INFANT MEALS
PLANNING MEALS FOR INFANTS

Child care facilities participating in the Child and Adult Care Food Program (CACFP) must offer program meals to all eligible children, including infants who are enrolled for care in their facilities. A facility may not avoid this obligation by stating that the infants are not enrolled in CACFP. As long as the infant is in care during the meal service period, the facility must offer the infant a meal that complies with program requirements. As with all children in CACFP facilities, an infant’s parent or guardian may decline what is offered and supply the infant’s meals instead. The key factor is that the infant must be provided access to CACFP meals. If a parent or guardian does not want the facility to claim his or her infant’s meals, an Infant Meal Waiver form must be on file for each infant.

Infants are children from birth to one year. Because they are so vulnerable nutritionally, day care facilities should design their feedings to meet individual needs by utilizing the United States Department of Agriculture (USDA) Infant Meal Pattern and any documented alteration of the meal pattern as prescribed by the child’s doctor. Facilities are advised to check with parents to be certain that an infant has tried, and had no reaction to, baby food products containing multiple fruits, vegetables, meat products, or other ingredients such as milk, nonfat dry milk, whole milk solids, cheese, whey, wheat flour or other wheat products, tomato, and/or corn or corn products. Facilities should request that parents furnish a statement signed by a recognized medical authority if their infant is allergic to, and should not be fed, certain foods or ingredients. The statement must be signed by a licensed physician if the allergy is severe and life-threatening.

Meals served to infants from birth up to five months that contain only iron-fortified formula provided by the parent or the caregiver or breast milk provided by the parent may be claimed for reimbursement. To receive reimbursement, the caregiver must always offer a complete developmentally appropriate meal. Parents may now only supply one component of the reimbursable meal.

Infant meals served must be documented using the Infant Meals as Served form. Documentation must include the infant’s name, age, date, and actual components and quantities served to each infant at each meal service.

USDA Infant Meal Patterns are for breakfast, lunch, and snack meals. Young babies may need to eat every two to four hours. Older babies may need to eat more frequently than the specified times. When babies are hungry, give them part of their next feeding.

There are ranges given for each food portion in the meal pattern to allow for flexibility in how much food is served to the baby based on his or her appetite. Babies will vary day-to-day in the amounts they eat. The amounts listed are the minimum portions you must serve to meet the requirements. Some babies will want more than these amounts. You may serve larger portions and additional foods to those babies.
Breast milk or formula, or portions of both, must be served; however, it is recommended that breast milk be served in place of formula from birth through 11 months. For some breastfed infants who regularly consume less than the minimum amount of breast milk per feeding, a serving of less than the minimum amount of breast milk may be offered, with additional breast milk offered at a later time if the infant will consume more.

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

Beginning October 1, 2021, ounce equivalents (oz eq) are used to determine the quantity of creditable grains.

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

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

Fruit and vegetable juices must not be served.
CHILD AND ADULT CARE FOOD PROGRAM
INFANT MEAL PATTERN

LUNCH AND SUPPER

<table>
<thead>
<tr>
<th>Birth Through 5 Months</th>
<th>6 Through 11 Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>4-6 fluid ounces (fl oz) breast milk(^1) or formula(^2)</td>
<td>6-8 fl oz breast milk(^1) or formula(^2) \textbf{and}</td>
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<tr>
<td></td>
<td>0-4 tablespoons (Tbsp)</td>
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<tr>
<td></td>
<td>infant cereal(^2,3)</td>
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<tr>
<td></td>
<td>meat</td>
</tr>
<tr>
<td></td>
<td>fish</td>
</tr>
<tr>
<td></td>
<td>poultry</td>
</tr>
<tr>
<td></td>
<td>whole egg</td>
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<tr>
<td></td>
<td>cooked dry beans \textbf{or}</td>
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<tr>
<td></td>
<td>cooked dry peas \textbf{or}</td>
</tr>
<tr>
<td></td>
<td>0-2 oz of cheese \textbf{or}</td>
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<tr>
<td></td>
<td>0-4 oz (volume) of cottage cheese \textbf{or}</td>
</tr>
<tr>
<td></td>
<td>0-4 oz or 1/2 cup of yogurt(^4) \textbf{or} a combination of the above(^5) \textbf{and}</td>
</tr>
<tr>
<td></td>
<td>0-2 Tbsp vegetable or fruit or a combination of both(^5,6)</td>
</tr>
</tbody>
</table>

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

\(^2\) Infant formula and dry infant cereal must be iron-fortified.

\(^3\) Beginning October 1, 2021, ounce equivalents (oz eq) are used to determine the quantity of creditable grains.

\(^4\) Yogurt must contain no more than 23 grams of total sugars per six 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.
Breast milk or formula, or portions of both, must be served; however, it is recommended that breast milk be served in place of formula from birth through 11 months. For some breastfed infants who regularly consume less than the minimum amount of breast milk per feeding, a serving of less than the minimum amount of breast milk may be offered, with additional breast milk offered at a later time if the infant will consume more.

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

Beginning October 1, 2021, ounce equivalents (oz eq) are used to determine the quantity of creditable grains.

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

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

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

Fruit and vegetable juices must not be served.

<table>
<thead>
<tr>
<th>SNACK</th>
<th>Birth Through 5 Months</th>
<th>6 Through 11 Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>4-6 fluid ounces (fl oz) breast milk or formula</td>
<td>2-4 fl oz breast milk or formula and 0-1/2 slice bread or 0-2 crackers or 0-4 tablespoons (Tbsp) infant cereal, or ready-to-eat breakfast cereal and 0-2 Tbsp vegetable or fruit or a combination of both</td>
<td></td>
</tr>
</tbody>
</table>

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

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

3 Beginning October 1, 2021, ounce equivalents (oz eq) are used to determine the quantity of creditable grains.

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

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

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

7 Fruit and vegetable juices must not be served.
SUMMARIES OF THE UPDATED MEAL STANDARDS: INFANT

Encourage and Support Breast-feeding
- In addition to serving expressed breast milk provided by a parent, guardian, or wet nurse, providers may also receive reimbursement for meals when a breastfeeding mother comes to the child care setting and directly breast-feeds her infant.
- Only breast milk and infant formula are served to infants, birth through the end of 5 months, as developmentally appropriate.

Developmentally Appropriate Meals
- There are now two age groups instead of three—birth through the end of 5 months and 6 months through the end of 11 months.
- Solid foods are gradually introduced around 6 months, as developmentally appropriate. See Developmental Readiness information below.

More Nutritious Meals
The updated meal pattern requirements:
- Require a vegetable or fruit, or both, to be served at snack for infants 6 through 11 months.
- No longer allow juice, cheese food, or cheese spread to be served.
- Allow ready-to-eat cereals for snack only.

DEVELOPMENTAL READINESS

Developmental readiness for solid foods is one of the most important times for infants, parents, and guardians. However, when is an infant ready for solid foods? This question is very important because of the significance of the associated health challenges of introducing solid foods to infants too early.

According to the American Academy of Pediatrics (AAP), introducing solid foods to infants before they are ready increases an infant’s risk of weight gain during the early years and being overweight later in life. In addition, when infants are not physically ready to accept solid foods, they are at a higher risk of choking because they have not developed the necessary skills for eating solid foods. Another major challenge of serving solid foods too early is infants may consume less breast milk or iron-fortified formula and not get enough essential nutrients for proper growth and development. Therefore, it is important to introduce solid foods to infants around six months when they are developmentally ready to accept them.

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:

- The infant is able to sit in a high chair, feeding seat, or infant seat with good head control.
- The infant opens his or her mouth when food comes his or her way. He or she may watch others reach for food and seems eager to be fed.
- The infant can move food from a spoon into his or her throat.
- The infant has doubled his or her birth weight.
As an early childhood professional working in a CACFP setting, it is important to maintain constant communication with an infant’s parents or guardians about when and what solid foods should be served while the infant is in care. You may find it useful when talking to parents and guardians to use the AAP guidelines to help determine if an infant is developmentally ready to begin eating solid foods. Another great way to ensure you are meeting the needs of the infant is to request in writing when you should start serving solid foods to their infant.
INFANT MEAL WAIVER
INSTRUCTIONS

Infants who are enrolled for child care must have access to CACFP records. If a parent or guardian does not want his or her infant to participate in the CACFP, an *Infant Meal Waiver* must be completed and on file for each infant. The facility will not be able to claim the infant meals for reimbursement. The institution must have the Infant Meal Waiver on file.

1. Record the infant’s first and last names.

2. Record the infant’s birth date.

3. Parent/guardian must sign waiver.

4. Record the date the parent/guardian signs.
EXAMPLE

INFANT MEAL WAIVER

I wish to decline my child’s participation in the Child and Adult Care Food Program (CACFP). I understand that the facility will not be claiming my child’s meals for CACFP reimbursement.

Name of Infant:  _______________________________________________________________
Date of Birth:  _________________________________________________________________
Signature of Parent/Guardian: Sur ________________________________________________
Date:  ________________________________________________________________________
INFANT MEALS AS SERVED
INSTRUCTIONS

All meal services offered infants each day may be recorded on the same page. Space is provided to record food items and the individual quantity of food served to five infants. It is required that the following information be recorded:

1. Date of meal service.

2. Names and ages of all infants served.

3. Individual food items credited for each infant toward the required food component. The food item is to be recorded on the same row the infant’s name and age are recorded.

4. Individual quantity of the food item served for each infant recorded.

5. Indicate formula or breast milk provided by the parent with an *.

The Infant Meals as Served form must be completed on a daily basis and must be kept on-site at all times. This record is the institution’s documentation that meals claimed for reimbursement met minimum meal pattern requirements. The Infant Meals as Served form should be maintained with the Food Production Records/Menus as Served Book.
## EXAMPLE
### INFANT MEALS AS SERVED

<table>
<thead>
<tr>
<th>TOTAL INFANTS SERVED:</th>
<th>DATE: 10/4/YYYY</th>
</tr>
</thead>
<tbody>
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</table>

**REMEmBER TO ADD INFANT MEALS TO THE MEAL COUNT WORKSHEET.**

<table>
<thead>
<tr>
<th>Meal Type</th>
<th>Quantity Served Meat/Meat Alternate</th>
<th>Quantity Served Breads/Cereals</th>
<th>Quantity Served Fruit/Vegetable</th>
<th>Quantity Served Formula/Breast Milk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breakfast</td>
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<tr>
<td>1.</td>
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</tr>
<tr>
<td>HARRISON BUTLER—9 MO</td>
<td>1 OZ CHEESE</td>
<td>4 TBSP CEREAL</td>
<td>4 TBSP PEACHES</td>
<td>8 OZ FORMULA*</td>
</tr>
<tr>
<td>2.</td>
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<tr>
<td>Lunch/Supper</td>
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<tr>
<td>1.</td>
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</tr>
<tr>
<td>HARRISON BUTLER—9 MO</td>
<td>1 OZ CHEESE</td>
<td>4 TBSP CARROTS</td>
<td>8 OZ FORMULA*</td>
<td></td>
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<tr>
<td>Snack</td>
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</tr>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HARRISON BUTLER—9 MO</td>
<td>2 CRACKERS</td>
<td>2 TBSP PEARS</td>
<td>8 OZ FORMULA*</td>
<td></td>
</tr>
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<td>2.</td>
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<td>5.</td>
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<tr>
<td>Supper</td>
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<td>1.</td>
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<td>5.</td>
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</tr>
</tbody>
</table>

*Place an asterisk (*) beside the formula or breast milk provided by the parent/guardian.*
CREDITING FOODS FOR INFANT MEAL PATTERN

BREAST MILK AND FORMULA

- Meals containing breast milk or formula provided by the parent are reimbursable.
- Meals are reimbursable when a mother directly breast-feeds the child at the facility.
- All infant formulas, including soy-based formulas, may be served as long as they are iron-fortified and served according to the directions on the label.
- Whole milk may **NOT** be served to infants.
- Lowfat and skim milk (fat-free) may not be served until children reach the age of two.

FRUITS AND VEGETABLES

- Fruits and vegetables are required at all meals, if developmentally ready.
- Commercial baby food fruits and vegetables that list fruit or vegetable as the first ingredient in the ingredient listing on the label may be credited.
- Commercial baby food fruits and vegetables that contain multiple fruits or multiple vegetables and list fruit or vegetable as the first ingredient in the ingredient listing on the label may be credited.
- Commercial baby foods in the **JARRED CEREAL WITH FRUIT** category are **NOT CREDITABLE** as a meal component in the fruit or infant cereal categories.
- Commercial baby foods in the **DESSERT CATEGORY** (these generally have dessert or pudding as part of the product name on the front of the label) that list a fruit as the first ingredient in the ingredient listing are **NOT** creditable meal components.

FRUIT JUICE

- Juice **MAY NOT** be claimed at any meals served to infants.

MEAT AND MEAT ALTERNATES

- Commercial baby food meats with meat or poultry as the first ingredient in the ingredient listing are reimbursable.
- Junior baby food meat products (i.e., beef and beef gravy, chicken and chicken gravy, ham and ham gravy, turkey and turkey gravy, and veal and veal gravy) are creditable even if they do contain additional ingredients such as cornstarch and, in some cases, lemon juice concentrate.
- Meat sticks or **finger sticks** (which look like miniature hot dogs) are not creditable as a meat/meat alternate. They present a choking risk in infants and, by the manufacturer’s declaration, are designed to match the skills of children over 12 months of age.
- Commercial fish sticks, other commercial breaded or battered fish or seafood products, canned fish with bones, hot dogs, and sausages are **NOT** creditable as a meat/meat alternate. These foods are not designed by their manufacturers for consumption by infants. Infants may choke on these food items, and there may be an incidental bone in fish sticks and other breaded fish products.
• Yogurt is creditable as a meal component in the Infant Meal Pattern as long as it contains no more than 23 grams of total sugars per 6 oz.

• Whole eggs are now an allowable meat alternate.

• Nuts, seeds, and nut and/or seed butters are NOT creditable. These foods can cause an infant to choke and can also cause allergic reactions in some infants.

• Cheese food and cheese spread are no longer a creditable item.

BREADS, CRACKERS, AND INFANT CEREALS

• Only infant cereal and bread or cracker-type products made from whole-grain or enriched meal or flour that is suitable for an infant to use as a finger food may be credited. The Infant Meal Pattern does not specify the broad category of bread alternate.

• Any iron-fortified dry cereal specially formulated for and generally recognized as cereal for infants that is routinely mixed with formula or breast milk prior to consumption may be credited. A serving of infant cereal must be fortified to a minimum level of 45 percent of the Daily Value for iron as listed on the product’s Nutrition Facts label.

• Breads made from whole-grain or enriched meal or flour that are creditable at snack for infants aged 6 to 11 months include:
  — Breads (white, wheat, whole-wheat, French, Italian, and similar breads—all without nuts, seeds, or hard pieces of whole-grain kernels)
  — Biscuits
  — Bagels (made without nuts, seeds, or hard pieces of whole-grain kernels)
  — English muffins
  — Pita bread (white, wheat, whole-wheat)
  — Rolls (white, wheat, whole-wheat, potato, all without nuts, seeds, or hard pieces of whole-grain kernels)
  — Soft tortillas (wheat or corn)

• Cracker-type products creditable at snack for infants aged 6 to 11 months include:
  — Crackers (saltines or snack crackers made without nuts, seeds, or hard pieces of whole-grain kernels; matzo crackers)

• All bread and cracker-type products, if they are served, must be prepared in a form that is suitable for an infant to use as a finger food and reduce the chance of choking.

• Iron-fortified dry infant cereals containing fruit are NOT creditable.

• Commercial jarred baby food cereals (which are wet, not dry) are NOT creditable.

• Ready-to-eat breakfast cereals (cold, dry) containing less than 6 grams of sugar per dry ounce (no more than 21.2 grams sucrose and other sugars per 100 grams of dry cereal) are creditable when the infant is developmentally ready to accept it.
QUESTIONS AND ANSWERS ON INFANT MEAL PATTERN

I. GENERAL QUESTIONS

1. Q What does it mean to feed an infant in a way that is consistent with the infant’s eating habits?
   A CACFP centers and day care homes must offer all infants in their care meals that comply with the infant meal pattern requirements (7 CFR 226.20[b]). However, infants do not eat on a strict schedule so it is best to watch the infant for hunger cues and not the clock. Along with watching for hunger cues, child care providers should watch for cues to know when the infant is full. As long as all the required food components are offered over the course of the day, the meals may be reimbursable. Infant meals must not be disallowed due solely to the fact that they are served outside of the established meal time periods.

For example, if an infant was breast-fed at home right before arriving at the center or day care home, the infant may not be hungry for the breakfast meal when he or she first arrives. The center or day care home may offer the meal to the infant later in the morning when the infant is hungry and still claim it. Additionally, if an infant who is developmentally ready to eat pureed vegetables and is not hungry at lunch, then the pureed vegetable can be offered at another time during the day and the lunch meal may still be claimed for reimbursement. As a reminder, program participants, including infants, do not need to consume the entire meal offered in order for the meal to be reimbursed.

2. Q May a parent donate extra formula or food received through WIC to his or her infant’s center or day care home?
   A A parent may provide one meal component for his or her own infant or infants, such as infant formula received through WIC. However, parents or guardians cannot donate formula or food they receive through WIC to the center or day care home for general use. Parents or guardians with formula or food received through WIC that their infant has not consumed should be referred back to their WIC program for guidance.

3. Q Why are parents or guardians no longer allowed to provide the majority of the meal components for infants in the updated meal patterns?
   A FNS made this change to help maintain the integrity of the CACFP. The previous infant meal pattern allows parents or guardians to supply all but one of the required components of a reimbursable meal. Under the updated infant meal patterns, parents or guardians may only supply one component of a reimbursable meal. FNS recognizes that infants have unique dietary needs and parents or guardians are often most in touch with their infant’s dietary preferences. However, this change will help ensure that centers or day care homes are not encouraging or requiring parents or guardians to supply the food in order to reduce costs.

4. Q What meal components can a parent or guardian provide for his or her infant?
   A Parents or guardians may choose to provide one of the meal components in the updated CACFP infant meal patterns as long as this is in compliance with local health codes. A parent or guardian may choose to supply expressed breast milk or a creditable infant formula, even when the infant is only consuming breast milk or infant formula. And starting October 1, 2017, a mother may directly breast-feed her infant on-site and the meal will be reimbursable.
If an infant is developmentally ready to consume solid foods and the parent or guardian chooses to supply expressed breast milk or a creditable infant formula or directly breast-feed on-site, then the center or day care home must provide all the other required meal components in order for the meal to be reimbursable. Alternatively, a parent or guardian may choose to provide a solid food component if the infant is developmentally ready to consume solid foods. In this situation, the center or day care home must supply all the other required meal components, including iron-fortified infant formula.

It must be ensured that the parent or guardian is truly choosing to provide the preferred component and that the center or day care home has not requested or required the parent or guardian to provide the components in order to complete the meal and reduce costs.

5. **Q** An infant is breast-feeding and the parent wants the infant to be fed organic vegetables, but the food the center or day care home serves is not organic. Therefore, the parent decides to provide food for his or her infant. Can the center or day care home claim those meals for reimbursement?

   **A** No. This is because the parent is providing more than one meal component; breast milk and solid foods. Under the updated meal pattern requirements, parents and guardians may only provide one component of a reimbursable meal.

6. **Q** How should centers or day care homes document infant menus when the items each infant eats varies so much?

   **A** Centers or day care homes can have a standard menu for all the infants in their care and adapt the menu for each infant based on what each infant is offered. For example, a center or day care home could use a template that outlines the meal pattern requirements in one column and space in another column for the center or day care home to fill in what components are served to each infant. As a reminder, centers or day care homes will need to vary the foods served to each infant based on the infant’s developmental readiness. All infants must be served breast milk or infant formula, but not all infants should be served solid foods unless they are developmentally ready.

**II. BREAST MILK AND INFANT FORMULA**

1. **Q** Do CACFP infant formulas have to be approved by WIC?

   **A** No. CACFP infant formulas do not have to be approved by WIC. WIC’s infant formula requirements vary slightly from CACFP’s, including a higher iron requirement (1.5 mg of iron per 100 calories). Therefore, some infant formulas that may be creditable in CACFP, such as infant formulas with 1 mg of iron per 100 calories, may not be eligible in WIC.

2. **Q** What is an iron-fortified infant formula?

   **A** The FDA considers an infant formula to be iron fortified if it has 1 mg of iron or more per 100 kilocalories. The AAP recommends formula-fed infants receive iron-fortified infant formula to prevent iron-deficiency anemia.

3. **Q** When an infant receives both breast milk and formula, is the meal eligible for reimbursement?

   **A** Yes. Meals served to infants younger than 12 months of age may contain iron-fortified infant formula, breast milk (including expressed breast milk and a mother directly breast-feeding on-site), or a combination of both.
4. **Q** How should meals be documented when a mother directly breast-feeds her infant on-site?

**A** There is great flexibility on how to document a meal when a mother directly breast-feeds her infant on-site. Centers or day care homes must document if the infant is served breast milk or infant formula to demonstrate compliance with the meal pattern requirements. They do not need to document the delivery method of the breast milk (e.g., directly breast-feed on-site or expressed breast milk in a bottle).

When an infant is served expressed breast milk or infant formula in a bottle, the center or day care home must document the quantity of breast milk or infant formula served to the infant. However, when an infant is breast-fed on-site, it is acceptable to simply indicate that the infant was breast-fed on-site. In this situation, the quantity of breast milk the infant is served cannot be determined and, therefore, does not need to be documented.

5. **Q** If a center or day care home is unable to provide a private place for mothers to breast-feed and a mother chooses to breast-feed in her car, is that meal still reimbursable?

**A** Yes. Centers or day care homes are strongly encouraged, but not required, to offer a quiet, private place that is comfortable and sanitary for mothers who come to the center or day care home to breast-feed. However, if a mother chooses to breast-feed her infant in her car on the grounds of the center or day care home, the meal could still be claimed for reimbursement. If the mother chooses to leave the premises to breast-feed her infant, the meal would not be reimbursable.

6. **Q** Can a staff member or provider of a day care breast-feed her own infant on-site and claim the meal for reimbursement? If Yes, does the staff member or provider have to be on the clock?

**A** A staff member of a day care or provider of a day care home may breast-feed her infant on-site, and the day care may claim the meal for reimbursement if the infant is enrolled at the center or home. The staff member or provider can breast-feed her infant while she is working, during a break, or during off-work hours. Whether a staff member or provider is on the clock when she breast-feeds her infant is a business decision to be made by the day care. As long as the staff member or provider breast-feeds her infant on-site and the infant is enrolled for care, the meal can be claimed for reimbursement.

7. **Q** If an infant does not finish the required minimum serving size of expressed breast milk or formula offered to him or her, is the meal still reimbursable?

**A** Yes. As long as the infant is offered the minimum required serving size of expressed breast milk or iron-fortified formula, the meal is reimbursable. Infants do not eat on a strict schedule and should not be force fed. Infants need to be fed during a span of time that is consistent with the infant’s eating habits. Therefore, there may be times when an infant does not consume the entire serving size that is offered.

In particular, some infants who are regularly breast-fed may consume less than the minimum serving size of breast milk per feeding. In these situations, infants may be offered less than the minimum serving size of breast milk and additional breast milk must be offered at a later time if the infant will consume more (7 CFR 226.20[b][2][ii]). This flexibility encourages breast-feeding practices and helps prevent wasting expressed breast milk.
8. **Q** If a physician or state-recognized medical authority prescribes whole cow’s milk as a substitute for breast milk or infant formula for an infant younger than 12 months of age, is the meal reimbursable?

**A** For children younger than 12 months of age, cow’s milk may be served as a substitute for breast milk and/or infant formula and be part of a reimbursable meal if the substitution is supported by a medical statement signed by a licensed physician or a state-recognized medical authority. A state-recognized medical authority for this purpose is a state-licensed health care professional who is authorized to write medical prescriptions under state law.

The statement must explain the need for the substitution and must be kept on file by the center or day care home in order for the meal to be reimbursable.

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. In addition, FNS understands that a transition period is needed when infants are weaned from breast milk or infant formula to cow’s milk. Therefore, a one-month transition period is allowed for children 12 to 13 months of age. Please see Question 12 for more information.

9. **Q** If a mother breast-feeds her 13-month-old or older child at the center or day care home, is the meal reimbursable?

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

10. **Q** If a mother breast-feeds her 13-month-old or older child at the center or day care home prior to or after a meal service, which meal is it counted toward?

**A** When a mother breast-feeds her 13-month-old or older child on-site, the center or day care home should count it toward the meal that was closest to when the mother breast-fed the child.

11. **Q** Must a parent submit a written request to substitute breast milk or fluid milk for children aged 1 year or older? Does it matter if the substituted breast milk is expressed or breast-fed?

**A** No. If a parent wants his or her child (aged 1 year or older) to be served breast milk 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 breast milk for his or her child or a mother may breast-feed her child on-site and the parent does not need to provide a note.

12. **Q** If a 1-year-old child is still being breast-fed and the mother is only able to provide 2 fluid ounces of expressed breast milk, can 2 fluid ounces of whole, unflavored milk be served as a supplement to meet the minimum milk requirement?

**A** Yes. If a mother chooses to breast-feed her 1-year-old child, the minimum fluid milk serving size must still be met. If a mother is unable to provide enough expressed breast milk to meet the fluid milk requirement, then whole, unflavored milk may be served alongside the breast milk 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 that in this situation the center or day care home must provide all other required meal components in order for the meal to be reimbursable.

13. **Q** Are meals served to children aged 12 months and older reimbursable if they contain infant formula?
   **A** 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. Breast milk continues to be considered an acceptable fluid milk substitute for children over 12 months of age, and a medical statement is not required.

Meals containing infant formula that are served to children aged 13 months and older are reimbursable when it is supported by a medical statement signed by a licensed physician or a state-recognized medical authority. A state-recognized medical authority for this purpose is a state-licensed health care professional who is authorized to write medical prescriptions under state law. The statement must explain the need for the substitution and must be kept on file by the center or day care home.

14. **Q** 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 toward a reimbursable infant meal?
   **A** Infant formulas that are not iron-fortified are generally not reimbursable in the CACFP. However, infant formulas that are not iron-fortified may be creditable toward a reimbursable meal if the substitution is supported by a medical statement. The medical statement must explain the need for the substitution, indicate the recommended infant formula, and be signed by a licensed physician or a state-recognized medical authority. A state-recognized medical authority for this purpose is a state-licensed health care professional who is authorized to write medical prescriptions under state law. The statement must be submitted and kept on file by the center or day care home.

15. **Q** If a parent chooses to provide infant formula and remixes it at home, how is the center or day care home supposed to know if it is iron-fortified?
   **A** 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 he or she must provide formula that is creditable (e.g., it is iron-fortified and is regulated by FDA). A center or day care home may choose to have a form that indicates the parent or guardian declined the offered infant formula and that he or she will provide either breast milk or an infant formula that is iron-fortified and is regulated by FDA. Or, a center or day care home may request the infant formula label to determine if it is iron-fortified. However, this documentation is not a federal requirement.

16. **Q** Can iron-fortified infant formula and iron-fortified infant cereal credit toward a reimbursable meal when they are used in a pancake or muffin recipe?
   **A** When using iron-fortified infant formula and iron-fortified infant cereal for making pancakes, muffins, or other grain foods, the iron-fortified cereal in these types of recipes can credit toward a reimbursable meal. However, the iron-fortified infant formula cannot credit toward a reimbursable meal when used in these types of recipes. Iron-fortified infant formula is only creditable when it is served as a beverage.
III. SOLID FOODS

1. Q Can solid foods be served to infants younger than 6 months of age?
   A Yes. Meals containing solid foods are reimbursable when the infant is developmentally ready to accept them, even if the infant is younger than 6 months of age. A written note from a parent or guardian stating his or her infant should be served solid foods is recommended as a best practice, but is not required. Infants develop at different rates, meaning some infants may be ready to consume solid foods before 6 months of age and others may be ready after 6 months of age. Centers or day care homes are required to serve solid foods once an infant is ready to accept them. In general, infants should be consuming solid foods from all food groups (vegetables, fruits, grains, protein foods, and dairy) by 7 to 8 months of age.

2. Q If an infant is just starting to be introduced to solid foods such as infant cereal, does the center or day care home have to serve that solid food at every meal where that component is required?
   A It depends. Solid foods are introduced gradually, which means that it may be appropriate to serve the solid foods only once per day. The infant does not need to be offered a solid food component that is part of every meal pattern until the infant has established tolerance for that solid food component.

3. Q If parents and the child care provider are in agreement that a five-month-old infant is developmentally ready to start eating some solid foods such as applesauce, may the child care provider still claim reimbursement for those meals with solid foods?
   A Yes. If an infant is developmentally ready to accept solid foods prior to 6 months of age, the center or day care home may serve the solid foods and claim reimbursement for those meals. Most infants are not developmentally ready to accept solid foods until around 6 months of age; however, infants develop at different rates. Centers or day care homes should talk about the introduction of solid foods with infants’ parents or guardians and can share the signs for developmental readiness discussed in the body of this memorandum.

4. Q What documentation is required when solid foods are served prior to 6 months of age?
   A Once an infant is developmentally ready for solid foods, the center or day care home must indicate on menus what solid foods are being served and the serving size of the food served. Otherwise, there are no additional federal documentation requirements for serving solid foods prior to 6 months of age. As a best practice, FNS encourages centers or day care homes to work closely with each infant’s parents or guardians and to obtain a written note from the parents or guardians indicating that solid foods should be served to the infant while in care. In addition, it is good practice for center or day care home providers to check with parents or guardians of all infants to learn about any concerns of possible allergies and their preferences on how and what solid foods are introduced.
5. Q At what age should monitors expect to see infants being served all the solid food components for each meal and snack?
   A The AAP recommends introducing solid foods to infants around six months of age. In addition, the AAP recommends that by 7 or 8 months of age infants should be consuming solid foods from all food groups (vegetables, fruits, grains, protein foods, and dairy). However, it is important to keep in mind that infants develop at different rates. Not all infants will be eating solid foods at 6 months of age, nor will all infants be eating solid foods from each food group by 7 or 8 months of age. Monitors should engage in a conversation with the center or day care home to learn more about the infants’ eating habits and ensure that the meal being served is appropriate for that infant’s developmental readiness.

6. Q 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?
   A The monitor should speak with the center or day care home 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 is serving the required serving size for breast milk or infant formula for the 6- through 11-month-old age group, the meal is reimbursable. Monitors can remind center or day care home to work with each infant’s parents or guardians to determine when and what solid foods should be served to the infant.

7. Q 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?
   A 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 caregiver 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 day care. Child care providers should be in constant communication with the infant’s parents or caregivers 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 his or her 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 breast milk or iron-fortified infant formula, then the meals are still reimbursable.

8. Q Are tofu and soy yogurt allowed in the infant meal pattern?
   A No. Tofu and soy yogurt are only allowed as a meat alternate in the CACFP 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.
9. Q Is there a whole grain-rich requirement for infants?  
   A No. The requirement to serve at least one whole grain-rich food per day is only required under the CACFP children and adult meal patterns.

10. Q Is there a sugar limit for ready-to-eat cereals served to infants?  
    A Yes. All breakfast cereals served in the CACFP must contain no more than 6 grams of sugar per dry ounce (21 grams of sugar per 100 grams of dry cereal). Breakfast cereals include ready-to-eat cereals, instant, and regular hot cereals.

11. Q Can infant cereal be served in a bottle to infants?  
    A No. Serving infant cereal in a bottle to infants is not allowed. Neither the infant cereal nor the infant breast milk 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.

12. Q Is yogurt creditable in the infant meal pattern?  
    A Yes. Yogurt is an allowable meat alternate for infants consuming solid foods. All yogurts served in the CACFP, including those served to infants, must contain no more than 23 grams of sugar per 6 ounces. Yogurt is a good source of protein and the AAP recommends infants consume foods from all food groups to meet infants’ nutritional needs. Please note, though, that soy yogurt is not allowed in the infant meal pattern; see Question 8.

13. Q Are foods that are considered to be a major food allergen or foods that contain these major food allergens allowed for infant meals?  
    A 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) and are appropriate for infants, are allowed and can be part of a reimbursable meal. The AAP recently concluded that there is no current convincing evidence that delaying the introduction of foods that are considered to be major food allergens has a significant positive effect on the development of food allergies.

    To align with scientific recommendations, FNS is allowing whole eggs to credit toward the meat alternate component of the updated infant meal patterns. Under the updated infant meal pattern requirements, the whole egg (yolk and white) must be served to the infant in order to be creditable. Previously, only egg yolks were allowed due to concerns with developing food allergies when infants were exposed to the protein in egg whites. Please see memorandum SP-42-2016, CACFP 14-2016: Early Implementation of the Child and Adult Care Food Program Meal Patterns, www.fns.usda.gov/sites/default/files/cn/SP42_CACFP14_2016os.pdf, for more information.

    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.
14. **Q** Are commercially prepared mixed or combination infant foods (e.g., infant dinners with vegetables and chicken) reimbursable in the infant meal pattern?

**A** Commercially prepared mixed or combination foods that contain more than one food component are not reimbursable in the infant meal pattern. It is extremely difficult to identify the required food components and prove that the amount of the food components in mixed infant meals meet the meal pattern requirements. For example, an infant dinner with vegetables and chicken is not reimbursable. However, infant foods with more than one vegetable or fruit may be reimbursable because vegetables and fruit are one component under the infant meal pattern. Additionally, many commercially prepared mixed infant food products may have added sugar that may promote the development of tooth decay as well as provide few nutrients.

15. **Q** Are baby pouch food products allowed in CACFP?

**A** Commercially prepared infant foods that contain one food component and are packaged in a jar, plastic container, pouch, or any other packaging are creditable in CACFP. The way a food is packaged does not impact whether a food is creditable or not.

Providers should serve food from a pouch in the same way that it is served from a jar or plastic container, which is by using a spoon. Spoon-feeding is the most appropriate method for feeding pureed or mashed foods to infants. Infants benefit developmentally from the experience of eating from a spoon. Different tongue and lip motions are used for sucking than for eating from a spoon. Additionally, the American Academy of Pediatric Dentistry warns that sucking on baby food pouches may have the same negative effect as the practice of prolonged sucking of juice from bottles or sippy cups.
CONTRACTING FOR OTHER SERVICES AND FOOD SERVICE
CONTRACTING OUT MANAGEMENT FUNCTIONS IN THE CHILD AND ADULT CARE FOOD PROGRAM

Section 226.15(c) of the Child and Adult Care Food Program (CACFP) regulations requires that all institutions accept final administrative and financial responsibility for their operations under the program. The provision also stipulates that “. . . no institution may contract out for the management of the Program.”

The intention of the provision is to guarantee that institutions retain administrative and financial responsibility for program operations. The United States Department of Agriculture (USDA) feels that such responsibility cannot be exercised effectively by institutions which contract out for critical aspects of program management. Institutions must have operational responsibilities and an ongoing role in program management if they are to retain firm control over their programs.

The regulation prohibits an institution from contracting out for all of its management functions. Management functions, which institutions may not contract out under any circumstances, include monitoring, corrective action, and preparation of application materials. However, institutions may contract out for specific management tasks such as bookkeeping (but not claims submission), data processing, or the service of a nutritionist. Such contracting is permissible whether the institution provides its own or contracts out for food service. (Reference FNS Instruction 792-2, Rev. 4)

Contracted services require prior written approval from the Oklahoma State Department of Education (the State Agency).

Cost per percentage of reimbursement is NOT ALLOWED

CONTRACTING FOR FOOD SERVICE

Child care institutions may contract with an outside entity to provide meals for their child care institutions. The CACFP institution and outside entity providing the meals must have a completed and approved Agreement to Furnish Food Service on file with the State Agency. The procedure used by the CACFP institution to document meals delivered and the procedure used to claim meals for CACFP reimbursement will vary, depending on the type of outside entity providing the meals. If contracting with a public school, the institution must be charged at the minimum for each meal service provided:

- Breakfast: Free reimbursement rate for breakfast
- Lunch: Free reimbursement rate for lunch plus the value of USDA Foods (formerly commodities) (unless the center gives the school the USDA Foods allocated to the center) plus the additional performance incentive
- Snack: Free reimbursement rate for snack

Contracting With a Public School

When a CACFP institution contracts with a public school for meals, the public school is responsible for maintaining the food production records. The school will document that the meals delivered/served to the CACFP institution met meal pattern requirements. If bulk serving, the
school must provide portion information to the facility. The school will bill the CACFP institution monthly for the cost of the meals delivered. The CACFP institution is responsible for paying the school for the cost of the meals. The CACFP institution will claim each meal served to a participant for CACFP reimbursement. Meals that were prepared, but not served, cannot be claimed for reimbursement. The monthly invoice amount will be documented in the Food and Milk Cost column of the Expenditure/Reimbursement Worksheet.

**Contracting With Other Outside Food Service Entities**

When a CACFP institution contracts with other types of outside entities (i.e., senior nutrition, technology center, restaurants, universities), the outside entity/vendor must document the meals delivered to the CACFP institution using the *Contract Meal Delivery Receipt* or a form approved by the CACFP institution’s area coordinator. The outside entity/vendor must provide the CACFP institution with a copy of the *Contract Meal Delivery Receipt* for each meal to maintain on file as proof that the meals served to the CACFP participants met minimum meal pattern requirements. It is the responsibility of the CACFP institution to work with the outside entity to obtain documentation of the meals delivered. The CACFP institution must retain the documentation of meals delivered on file for review. The outside entity will bill the CACFP institution monthly for the cost of the meals. The CACFP institution is responsible for paying the outside entity for the cost of the meals. The CACFP institution will claim each meal served to a participant for CACFP reimbursement. Meals that were prepared, but not served, cannot be claimed for reimbursement. The monthly invoice amount will be documented in the Food and Milk Cost column of the Expenditure/Reimbursement Worksheet.

**Head Start Agencies Contracting With CACFP Child Care Facilities**

When a Head Start agency contracts with a child care facility that participates in the CACFP, the child care facility will document the contracted meals in the child care center’s Food Production Records/Menus as Served Book or other approved food production records. The child care center will document that the meals served to Head Start children met meal pattern requirements. The child care facility will bill the Head Start agency for the cost of the meals delivered/provided to Head Start children each month. The Head Start agency is responsible for paying the child care facility for the cost of the meals provided to the Head Start children. The child care facility will report the meals served/delivered to the Head Start agency as income on the child care facility’s Expenditure/Reimbursement Worksheet. The Head Start agency will claim no more than one reimbursable meal served to a participant for CACFP reimbursement. Meals that were prepared, but not served, cannot be claimed for reimbursement.
CONTRACT MEALS

When contracting CACFP meal services with schools or other entities, it is important to establish a good working foundation. Points to consider include:

► Decide what you expect from the entity providing meal services:
  • Establish specific requirements, and have them well-defined. The contractor should consider these factors when establishing a meal cost.

► Familiarize the entity with CACFP meal pattern requirements:
  • A standardized recipe can ensure adequate quantities, components, etc.
  • Consider the special needs of your children.

► Emphasize the CACFP requirements:
  • All meals must be served on time.
  • Daily delivery records must be available when contracting with entities other than schools or CACFP participants.
  • Proper portion tools must be available when bulk delivery is used.
  • Crediting and portioning information must be communicated to the entity receiving the meals.

► List additional requirements the institution may have:
  • Family-style meal service.
  • Menu item restrictions.
  • Second servings or extras.

► Inspect the food preparation and service areas for:
  • Adequate staff training.
  • Proper sanitation practices.
  • Safe methods of keeping hot foods hot and cold foods cold at all times.
  • Acceptable meal service arrangements.
  • Adequate seating/eating arrangements.
  • Acceptable delivery conditions.

► Establish a good record-keeping system:
  • The Daily Contract Meal Delivery Receipt requires the signatures of both the preparation kitchen and the person accepting delivery, verifying quantities of foods sent and received, and the crediting/portioning information for a reimbursable meal. (If the entity providing meals is a school or CACFP participant, this is not required.)
  • The entity providing the meals must keep records of all food delivered.
  • The institution RECEIVING contract meals should have monthly menus on file along with all other monthly CACFP records.
  • The institution is required to maintain a monthly invoice from the entity providing meals.
  • A copy of the agreement to provide food service must be maintained on file.
  • A copy of the agreement to furnish food service contract, which includes the CACFP minimum meal pattern requirements, must be submitted to the State Agency each year along with the annual CACFP application for participation.
EXAMPLE
CONTRACT MEAL SERVICE DELIVERY RECEIPT
(Keep in your institution’s monthly folder. USE ONE RECEIPT PER MEAL SERVICE.)

DATE: 10/06/YYYY
MEAL TYPE: Breakfast _____ Lunch X _____ AM/PM/LATE PM Snack _____ Supper _____

SITE PREPARING MEAL: XYZ DAY CARE CENTER
SITE RECEIVING MEAL: TOYS N NOISE DAY CARE CENTER
DELIVERY TIME: 11:30 AM NUMBER OF MEALS ORDERED/DELIVERED: 14

FOOD ITEMS AND QUANTITIES DELIVERED

<table>
<thead>
<tr>
<th>MENU</th>
<th>Quantity Delivered:</th>
<th>*Crediting/Portioning Information</th>
<th>Temperature at Delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of 1-2</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Number of 3-5</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Number of 6-12</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Bulk Delivery</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Preportioned</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Milk</td>
<td>Milk provided by:</td>
<td>1-2 = 4 oz each 3-5 = 6 oz each</td>
<td>40°</td>
</tr>
<tr>
<td></td>
<td>SITE (Circle One)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>VENDOR</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fat-free milk</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Record Quantity</td>
<td>1 gallon</td>
<td></td>
</tr>
<tr>
<td>Vegetable/Juice</td>
<td>Green beans, cut, drained, heated, 2 15-oz cans</td>
<td>1-2 = 1/8 cup each 3-5 = 1/4 cup each</td>
<td>140°</td>
</tr>
<tr>
<td>Fruit/Juice</td>
<td>Pineapple chunks, natural juice, 2 20-oz cans</td>
<td>1-2 = 1/8 cup each 3-5 = 1/4 cup each</td>
<td>140°</td>
</tr>
<tr>
<td>Grains/Breads</td>
<td>Country biscuit, 14 1-oz</td>
<td>1/2 biscuit each</td>
<td>140°</td>
</tr>
<tr>
<td>Meat/Meat Alternate</td>
<td>Chicken, drumsticks w/bone and skin, 4.46#</td>
<td>1 drumstick each</td>
<td>165°</td>
</tr>
<tr>
<td>Extras</td>
<td>Margarine patties, 14 pats</td>
<td>1 each</td>
<td></td>
</tr>
</tbody>
</table>

* Crediting/portioning information: i.e., 1 cup spaghetti sauce = 2 ounces meat/meat alternate, 6 chicken nuggets = 2 ounces meat/meat alternate and 1 ounce grains/breads serving, 2 cheese sticks = 1 ounce meat/meat alternate

I acknowledge that the above items and quantities were delivered to this contract site. I did complete the necessary portioning/crediting information. Child Nutrition (CN) labels, Production Information Statements, and/or recipes are available for all combination food items or other applicable components.

Food Service Director
Signature From Preparation Kitchen

I acknowledge that the above items and quantities were delivered to this contract site.
INSPECTION DELIVERY: Was the food delivered in a safe/sanitary method? Yes or No
Were food temperatures proper? Yes or No
Comments: Use portioning utensils provided

Director of Day Care Center
Signature From Site Receiving Food

FOR INSTITUTION TO USE WHEN CONTRACTING MEALS FROM OUTSIDE VENDOR OR WITHIN OWN INSTITUTION; KEPT IN INSTITUTION’S MONTHLY FOLDER.
AT-RISK RESPONSIBILITIES
AT-RISK MEAL PROGRAM

Sections 107 and 108 of Public Law 105-336 (the Child Nutrition Reauthorization Act of 1998) authorizes reimbursement for snacks served to children through aged 18 (and to individuals, regardless of age, who are determined by the Oklahoma State Department of Education [the State Agency] to be mentally or physically disabled) who participate in programs organized to provide after-school care. Further, Section 122 of the Healthy, Hunger-Free Kids Act allows one additional breakfast, lunch, or supper to be served and claimed for reimbursement. The intent is to assist sites in operating organized programs of care which include education or enrichment activities known to help reduce or prevent children’s involvement in juvenile crime or other high-risk behavior.

A. Eligible Programs

To qualify for reimbursement under the Child and Adult Care Food Program (CACFP), the At-Risk Meal Program must meet the following criteria:

1. The purpose of these programs must be to provide care in after-school settings. This does not mean that the programs must offer formal child care as recognized by a licensing authority. There is no federal requirement for At-Risk sites operating under this provision to have either federal, state, or local licensing or approval as a condition of eligibility. However, to qualify under this provision, these programs must be organized to provide children with regularly scheduled activities in a setting that is structured and supervised. By regularly scheduled, it not meant that the program must occur daily. Moreover, while eligible programs would not need to establish formal enrollment procedures, they must have a means of determining that children are present on a given day, such as roster or sign-in sheet.

2. Eligible programs must include education or enrichment activities in organized, structured, and supervised environments.

It must be emphasized that under no circumstances can organized athletic programs engaged in interscholastic sports be approved as At-Risk programs under this provision. In the Conference Report that accompanied Public Law 105-336, the Conference Committee declared its intent that support under this provision would not be provided to members of athletic teams. However, while athletic teams participating in interscholastic sports programs may not be approved, programs which include supervised athletic activity along with education or enrichment activities may participate. The key would be that they are open to all and do not limit membership for reasons other than space or security considerations.

3. Eligible sites are not allowed to participate during the summer months. The At-Risk Program only operates during the school year. NOTE: When school is not in session, children aged 12 and under may be served up to three meals per day in a regular child care setting. However, the center must count these children in the eligibility category (participation data) in which documentation is obtained. If there are no Family-Size and Income Applications (FSIAs) obtained and approved for these children, they would be reported in the not eligible category on the center’s monthly claim.
B. Reimbursement

Under this provision, sites may claim reimbursement for one snack and one meal, per child, per day. See pages 128-130 for minimum meal requirements. Children are eligible to participate through aged 18, and if a child’s nineteenth birthday occurs during the school year, reimbursement may be claimed for meals served to that child during the remainder of the school year. Reimbursement may also be claimed for individuals, regardless of age, who are determined by the State Agency to be mentally or physically disabled.

At-Risk programs must be located in the attendance area of a school site which has at least 50 percent of its enrollment eligible for free or reduced-price meals (School data ONLY; cannot use census data). All meals are claimed at the free reimbursement rate. Under no circumstances may a site charge children for meals served.

C. Times of Operation

Under no circumstances may meals be reimbursed for programs operated before or during the child’s school day. Sites are only eligible to receive reimbursement under this provision for meals during the normal school year. It can include weekends, holidays, Thanksgiving, Christmas, and spring break vacations, but does not include summer vacations.

Any meals served under the At-Risk Program must be consumed on-site.

D. Record Keeping

It is the intention of the law to keep any record-keeping burden to the minimum necessary to ensure that federal reimbursement is properly paid. At a minimum, sites participating under this provision must maintain the following records for the time periods required in the institution’s agreement:

1. Documentation that the site is located in an area served by a site in which at least 50 percent of the enrolled students are certified eligible for free or reduced-price meals. This documentation must also be submitted to the State Agency (SA) prior to approval to participate in the At-Risk Program.

2. Documentation of an individual child’s attendance on a daily basis, meal counts for all children, Food-Purchasing Form, and Expenditure/Reimbursement Worksheet. Refer to Record-Keeping section of this manual, page 43.

3. Menus as Served records indicating components and quantities of food. Refer to page 317 for a copy of the form.

4. New Sites - If Sponsoring Organization adds a new site, SDE will conduct an on-site pre-approval visit BEFORE a site can be approved OR claim for reimbursement.

5. Review of each At-Risk site for compliance with counting and claiming procedures and the meal pattern. The institution must review each site three times per year and must include a meal observation. For new sites, the first review must be conducted during the first four weeks of meal service. A form has been provided on page 268 for institutions to use for this purpose.
6. There are two different methods in which a sponsor may conduct reviews to comply with United States Department of Agriculture (USDA) requirements:
   a. Conduct one announced and two unannounced* reviews of program operations to assess compliance with meal patterns, record keeping, and other requirements, with not more than six months elapsing between reviews. Each review must include a meal analysis where children are present. All reviews must be documented and kept on file.

   b. A sponsoring organization (SO) may do **review averaging** by conducting an average of three reviews per provider per year. If an SO conducts one unannounced review* of a facility in a year and finds no serious deficiencies, the SO may choose not to conduct a third review of the facility that year and may make its second review announced, provided that the SO conducts an average of three reviews of all of its facilities that year and that it conducts an average of two unannounced reviews of all of its facilities that year. When the SO uses this averaging provision and a specific facility receives two reviews in one review year, the first review in the next review year must occur no more than nine months after the previous review. If choosing this method, not more than nine months can elapse between reviews and all seriously deficient providers must have at least three reviews per year. If **review averaging** is selected, the SO must have a written plan with detailed procedures for tracking reviews. Each review must include a meal analysis where children are present. All reviews must be documented and kept on file.

* Sponsors must ensure that the timing of unannounced reviews is varied in a way that would ensure they are unpredictable to the facility.
CHILD AND ADULT CARE FOOD PROGRAM (CACFP) AT-RISK ON-SITE MONITOR REVIEW

1. Reviewer: ______________________________________ 5. Institution Agreement Number: _________________
2. Facility: __________________________________________ 6. Date of Visit: ________________________________
3. Facility’s Address: __________________________________ 7. Time of Visit: ________________________________

9. New Site Initial Review: □ Yes □ No

<table>
<thead>
<tr>
<th>A. Record Keeping</th>
<th>YES/NO/NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Daily attendance/arrival/departure records up-to-date</td>
<td>1.</td>
</tr>
<tr>
<td>2. Food-Purchasing Form/Itemized Receipts</td>
<td>2.</td>
</tr>
<tr>
<td>4. Do the attendance records and meal count records reconcile for a five-day period? (See form below)</td>
<td>4.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Meal Counts</th>
<th>YES/NO/NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Physical point of service count taken</td>
<td>1.</td>
</tr>
<tr>
<td>2. Counts separated by shifts</td>
<td>2.</td>
</tr>
<tr>
<td>3. Meal service times as approved</td>
<td>3.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Storage</th>
<th>YES/NO/NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Adequate space</td>
<td>1.</td>
</tr>
<tr>
<td>2. Chemicals and medicines in separate location</td>
<td>2.</td>
</tr>
<tr>
<td>3. No rusted, dented, or unlabeled containers</td>
<td>3.</td>
</tr>
<tr>
<td>4. Stored food items off floor and away from walls and children</td>
<td>4.</td>
</tr>
<tr>
<td>5. Proper temperature and ventilation</td>
<td>5.</td>
</tr>
<tr>
<td>7. Refrigerators and freezers defrosted</td>
<td>7.</td>
</tr>
<tr>
<td>8. Open cardboard boxes discarded</td>
<td>8.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>D. Sanitation and Safety</th>
<th>YES/NO/NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Trash cans covered</td>
<td>1.</td>
</tr>
<tr>
<td>2. Clean kitchen (floors, cupboards, pest-free)</td>
<td>2.</td>
</tr>
<tr>
<td>3. Clean equipment</td>
<td>3.</td>
</tr>
<tr>
<td>5. Proper method of dishwashing</td>
<td>5.</td>
</tr>
<tr>
<td>7. Proper handwashing technique</td>
<td>7.</td>
</tr>
<tr>
<td>8. Proper grooming and hygiene</td>
<td>8.</td>
</tr>
<tr>
<td>9. Children are in a safe environment and not in imminent danger</td>
<td>9.</td>
</tr>
<tr>
<td>10. Food-handling procedures (thawing, time, temperature, transportation)</td>
<td>10.</td>
</tr>
<tr>
<td>11. Leftovers properly stored</td>
<td>11.</td>
</tr>
<tr>
<td>12. Only authorized persons in kitchen area</td>
<td>12.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>E. Food Production</th>
<th>YES/NO/NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Food Production Records/Menus as Served Book complete and up-to-date</td>
<td>1.</td>
</tr>
<tr>
<td>2. All components served</td>
<td>2.</td>
</tr>
<tr>
<td>3. Sufficient quantities served</td>
<td>3.</td>
</tr>
<tr>
<td>4. Statement from recognized medical authority on file for substitutions due to medical reasons</td>
<td>4.</td>
</tr>
<tr>
<td>5. Child Nutrition (CN) Label or Product Formulation Statement available</td>
<td>5.</td>
</tr>
<tr>
<td>6. Procedure used for controlling the ordering and delivery of contract meals</td>
<td>6.</td>
</tr>
</tbody>
</table>
### FIVE-DAY RECONCILIATION INFORMATION

<table>
<thead>
<tr>
<th>DATE</th>
<th># ENROLLMENT</th>
<th># IN ATTENDANCE</th>
<th># BREAKFAST</th>
<th># AM</th>
<th># LUNCH</th>
<th># PM</th>
<th># SUPPER</th>
<th>RECONCILED YES/NO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

### F. Civil Rights Compliance

1. . . . *And Justice for All* poster
2. Complaint-filing procedure
3. All participants served the same meal at no separate charge—regardless of race, color, national origin, sex, age, or disability—and there is no discrimination in the course of food service

### G. Education/Enrichment

1. Is there an educational or enrichment activity

### H. Training

1. CACFP training by sponsor for all facility staff
2. CACFP training by sponsor for all parent volunteers

### I. Day of Review/Meal Observation

1. Method of production
2. Meal service times as approved
3. Adequate space for dining
4. Program adults served the same meal as children
5. All components served
6. Required quantities served
7. Proper milk-type served (FF/1%)
8. Method of production and quality of food
9. Water is offered throughout the day
10. Plates and servings adjusted for age groups
11. Meal supervision provided
12. Adequate time for eating
13. Special dietary needs documentation available
14. Milk substitute provided
15. If milk substitute is provided, is it an approved milk substitution and is the correct documentation available?
16. Current Product Formulation/Child Nutrition (CN) Label on file and available at time of the review
17. Is further training needed?
18. Is deep-fat frying occurring?
J. Meal Analysis for Aged 3 Through 18

Meal Observed: Breakfast AM Snack Lunch PM Snack Supper Late PM Snack

Time Served: _________ Meal Pattern: SBP/NSLP ☐ CACFP ☐

<table>
<thead>
<tr>
<th>Children Served by Age</th>
<th>Comments:</th>
</tr>
</thead>
<tbody>
<tr>
<td>3-5 Years</td>
<td></td>
</tr>
<tr>
<td>6-18 Years</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
</tr>
<tr>
<td>Nonclaimable Children Served</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Meal Component</th>
<th>Food Item</th>
<th>Quantity Served</th>
<th>Amount Needed</th>
<th>Amount + or -</th>
</tr>
</thead>
<tbody>
<tr>
<td>Milk</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vegetable/Juice</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fruit/Juice</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Grains/Breads</td>
<td></td>
<td></td>
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<tr>
<td>Meat/Meat Alternate</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
**K. Review Summary**
Corrective Action Needed, Recommendations, and Comments:

<table>
<thead>
<tr>
<th></th>
<th>In Compliance</th>
<th>In Noncompliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Were problems noted in previous review corrected? (Circle one)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Is an unannounced follow-up review required to view corrective action? (Circle one)</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

We certify that this review has been completed while in the facility. All areas of noncompliance have been discussed.

_________________________________________  _____________________________  
(Facility Representative’s Signature)    (Date)

__________________________________________ _____________________________  
(At-Risk Monitor’s Signature)    (Date)