces of fluid milk once per day when yogurt is not served as a meat alternate in the same meal.

³ Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one meal, including snack, per day.

⁴ At least one serving per day, across all eating occasions, must be whole grain-rich. Grain-based desserts do not count towards meeting the grains requirement.

⁵ Meat and meat alternates may be used to meet the entire grains requirement a maximum of three times a week. One ounce of meat and meat alternates is equal to one ounce equivalent of grains.

⁶ Refer to FNS guidance for additional information on crediting different types of grains.

⁷ Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21.2 grams sucrose and other sugars per 100 grams of dry cereal).

LUNCH AND SUPPER

Fluid milk, meat and meat alternates, vegetables, fruits, and grains are required components in the lunch and supper meals. The minimum amounts of food components to be served at lunch and supper are as follows:

Lunch and Supper (Select all five components for a reimbursable meal)	
Food Components and Food Items ¹	Minimum Quantities
Fluid Milk ^{2,3}	8 fluid ounces
Meat/meat alternates	
Lean meat, poultry, or fish	2 ounces
Tofu, soy product, or alternate protein product ⁴	2 ounces
Cheese	2 ounces
Large egg	1
Cooked dry beans or peas	½ cup
Peanut butter or soy nut butter or another nut or seed butter	4 tbsp.
Yogurt, plain or flavored, sweetened or unsweetened ⁵	8 ounces or 1 cup
The following may be used to meet no more than 50% of the requirement: Peanuts, soy nuts, tree nuts, or seeds, as listed in program guidance, or an equivalent quantity of any combination of the above meat/meat alternates (1 ounce of nuts/seeds = 1 ounce of cooked lean meat, poultry, or fish)	1 ounce = 50%
Vegetables ⁶	½ cup
Fruits ^{6,7}	½ cup
Grains (oz. eq.) ^{8,9}	
Whole grain-rich or enriched bread	2 ounces
Whole grain-rich or enriched bread product, such as biscuit, roll or muffin	2 ounces
Whole grain-rich, enriched or fortified cooked breakfast cereal ¹⁰ , cereal grain, and/or pasta	1 cup

¹ Must serve all five components for a reimbursable meal. Offer versus serve is an option for adult participants.

² Must be unflavored low-fat (1 percent), unflavored or flavored fat-free (skim) milk. Six ounces (weight) or ¾ cup (volume) of yogurt may be used to meet the equivalent of 8 ounces of fluid milk once per day when yogurt is not served as a meat alternate in the same meal.

³ A serving of fluid milk is optional for suppers served to adult participants.

⁴ Alternate protein products must meet the requirements in Appendix A to Part 226.

⁵ Yogurt must contain no more than 23 grams of total sugars per 6 ounces.

⁶ Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one meal, including snack, per day.

⁷ A vegetable may be used to meet the entire fruit requirement. When two vegetables are served at lunch or supper, two different kinds of vegetables must be served.

⁸ At least one serving per day, across all eating occasions, must be whole grain-rich. Grain-based desserts do not count towards the grain's requirement.

⁹ Refer to FNS guidance for additional information on crediting different types of grains.

¹⁰ Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21.2 grams sucrose and other sugars per 100 grams of dry cereal).

SNACK

Serve two of the following five components: Fluid milk, meat and meat alternates, vegetables, fruits, and grains. Fruit juice, vegetable juice, and milk may comprise only one component of the snack. The minimum amounts of food components to be served at snacks are as follows:

Snack (Select two of the five components for a reimbursable meal)	
Food Components and Food Items ¹	Minimum Quantities
Fluid Milk ²	8 fluid ounces
Meat/meat alternates	
Lean meat, poultry, or fish	1 ounce
Tofu, soy product, or alternate protein product ³	1 ounce
Cheese	1 ounce
Large egg	½
Cooked dry beans or peas	¼ cup
Peanut butter or soy nut butter or another nut or seed butter	2 tbsp.
Yogurt, plain or flavored, sweetened or unsweetened ⁴	4 ounces or ½ cup
Peanuts, soy nuts, tree nuts, or seeds	1 ounce
Vegetables ⁵	½ cup
Fruits ⁵	½ cup
Grains (oz. eq.) ^{6,7}	
Whole grain-rich or enriched bread	1 ounce
Whole grain-rich or enriched bread product, such as biscuit, roll or muffin	1 ounce
Whole grain-rich, enriched or fortified cooked breakfast cereal ⁸ , cereal grain, and/or pasta	½ cup
Whole grain-rich, enriched or fortified ready-to-eat breakfast cereal (dry, cold) ⁸	
Flakes or rounds	1 cup
Puffed cereal	1 ¼ cup
Granola	¼ cup

¹ Select two of the five components for a reimbursable snack. Only one of the two components may be a beverage.

² Must be unflavored low-fat (1 percent), unflavored or flavored fat-free (skim) milk. Six ounces (weight) or $\frac{3}{4}$ cup (volume) of yogurt may be used to meet the equivalent of 8 ounces of fluid milk once per day when yogurt is not served as a meat alternate in the same meal.

³ Alternate protein products must meet the requirements in Appendix A to Part 226.

⁴ Yogurt must contain no more than 23 grams of total sugars per 6 ounces.

⁵ Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one meal, including snack, per day.

⁶ At least one serving per day, across all eating occasions, must be whole grain-rich. Grain-based desserts do not count towards meeting the grains requirement.

⁷ Refer to FNS guidance for additional information on crediting different types of grains.

⁸ Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21.2 grams sucrose and other sugars per 100 grams of dry cereal).

FOOD PREPARATION

Deep-fat fried foods that are prepared on-site cannot be part of the reimbursable meal. For this purpose, deep-fat frying means cooking by submerging food in hot oil or other fat. Foods that are pre-fried, flash-fried, or par-fried by a commercial manufacturer may be served, but must be reheated by a method other than frying.

UNAVAILABILITY OF FLUID MILK

When emergency conditions prevent an institution or facility normally having a supply of milk from temporarily obtaining milk deliveries, the SDE may approve the service of breakfast, lunches, or suppers without milk during the emergency period. The Institution must contact the state agency for approval and supply the justification, documentation of shortages, and date range needed for approval. The SDE does have a waiver approval form to collect this information from the Institution.

When an institution or facility is unable to obtain a supply of milk on a continuing basis, the SDE may approve service of meals without milk, provided an equivalent amount of canned, whole dry or fat-free dry milk is used in the preparation of the components of the meal. The approval process is the same as for unavailability due to emergency conditions.

EXCEPTIONS AND VARIATIONS IN REIMBURSABLE MEALS

EXCEPTIONS FOR DISABILITY REASONS

Centers and day care home providers are required to make reasonable modifications at no extra charge to accommodate participants with disabilities. This includes providing substitutions to meals and the meal service for participants with a disability that restricts the participant's diet on a case-by-case basis and only when supported by a written medical statement signed by a medical authority. A medical authority is a State licensed healthcare professional that is authorized to write medical prescriptions under State law. The State of Idaho recognizes the following medical authorities: Licensed Physician (MD or DO), Physician Assistant (PA), Nurse Practitioner (NP), Naturopathic Medical Doctor or Dentist (DMD/DDS).

Section 504, the ADA, and Departmental Regulations at 7 CFR Part 15b define a person with a disability as any person who has a physical or mental impairment which substantially limits one or more "major life activities," has a record of such impairment, or is regarded as having such impairment. (See 29 USC § 705(9)(b); 42 USC § 12101; and 7 CFR 15b.3.) "Major life activities" are broadly defined and include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. "Major life activities" also include the operation of a major

bodily function, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions. (See 29 USC § 705(9)(b) and 42 USC § 12101.)

A physical or mental impairment does not need to be life threatening to constitute a disability. It is enough that the impairment limits a major life activity. For example, digestion is a bodily function that is a major life activity. A child whose digestion is impaired by lactose intolerance may be a person with a disability, regardless of whether or not consuming milk causes the child severe distress. Further, impairment may be covered as a disability even if medication, or another mitigating measure, may reduce the impact of the impairment. For example, the fact that a participant may be able to control an allergic reaction by taking medication should not be considered in determining whether the allergy is a disability. General health concerns, such as a preference that a child eat a gluten-free diet because a parent believes it is better for the child, rather than due to Celiac disease, are not disabilities and do not require accommodation. Whether a physical or mental impairment constitutes a disability must be determined on a case-by-case basis by a medical authority.

Some disabilities may require modifications to the service provided at meal time. For example, a child with diabetes may require help tracking what he or she eats at each meal. Facilities may consider taking steps to design a meal plan within the CACFP meal pattern to accommodate common disabilities. In many cases, disabilities can be managed within the CACFP meal pattern requirements when a well-planned variety of nutritious foods is available to participants. However, in other cases, the needs of a participant with a disability may involve requests for accommodations that result in the service of meals that do not meet the CACFP meal pattern requirements.

SERVING MEALS IN AN INTEGRATED SETTING

Centers and day care home providers must provide all meal services in the most integrated setting appropriate to the needs of the disabled participant. (See 7 CFR 15b.26(d).)

Exclusion of any participant from the CACFP environment is not considered an appropriate or reasonable modification. For example, a child may not be excluded from the area where meals are served and required to sit in another room during the meal service. This is not an appropriate or reasonable modification. Similarly, while it may be appropriate to require children with very severe food allergies to sit at a separate table to control exposure, it is not appropriate to simultaneously use that table to segregate children as punishment for misconduct.

ACCESSIBILITY

Where existing food service facilities are not completely accessible and usable, Institutions and facilities may provide aides or use other equally effective methods to serve food to handicapped persons. Institutions and facilities are responsible for the accessibility of food

service areas and for ensuring the provision of food service aides, where needed, to assist in preparing and serving meal accommodations.

No additional CACFP reimbursement is available for these types of accommodations. However, any additional costs for adaptive feeding equipment or for aides are considered allowable costs for the nonprofit food service account.

MEDICAL STATEMENT FORM

The medical statement must support the need for the substitution and should include a description of the participant's physical or mental impairment that is sufficient to allow the facility to understand how it restricts the participant's diet. It must include an explanation of what must be done to accommodate the disability. In the case of food allergies, this means identifying the food or foods that need to be omitted and including the recommended alternatives. In other cases, more information may be required. For example, if an infant requires the substitution of a Food and Drug Administration exempt infant formula in place of iron-fortified infant formula to accommodate a disability, this information must be included in the statement.

When Institutions and facilities believe the medical statement is unclear, or lacks sufficient detail, they must obtain appropriate clarification so that a proper and safe meal can be provided. The Institution or facility must work with the participant's family to obtain the needed information from their healthcare professional.

Centers and day care home providers are not required to provide the exact substitution or other modification requested. However, they must work with the parent, guardian, participating adult, or a person acting on behalf of an adult participant, to offer a reasonable modification that effectively accommodates the participant's disability and provides equal opportunity to participate in or benefit from the CACFP. When determining what an appropriate modification is, the age, maturity, mental capacity, and physical ability of the participant should be considered. For instance, younger children may need greater assistance with selecting and eating their meals, whereas older children and participating adults may be able to take a greater level of responsibility for some of their dietary decisions. Facilities may also consider expense and efficiency when choosing the most appropriate approach to accommodate a participant's disability. For example, a participant with an allergy to a specific ingredient found in a menu item may request that the facility provide a particular brand name version as a substitute. Generally, the facility is not required to provide the brand name item identified, but they must offer a substitute which does not contain the specific allergen that affects the participant.

Institutions and facilities are not required to make modifications that would result in a fundamental alteration in the nature of the CACFP. FNS recognizes that CACFP may be

operated by very small entities with extremely limited staff and resources. In these situations, some meal modifications may be so expensive that providing the modification would fundamentally alter the nature of the CACFP. Modifications that are so expensive that they would make continued operation of the CACFP unfeasible constitute a fundamental alteration in the nature of the CACFP and are, therefore, not required. Facilities should be aware that the expense of a modification is measured against the total resources available to that particular facility. For example, providing an expensive medical infant formula to accommodate an infant's disability may be so financially burdensome for a CACFP day care home with one staff member that it would make operating the CACFP unfeasible, and consequently would fundamentally alter the nature of the CACFP. In this example, the CACFP day care home would not be required to provide the requested medical infant formula.

Institutions and facilities faced with a very expensive request should first consider engaging in further dialogue with the participant and the participant's parents or guardian. As discussed above, facilities are not required to provide the exact substitution or other modifications requested. However, they must work with the parent, guardian, participating adult, or a person acting on behalf of an adult participant to offer a reasonable modification that effectively accommodates the participant's disability and provides equal opportunity to participate in or benefit from the CACFP. Institutions and facilities concerned that a requested modification would fundamentally alter the nature of the CACFP should contact SDE for assistance.

REIMBURSEMENT

Meal modifications do not have to meet the CACFP meal pattern requirements in order to be claimed for reimbursement if they are supported by a medical statement form. In general, Institutions and facilities must have a completed Medical Statement Form on file for each participant receiving a meal substitution due to a disability when the substitution recommended and provided does not meet the meal pattern requirements. If the form is not completed and on file the Institution or facility may not claim the meal for reimbursement.

However, facilities may choose to accommodate requests related to a disability that are not supported by a medical statement if the requested modifications can be accomplished within the CACFP meal pattern. Such meals are reimbursable.

A parent, guardian, adult participant, or a person on behalf of an adult participant may supply, at their discretion, one or more components of the reimbursable meal as long as the institution or facility provides at least one required meal component.

PROCEDURAL SAFEGUARDS

Institutions are encouraged to implement procedures for parents, guardians, participating

adults, or persons acting on behalf of adult participants to request modifications to meal service for participants with disabilities and to resolve grievances. These procedures should include providing a written final decision on each request. Institutions and facilities should notify participants and parents or guardians of the procedure for requesting meal modifications. At a minimum, Institutions and facilities must provide notice of nondiscrimination and accessible services as outlined in 7 CFR 15b.7. Additionally, Institutions should ensure that center staff, day care home staff and volunteers understand the procedures for handling requests for meal modifications.

Institutions that employ 15 or more individuals must designate at least one person to coordinate compliance with disability requirements. (See 7 CFR 15b.6.) This position is often referred to as the Section 504 Coordinator. The Section 504 Coordinator, who is responsible for addressing requests for accommodations in the center or day care home, may also be responsible for ensuring compliance with disability requirements related to meals and the meal service. A separate Section 504 Coordinator responsible only for meal modifications is not required. FNS recommends that Institutions that employ less than 15 individuals have someone on staff that can provide technical assistance to centers and day care homes when they are making meal modifications for participants with disabilities.

Institutions that employ 15 or more individuals must also establish grievance procedures that incorporate appropriate due process standards and that provide for the prompt and equitable resolution of complaints as set forth in 7 CFR 15.b(6)(b).

EXCEPTIONS FOR NON-DISABILITY REASONS

Substitutions may be made on a case-by-case basis for foods and meals described in the meal pattern charts for individual participants without disabilities who cannot consume the regular meal because of medical or special dietary needs.

A written medical statement must support the need for the substitution. The statement must include recommended alternate foods, unless otherwise exempted by FNS. Except for substitutions of fluid milk, as set forth below under Fluid Milk Substitutions for Non-disability Reasons, the statement must be signed by a recognized medical authority: Licensed Physician (MD or DO), Physician Assistant (PA), Nurse Practitioner (NP), Naturopathic Medical Doctor or Dentist (DMD/DDS). Please note if the substitution is for fluid milk and the recommended alternative does not meet the nutrients listed below that are equivalent to cow's milk, a medical statement form signed by a medical authority is required to support the substitution and claim meals or snacks for reimbursement.

A parent, guardian, adult participant, or a person on behalf of an adult participant may supply, at their discretion, one component of the reimbursable meal as long as the component meets the requirements described in the meal pattern charts and the institution

or facility provides the remaining components.

Institutions and facilities have the option to accommodate special dietary needs that do not constitute a disability, including those related to religious or moral convictions or personal preference. The accommodation must meet the meal pattern requirements to claim the meal for reimbursement. These substitutions do not require a medical statement form to support the substitution. The institution must maintain a written parent or guardian request to support the substitution(s).

FLUID MILK SUBSTITUTIONS FOR NON-DISABILITY REASONS

Non-dairy fluid milk substitutions that provide the nutrients listed in the following table and are fortified in accordance with fortification guidelines issued by the Food and Drug Administration may be provided for non-disabled children and adults who cannot consume fluid milk due to medical or special dietary needs when requested in writing by the child's parent or guardian, or by, or on behalf of, an adult participant. A medical statement form is not required in this situation. An institution or facility need only offer the non-dairy beverage that it has identified as an allowable fluid milk substitute according to the following table.

Nutrient	Nutrients per Cup- (8 fluid ounce)		RDI	%DV
Potassium	349	mg	3500 mg	10%
Protein	8	g	50g	16%
Vitamin A	500	IU	5000 IU	10%
Calcium	276	mg	1000 mg	27.60%
Vitamin D	100	IU	400 IU	25%
Riboflavin	0.44	mg	1.7 mg	25.90%
Vitamin B-12	1.1	mcg	6.0 mcg	18.30%
Phosphorus	222	mg	1000 mg	22.20%
Magnesium	24	mg	400 mg	6%

SPECIAL VARIATIONS

FNS may approve variations in the food components of the meals on an experimental or a continuing basis in any Institution or facility where there is evidence that such variations are nutritionally sound and are necessary to meet ethnic, religious, economic, or physical needs.

MEALS PREPARED IN SCHOOLS

The SDE must allow institutions and facilities which serve meals to children 5 years old and older and are prepared in schools participating in the National School Lunch and School Breakfast Programs to substitute the meal pattern requirements of the regulations governing those Programs (7 CFR parts 210 and 220, respectively) for the meal pattern requirements contained in this section.

DONATION AND SERVING OF TRADITIONAL FOODS

USDA and the Food and Drug Administration (FDA) allow the donation to, and serving of traditional food through food service programs at public facilities and nonprofit facilities, including those operated by Indian tribes and facilities operated by tribal organizations, that primarily serve Indians. CACFP Institutions are eligible to accept and serve traditional foods.

Traditional food is defined as “food that has traditionally been prepared and consumed by an Indian tribe” and specifically includes in that definition:

1. Wild game meat
2. Fish
3. Seafood
4. Marine mammals
5. Plants, and
6. Berries.

Institutions that choose to accept the donation of traditional food must:

1. Ensure that the food is received whole, gutted, gilled, as quarters, or as a roast, without further processing;
2. Make a reasonable determination that;
3. the animal was not diseased;
4. the food was appropriately butchered, dressed, transported, and stored to prevent contamination, undesirable microbial growth, or deterioration; and
5. the food will not cause a significant health hazard or potential for human illness.
6. Carry out any further preparation or processing of the food at a different time or in a different space from the preparation or processing of other food for the CACFP to prevent cross-contamination;
7. Clean and sanitize food-contact surfaces of equipment and utensils after processing the traditional food;
8. Label donated traditional food with the name of the food;
9. Store the traditional food separately from other food for the CACFP, including through storage in a separate freezer or refrigerator or in a separate compartment or shelf in the freezer or refrigerator;
10. Follow Federal, State, local, county, Tribal, or other non-Federal law regarding the safe preparation and service of food in public or nonprofit facilities; and
11. Follow other such criteria as established by the Secretary of Agriculture and Commissioner of the U.S. Food and Drug Administration.

Traditional food donations made under this provision are accepted under the Child Nutrition Programs. The FBG currently includes a footnote which clarifies that game meat must be USDA inspected to be used as part of reimbursable meals served in the Child Nutrition

Programs. The FBG footnote will be amended to reflect that donated game served by certain program operators which primarily serve Indians is creditable.

QUESTIONS AND ANSWERS

IF A MENU PLANNER USES A COMBINATION FOOD AT LUNCH OR SUPPER THAT HAS MEAT/MEAT ALTERNATE, GRAINS, AND VEGETABLES, CAN THEY COUNT ALL THREE COMPONENTS TOWARDS MEETING THE MEAL PATTERN?

Yes, if all components have been properly documented via a CN label, product formulation statement or standardized recipe. One meat/meat alternate component, one grain component and vegetable or fruit component may be counted toward the meal pattern.

For example: A CN labeled commercially prepared pizza that contains a creditable serving of crust, cheese and tomato sauce. These food items may credit for grain, meat/meat alternate and vegetable components of the meal.

WHAT ARE THE IDAHO STATE STANDARDS FOR GOAT'S MILK?

Child Nutrition Program regulations state:

1. All fluid milk served in the Program must be pasteurized fluid milk which meets State and local standards for such milk; and
2. All fluid milk must have vitamins A and D at levels specified by the Food and Drug Administration (FDA) (for cow's milk: vitamin A: 200 International Units per quart; vitamin D: 400 International Units per quart) and must be consistent with State and local standards for such milk.

FDA defines milk as follows:

1. Milk is the lacteal secretion, practically free from colostrum, obtained by the complete milking of one or more healthy cows. The FNS position on crediting fluid milk for all CN Programs is that it should come from cows unless a State governing board considers goat milk to be included in their definition of fluid milk.

Idaho Department of Agriculture, the state governing board, operates under the Idaho Code on Rules Governing Grade A Milk and Milk Products (IDAPA 02, Title 04, Chapter 08) and incorporates by reference the definition of milk found in the Grade "A" Pasteurized Milk Ordinance, 2011 revision, which defines goat milk as "milk":

"...Goat milk is the normal lacteal secretion, practically free of colostrum, obtained by the complete milking of one (1) or more healthy goats. Goat milk sold in retail packages shall contain not less than 2 ½ percent milk fat and not less than 7 ½ percent milk solids, not fat. Goat milk shall be produced according to the sanitary standards of this Ordinance. The word "milk" shall be interpreted to include goat milk."

In Idaho, goat's milk is included in the definition of fluid milk and may be used if it is pasteurized, has vitamin A and D at levels specified by the Food and Drug Administration, and meets the milk fat requirement in CACFP: for children age 1: whole; for children age 2 and above: low-fat (1%), fat-free.

CAN GOAT'S MILK BE CREDITED AS FLUID MILK?

Maybe, because goat's milk is included in Idaho's definition of fluid milk, it can be credited as fluid milk and may be used if it is pasteurized, has vitamin A and D at levels specified by the Food and Drug Administration (vitamin A: 200 International Units per quart; vitamin D: 400 International Units per quart), and meets the milk fat requirement for CACFP. Because the definition of goat milk states that "goat milk sold in retail packages shall contain not less than 2 ½ percent milk fat" it can only be used for children d 24 to 25 months.

HOW CAN INSTITUTIONS FIND THE LIST OF APPROVED VENDORS AND PRODUCTS WITH CN LABELS?

Information on manufacturers and products are located on the Food and Nutrition Services (FNS) CN labeling web page at www.fns.usda.gov/cnlabeling/child-nutrition-cn-labeling-program

ARE CN LABELS NEEDED FOR RAW WHOLE MEATS?

No, Institutions should use the Food Buying Guide for planning and crediting raw whole meats (chicken breast, beef roasts, pork chops etc.) towards the CACFP meal pattern.

THE USDA CREDITING HANDBOOK INDICATES THAT "ONLY LUNCHEON MEATS THAT ARE LISTED IN THE FOOD BUYING GUIDE OR HAVE A CN LABEL ARE CREDITABLE." DOES THIS MEAN A PRODUCT SPECIFICATION SHEET FROM THE MANUFACTURER, IF OBTAINABLE, WOULD NOT BE ACCEPTED?

Product Formulation Statements (PFS) from manufacturers can be used to determine creditable amounts of those foods. Memo CACFP 9-2015 and CACFP 10-2015 provides guidance on how to use PFS from manufacturers.

THE FOOD BUYING GUIDE ONLY INCLUDES A REFERENCE TO BOLOGNA; FOR CHICKEN, TURKEY, BEEF, HAM OR TURKEY HAM, "LUNCHEON MEAT" IS NOT MENTIONED IN THE COLUMN, "FOOD AS PURCHASED." ARE CENTERS AND HOMES LIMITED TO BOLOGNA OR CN LABELED PRODUCTS?

Deli (luncheon) meats such as turkey, ham, chicken or beef are not in the Food Buying Guide (FBG) because there are no standards of identity for those products. To be in absolute compliance with the regulations, only deli meats that are listed in the FBG or that have a CN label should be served. However, in lieu of a CN label, Product Formulation Statements (PFS) from manufacturers can be used to determine creditable amounts of

those foods. Memo CACFP 9-2015 and CACFP 10-2015 provides guidance on how to use PFS from manufacturers.

ARE 100% FRUIT PRODUCTS REIMBURSABLE EVEN IF THEIR LABEL SAYS “DESSERT”?

100% fruit products are reimbursable even if their label includes the word “dessert”. FNS recognizes there may be some confusion because there is no definition of what constitutes a dessert. However, if an infant food product consists only of fruit (listed as the first ingredient) and water, then it is allowable regardless of what the label says.

CAN SMOOTHIES PREPARED BY OPERATORS BE OFFERED TO MEET THE FLUID MILK, MEAT/MEAT ALTERNATE, VEGETABLE, FRUIT, AND GRAIN COMPONENTS?

Milk may be credited toward the fluid milk requirement in smoothies prepared by program operators to meet meal pattern requirements for lunch and breakfast. Fruits and vegetables may be credited as juice (see below for additional information on juice and juice blends) in smoothies prepared by Institutions and facilities to meet meal pattern requirements for lunch and breakfast. Yogurt may be credited as a meat alternate in smoothies prepared by Institutions and facilities for children ages one and older and adult participants. Grains cannot be credited when served in a smoothie. For example, this 1½ cup blueberry, yogurt with milk smoothie could contribute the following to meal requirements:

Ingredient	Crediting
4 FL oz. fat free milk	½ c milk
½ c blueberry puree, frozen	½ c fruit juice
4 oz. low fat yogurt	1 oz. meat alternate

CAN SMOOTHIES INCLUDE GRAIN SUCH AS OATMEAL AND MEAT/MEAT ALTERNATES SUCH AS PEANUT BUTTER TO IMPROVE FLAVOR AND CONSISTENCY EVEN THOUGH SUCH INGREDIENTS IN SMOOTHIES DO NOT CONTRIBUTE TO MEAL PATTERN REQUIREMENTS?

Yes, yogurt is the only creditable meat/meat alternate allowed in a smoothie for children ages one and older and adult participants. Other (extra) ingredients in smoothies may be included but do not contribute to meal pattern requirements,

MUST SMOOTHIES INCLUDE THE FULL MILK AND FRUIT COMPONENT IF SERVED?

No, smoothies do not have to contain the full fluid milk and full fruit or vegetable meal pattern requirement. Program operators must always make certain that all components are offered in the required quantities to meet meal pattern requirements. The minimum creditable amount for fruits and vegetables is 1/8 cup as served. The minimum amount of creditable milk in a smoothie is one quarter cup.

HOW DOES PUREED FRUIT OR VEGETABLE CREDIT TOWARD THE MEAL PATTERN REQUIREMENT?

The total volume of pureed fruit or vegetable, fruit juice, and/or vegetable juice included in a smoothie must be counted as juice toward the daily fruit/vegetable requirements. Program operators must limit the amount of juice offered to children to no more than half (50%) of the daily fruit/vegetable component at lunch in the CACFP. Pureed fruit or vegetable included in a smoothie may be counted as the entire daily fruit/vegetable component at breakfast in the CACFP. However, at snack, a smoothie containing juice and milk can credit as either juice or milk as long as there is a separate, second component served in addition to the fruit or vegetable and milk smoothie.

Additionally, crediting of fruit or vegetable is determined on a volume as served basis. Program operators should determine crediting based on the volume AFTER pureeing. For example, program operators may determine the volume of blueberry puree obtained from one cup of whole blueberries by separately pureeing the blueberries and recording the resulting amount of puree.

Pureed fruits and vegetables count as juice when offered in a smoothie; otherwise, pureed fruits and vegetables can be credited as fruit or vegetable when offered as a food, such as applesauce or in soup.

WHEN SMOOTHIES ARE OFFERED DURING A MEAL, DO ADDITIONAL FRUITS, VEGETABLES AND /OR MILK NEED TO BE OFFERED?

When smoothies are offered as part of any CNP meal, additional fruit, vegetable, meat/meat alternate and/or milk must be offered if the amount served in the smoothie does not fulfill the minimum serving sizes needed to meet the meal pattern requirements.

FNS strongly encourages program operators to offer additional fruit and vegetable options for children. This promotes variety. It would also allow a child that does not take a smoothie the option to select a fruit and/or vegetable.

HOW DO COMMERCIALY PREPARED SMOOTHIES CREDIT TOWARD MEAL PATTERN REQUIREMENTS?

Commercially prepared smoothies may only credit toward the fruit or vegetable components. Prepackaged smoothies do not comply with the Food and Drug Administration (FDA) standard of identity for “milk” or “yogurt” and do not meet the CNP requirements for “fluid milk” or “yogurt.” When these products contain “milk” and/or “yogurt,” they may be labeled as “dairy beverage” or “dairy drink.” Therefore, milk or yogurt in a commercially prepared smoothie does not contribute toward federal meal requirements.

Prepackaged smoothies do not have a Federal standard of identity, which means that product formulation and labeling can vary widely. Some frozen fruit products may be labeled as “fruit smoothie” even though they may actually meet the Federal standard of identity for Frozen Desserts that do not qualify for contributing to the reimbursable meal as

fruit. Fruit or vegetable purees made into a slush-type product may or may not have “smoothie” in the product name. Program operators should purchase products that have a label which includes a statement regarding the “percent juice content” required by the FDA for beverages made with fruit and/or vegetable juice or puree. For example, an 8.0 fluid ounce smoothie made from fruit puree with the juice content labeled as “contains 50% juice” would credit as 4.0 fluid ounces or ½ cup of juice. The volume of pureed fruit included in the commercially prepared smoothie may be counted as juice toward the daily fruit requirement. Smoothies with less than 100% juice content are the only instance when less than 100% juice may be offered for meeting federal meal requirements.

CAN SMOOTHIES CONTAIN NUTRITIONAL SUPPLEMENTS SUCH AS WHEY PROTEIN POWDER AND HERBAL SUPPLEMENTS SUCH AS GINKGO BILOBA?

No, smoothies with dietary and herbal supplements are not creditable for CNP. However, smoothies can be made with juice that has been fortified with vitamins and minerals such as orange juice with calcium and Vitamin D added.

CAN CONCENTRATED FRUIT PUREE AND CONCENTRATED FRUIT JUICE CONTRIBUTE TO MEAL REQUIREMENTS WHEN USED IN SMOOTHIES?

Concentrated fruit puree and concentrated juice can only be used in meeting federal meal requirements when they are reconstituted to full-strength fruit puree or full-strength juice. Without being reconstituted to the original strength, concentrated fruit puree and concentrated juice are considered to be added sugar.

ARE SMOOTHIES ALLOWED AT BREAKFAST AND LUNCH?

Yes, smoothies may be offered at any meal. It is not recommended to offer a smoothie at both breakfast and lunch on the same day. Note: Juice may only be offered once per day, therefore, juice smoothies may only be offered at one meal service.

IF A PHYSICIAN OR STATE RECOGNIZED MEDICAL AUTHORITY PRESCRIBES WHOLE COW'S MILK AS A SUBSTITUTE FOR BREASTMILK OR INFANT FORMULA FOR AN INFANT YOUNGER THAN 12 MONTHS OF AGE, IS THE MEAL REIMBURSABLE?

For children younger than 12 months of age, cow's milk may be served as a substitute for breastmilk and/or infant formula, and be part of a reimbursable meal, if the substitution is supported by a medical statement signed and certified by a Licensed Physician (MD or DO), Physician Assistant (PA), Nurse Practitioner (NP), Naturopathic Medical Doctor or Dentist (DMD/DDS). The statement should include a description of the infant's physical or mental impairment and an explanation of how to modify the meal or meal service to accommodate the infant's disability. The statement must be submitted and kept on file by the center or day care home.

FNS recognizes that infants have unique dietary needs and that decisions concerning diet during the first year of life are for the infant's health care provider and parents or guardians

to make together.

ARE MEALS SERVED TO CHILDREN 12 MONTHS AND OLDER REIMBURSABLE IF THEY CONTAIN INFANT FORMULA?

Yes, for a period of one month, when children are 12 to 13 months of age, meals that contain infant formula may be reimbursed to facilitate the weaning from infant formula to cow's milk. While weaning, infants should be presented with both types of foods at the same meal service to gradually encourage acceptance of new food. Breastmilk continues to be considered an acceptable milk alternative for children over 12 months of age.

Meals containing infant formula that are served to children 13 months and older are reimbursable when it is supported by a medical statement signed and certified by a licensed physician (MD or DO), physician assistant, nurse practitioner, (NP), Naturopathic Medical Doctor or dentist (DMD/DDS). The statement should include a description of the infant's physical or mental impairment and an explanation of how to modify the meal or meal service to accommodate the infant's disability. The statement must be submitted and kept on file by the center or day care home.

IF A PARENT SUPPLIES AN INFANT FORMULA THAT IS NOT IRON-FORTIFIED ("LOW-IRON"), WOULD SERVICE OF THIS PRODUCT REQUIRE A MEDICAL STATEMENT TO BE CREDITABLE TOWARDS A REIMBURSABLE INFANT MEAL?

Generally, infant formulas that are not iron-fortified are not reimbursable in the CACFP. However, infant formulas that are not iron-fortified may be served and creditable towards a reimbursable meal if the substitution is supported by a medical statement. The statement should include a description of the infant's physical or mental impairment and an explanation of how to modify the meal or meal service to accommodate the infant's disability, indicate the recommended infant formula, and be signed and certified by a licensed physician (MD or DO), physician assistant, nurse practitioner, (NP), Naturopathic Medical Doctor or dentist (DMD/DDS). The statement must be submitted and kept on file by the center or day care home.

ARE FOODS THAT ARE CONSIDERED TO BE HIGHLY ALLERGIC OR FOODS THAT CONTAIN THESE HIGHLY ALLERGIC FOODS ALLOWED FOR INFANT MEALS?

Foods that contain one or more of the eight major food allergens identified by the FDA (milk, egg, fish, shellfish, tree nuts, peanuts, wheat, and soybeans) are allowed and can be part of a reimbursable meal. The American Academy of Pediatrics states there is no current convincing evidence that delaying the introduction of foods that are considered to be highly allergic has a significant positive effect on the development of food allergies. Even though most food allergies cause relatively mild and minor symptoms, some food allergies can cause severe reactions, possibly life-threatening. With this in mind, it is good practice to check with parents or guardians of all infants to learn about any concerns of possible

allergies and their preference on how solid foods are introduced.

IF AN ENGLISH MUFFIN'S INGREDIENT LIST SAYS: "WHOLE WHEAT FLOUR, WATER, ENRICHED WHEAT FLOUR, WHEAT STARCH, YEAST, SUGAR, SALT," DOES IT PASS THE RULE OF THREE AND MEET THE WHOLE GRAIN-RICH CRITERIA?

Yes. The third ingredient, excluding water, is wheat starch; wheat starch is an ingredient that may be disregarded. There are only two grain ingredients in this product. The rule of three requires the first three grain ingredients be creditable. Creditable grains are whole or enriched grains, bran, or germ. In this example, the two grains are creditable, the first is whole grain and the second is enriched, therefore the product is whole grain-rich.

HOW DOES THE RULE OF THREE APPLY TO MIXED DISHES?

The rule of three may also be used for the grain portion of mixed dishes, such as pizza crusts and tortillas for burritos. If the first grain ingredient is whole grain and the next two grain ingredients (if any) are whole grain or enriched, then the product meets the whole grain-rich criteria. For example, a cheese pizza's ingredient list may say: "mozzarella cheese, parmesan cheese, white whole wheat flour, brown rice flour, enriched flour, non-fat milk, water, tomato paste, yeast." In this example, the first and second grain ingredients are whole grains. The third grain ingredient is enriched. This cheese pizza crust passes the rule of three tests and it meets the whole grain-rich criteria because whole grain is listed as the primary ingredient out of the first three grain ingredients listed.

ARE HOMEMADE GRANOLA BARS OR OTHER HOMEMADE GRAIN-BASED DESSERTS ALLOWED?

No. Homemade and commercially prepared grain-based desserts cannot count towards the grain component in CACFP starting October 1, 2017. Based on stakeholder feedback, FNS decided using categories to define grain-based desserts was the best approach versus establishing nutrient standards or preparation requirements.

ARE SCONES AND GRAIN PUDDINGS CONSIDERED GRAIN-BASED DESSERTS?

Sweet scones, sweet bread puddings, and rice puddings are considered grain-based desserts and cannot count towards the grain component. Savory scones, such as one made with cheese and herbs, credit like a biscuit and are not considered grain-based desserts. However, sweet scones, such as those made with fruit and icing, credit like a cookie and are considered grain-based desserts.

Bread puddings can also be savory or sweet. Sweet bread puddings, such as one made with chocolate chips, is considered a grain-based dessert. However, savory bread puddings, such as one made with spinach and mushrooms, are not considered grain-based desserts.

Menu planners should consider the common perception of the food item and whether it is thought of as a dessert when deciding to serve it. Using this approach is particularly

important when a food item is not labeled as a dessert. If a menu planner is unsure of whether a food item is considered a grain-based dessert, he or she should work with his or her sponsor or State agency, as appropriate, to make the decision.

ARE BLACK BEAN BROWNIES ALLOWED AT SNACK?

Brownies are considered grain-based desserts and cannot credit towards the grain's component in any meal. In addition, the black beans in a brownie cannot count towards the meat/meat alternate component. This is because they are not easily recognizable as a meat/meat alternate and each portion is not likely to have a sufficient amount of meat/meat alternate (¼ ounce equivalency) to contribute to the meat/meat alternate component.

HOW DO CENTERS AND DAY CARE HOMES KNOW IF A READY-TO-EAT BREAKFAST CEREAL IS "FORTIFIED"?

Cereal products that have been fortified are labeled as such and have an ingredient statement similar to the following (for EXAMPLE purposes only): "Ingredients: Whole wheat, sugar, oats, contains 2% or less of salt, baking soda, caramel color, annatto color, BHT for freshness. Vitamins and Minerals: Vitamin C (sodium ascorbate, ascorbic acid), niacin amide, vitamin B6 (pyridoxine hydrochloride), reduced iron, zinc oxide, folic acid, vitamin B2 (riboflavin), vitamin B1 (thiamin hydrochloride), vitamin A palmitate, vitamin D, vitamin B12."

CAN A PROVIDER MIX A HIGH SUGAR CEREAL WITH A LOW SUGAR CEREAL TO MEET THE SUGAR LIMIT?

No. Generally, it is acceptable to mix creditable food items together to create another creditable food item, such as fruit and yogurt blended together to make a smoothie. However, providers may not mix a non-creditable food item with a creditable food item to make the new food item creditable. For example, a provider cannot mix a cereal with 8 grams of sugar per dry ounce with a cereal with 4 grams of sugar per dry ounce to create a cereal that has 6 grams of sugar per dry ounce (the sugar limit for breakfast cereals). Another example that is not allowed is mixing yogurts to create a yogurt that has no more than 23 grams of sugar per 6 ounces.

Logistically, it would be challenging for monitors to determine that the mixed cereal or yogurt meets its respective sugar limit during a review. Additionally, it would be difficult for providers to calculate the sugar content of mixed cereals and yogurt.

WHEN AN INFANT RECEIVES BOTH BREASTMILK AND FORMULA, IS THE MEAL ELIGIBLE FOR REIMBURSEMENT?

Yes. Meals served to infants (birth through 11 months of age) may contain iron-fortified infant formula, breastmilk (including expressed breastmilk and a mother directly breastfeeding on-site), or a combination of both.

If a mother breastfeeds her 13 month old, or older, child at the center or day care home, is the meal reimbursable?

Yes. Breastmilk is an allowable substitute for fluid milk for children of any age. Therefore, if a mother chooses to breastfeed her infant past 1 year of age she may breastfeed the child on-site or provide expressed breastmilk and the center or day care home may claim reimbursement for those meals.

MUST A PARENT SUBMIT A WRITTEN REQUEST TO SUBSTITUTE BREASTMILK FOR FLUID MILK FOR CHILDREN 1 YEAR OF AGE OR OLDER? DOES IT MATTER IF THE SUBSTITUTED BREASTMILK IS EXPRESSED OR BREASTFED?

No. If a parent wants their child (one year old or older) to be served breastmilk in place of fluid milk a written request is not required. This is true no matter the delivery method. Therefore, a parent may provide expressed breastmilk for his or her child or a mother may breastfeed her child on-site and the parent does not need to provide a note.

IF A 1 YEAR OLD CHILD IS STILL BEING BREASTFED AND THE MOTHER IS ONLY ABLE TO PROVIDE 2 FLUID OUNCES OF EXPRESSED BREASTMILK, CAN 2 FLUID OUNCES OF WHOLE UNFLAVORED MILK BE SERVED AS A SUPPLEMENT TO MEET THE MINIMUM MILK REQUIREMENT?

Yes. If a mother chooses to breastfeed her 1 year old child the required minimum fluid milk serving size still must be met. If a mother is unable to provide enough expressed breastmilk to meet the fluid milk requirement, then whole unflavored milk may be served alongside the breastmilk to the child to make up the difference and meet the minimum milk requirement. The two milks do not need to be mixed into the same cup. Please note, in this situation the center or day care home must provide all other required food components in order for the meal to be reimbursable. FNS encourages centers and day care homes talk to parents or guardians about supplementing breastmilk with whole milk prior to doing so.

ARE MEALS SERVED TO CHILDREN 12 MONTHS AND OLDER REIMBURSABLE IF THEY CONTAIN INFANT FORMULA?

Yes. For a period of one month, when children are 12 to 13 months of age, meals that contain infant formula may be reimbursed to facilitate the weaning from infant formula to cow's milk. While weaning, infants should be presented with both types of foods at the same meal service to gradually encourage acceptance of the new food. Breastmilk continues to be considered an acceptable fluid milk substitute for children over 12 months of age, and a medical statement is not required.

IF A PARENT CHOOSES TO PROVIDE INFANT FORMULA AND PRE-MIXES IT AT HOME, HOW IS THE CENTER OR DAY CARE HOME SUPPOSED TO KNOW IF IT IS IRON-FORTIFIED?

If a parent or guardian declines the iron-fortified infant formula that the center or day care home offers and he or she chooses to provide his or her own infant formula, it is the

responsibility of the center or day care home to inform the parent or guardian that they must provide formula that is creditable (i.e., it is iron-fortified and is regulated by FDA).

WHAT SHOULD A MONITOR DO WHEN CONDUCTING AN ON-SITE REVIEW AND HE/SHE FINDS AN 8 MONTH OLD INFANT IS NOT BEING SERVED SOLID FOODS?

The monitor should speak with the center or day care home provider to understand why the infant is not being served solid foods. Infants are typically developmentally ready to consume solid foods by 8 months of age; however, each infant develops at his or her own rate. If an 8 month old infant is not developmentally ready for solid foods and the center or day care home is serving the required minimum serving size for breastmilk or infant formula for the 6 through 11 month old age group, the meal is reimbursable. Monitors can remind center and day care home providers to work with each infant's parents or guardians to determine when and what solid foods should be served to the infant while he or she is in care.

WHAT SHOULD A CENTER OR DAY CARE HOME DO IF THEY FEEL AN INFANT IS DEVELOPMENTALLY READY TO START EATING SOLID FOODS BUT THE INFANT'S PARENTS OR GUARDIANS DO NOT WANT THE INFANT TO BE INTRODUCED TO SOLID FOODS?

If a center or day care home believes that an infant is developmentally ready to start eating solid foods, they should engage in a conversation with the infant's parents or guardians.

The provider can tell the parents or guardians about the signs they have seen indicating the infant is ready to start solid foods and ask if they would like solid foods to be served while the infant is in care. Child care providers should be in constant communication with the infant's parents or guardians about the infant's eating habits as well as when and what solid foods should be served while the infant is in their care.

If the parent or guardian does not want their infant to be served solid foods while the infant is in care, the center or day care home should respect that decision and should not serve the infant solid foods. In this situation, as long as the center or day care home continues to serve the infant the required amount of breastmilk or iron-fortified infant formula, the meals are still reimbursable.

ARE TOFU AND SOY YOGURT ALLOWED IN THE INFANT MEAL PATTERN?

No. Tofu and soy yogurt are only allowed as a meat alternate in the child and adult meal patterns. Allowable meat/meat alternates in the infant meal pattern are meat, poultry, fish, dry beans and peas, whole eggs, cheese, cottage cheese, and yogurt. This is consistent with the National Academy of Medicine's report, which only recommended tofu as a meat alternate for children and adult participants.

CAN INFANT CEREAL BE SERVED IN A BOTTLE TO INFANTS?

No. Serving infant cereal in a bottle to infants is not allowed. Neither the infant cereal nor

the infant breastmilk or formula in the bottle may be claimed for reimbursement when they are served in the same bottle, unless it is supported by a medical statement.

ARE CEREALS WITH HONEY CREDITABLE IN THE INFANT MEAL PATTERN?

Honey, and foods that contain honey, should never be fed to babies less than 1 year of age. Honey may contain substances that can cause “infant botulism,” a serious type of food-related illness that can make a baby very sick. Honey should not be added to food, water, or formula that is fed to babies, or used as an ingredient in cooking or baking (e.g., yogurt with honey, peanut butter with honey, baked goods that contain honey). This also applies to commercially prepared foods such as cereals sweetened with honey or honey graham crackers.

MUST NON-DAIRY BEVERAGES MEET THE FAT CONTENT REQUIREMENTS OF FLUID MILK?

No. Non-dairy beverages are not required to be low-fat or fat-free when served to children 2 years old and older and adults. In order for a non-dairy beverage to meet the nutrient requirements for milk substitutes, they must be fortified and some fat is needed to help mask the flavor of the nutrient packet added. Therefore, setting a fat standard for non-dairy beverages would severely restrict the number of available non-dairy beverage options that are nutritionally equivalent to cow’s milk. This would consequently limit centers’ and day care homes’ ability to meet the special dietary needs of children or adults requesting a substitute.

WILL CENTERS AND DAY CARE HOMES RECEIVE ADDITIONAL MEAL REIMBURSEMENTS IF THEY PROVIDE A NON-DAIRY MILK SUBSTITUTION?

No. Modified meals that are due to a disability or non-disability, including meals with non-dairy milk substitutions, are reimbursed at the same rate as regular meals. Centers and day care homes cannot require a parent or guardian to pay the difference between the fluid milk and the non-dairy milk substitute if the non-dairy milk substitute costs more than the fluid milk.

IF A PARENT PROVIDES A CREDITABLE NON-DAIRY MILK BEVERAGE, CAN THE CENTER OR DAY CARE HOME SERVE IT AND STILL RECEIVE REIMBURSEMENT?

Yes. If a parent provides a non-dairy milk beverage that meets the nutritional standards outlined in 7 CFR 226.20(g) (3), the center or day care home may serve the non-dairy milk substitute and claim reimbursement for the meal.