



Thank you for selecting Horizons Unlimited, Inc. as your food program sponsor. We look forward to helping you meet the nutritional needs of children in your care.

Your food program representative is Jenna Van Den Wildenberg.

**Phone:** (920) 462-4805

**Email:** horizonsfoodprogram1991@gmail.com

**Fax:** (920) 462-4871

**Website:** www.horizonsfoodprogram.org

**Mailing address:** 225 E. 2nd St.  
Kaukauna, WI 54130

**Mid-month (the Monday following the first two full weeks of the month) you need to email:**

1. Child enrollment forms and income statements for each child that joined your program.
2. Diet Statements and Tracking Forms for children with new nutritional needs.
3. Weekly Attendance and Meal Count Worksheet, if used as a back-up.
4. Infant Meal Records.

**Months end (by the 3<sup>rd</sup> of the following month) you need to email:**

1. Child enrollment forms and income statements for each child that joined your program.
2. Diet Statements and Tracking Forms for children with new nutritional needs.
3. Weekly Attendance and Meal Count Worksheet, if used as backup.
4. Infant Meal Records.
5. Labor tally sheets, if applicable.
6. Submit Claim via KidKare for Centers.
7. Also, food program related receipts must be entered in the KidKare receipts journal. (They do not need to be mailed)

You can usually expect your reimbursement deposit on the last Monday of the month.  
For example, your June claim will usually be deposited on the last Monday of July.







# Horizons

## Sponsor of the Child and Adult Care Food Program



Phone: 920-462-4805  
Fax: 920-462-4871  
Email: [horizonsfoodprogram1991@gmail.com](mailto:horizonsfoodprogram1991@gmail.com)  
Website: [www.horizonsfoodprogram.org](http://www.horizonsfoodprogram.org)  
Mailing: 225 E. 2nd Street Kaukauna WI, 54130

## USDA Nondiscrimination Statement with Complaint Filing Procedure

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**  
U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or
2. **fax:**  
(833) 256-1665 or (202) 690-7442; or
3. **email:**  
[program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

## WHAT DOES THE CHILD and ADULT CARE FOOD PROGRAM (CACFP) DO?

Reimburses eligible child care centers money to purchase foods that meet the nutritional needs of the children in their care.

Supplies centers with child nutrition information.

Assures adequate nutrition for children in family child care.

Helps children develop good eating habits.

Reduces waste in the school food programs since children learn to enjoy a variety of foods at a preschool age.

Develops a healthy life style that follows children into the adult years.

Allows centers and parents direct benefit from their tax dollars.

## HOW DOES IT WORK?

Enroll all the children in your day care in the CACFP. Enrollments are good for 1 year.

Menus must be posted, entered into KidKare and meet the CACFP meal pattern requirements. Production records must be kept.

You will also record the children that participated in each meal at the time of the meal. The number of children who participate at each meal is what determines your reimbursement.

The menus, meal counts and new enrollment forms need to be submitted to the Horizons Unlimited office mid -month and again by the 3rd day of the following month.

After evaluating your claim to assure it has met program requirements, Horizons will send you a reimbursement for all eligible meals the Last Monday of the next month.

For example: You record your menus and meal counts every day during the month of November. By December 3rd you submit us your menus, meal count, and any new child enrollment forms. The Last Monday of December your reimbursement is sent to your bank account.

## WHAT WILL YOUR FIELD REPRESENTATIVE DO FOR YOU?

Visit you 3 times per year to help you meet program regulations.

Answer your questions and offer technical support.

Provide resources to help you be the best day care provider you can be.

## WHAT WILL HORIZONS UNLIMITED OFFER YOU?

Reimbursement for qualifying meals the last Monday of the month.

Electronic transfer of funds.

Lots of menu ideas and recipes along with program pointers on our website [www.horizonsfoodprogram.org](http://www.horizonsfoodprogram.org).

Support and guidance, including a monthly review of menus.

Provide training to meet CACFP requirements.

Supply opportunities to network with other child care providers at our training.

Minute Menu -a food program management computer program.

## WHAT HAPPENS AT A CENTER REVIEW?

Your field representative will come to your center and review the all food program regulation for compliance. Visit guideline sheet included in this section.

Technical assistance with areas of the CACFP needing improvement.

Offer technical support and guidance.

# WHAT ARE THE RATES OF REIMBURSEMENT?

Reimbursement rates are determined by the blend of children qualifying for Free, Reduced, and Paid.

These rates are effective July 1, 2025 through June 30, 2026. These reimbursement rates updated in July of each year based on a cost of living increase.

|         | Breakfast | Lunch/ Supper | Snack  |
|---------|-----------|---------------|--------|
| Paid    | \$0.40    | \$0.44        | \$0.11 |
| Reduced | \$2.16    | \$4.20        | \$0.63 |
| Free    | \$2.46    | \$4.60        | \$1.26 |

# EXPIRATION OF ELIGIBILITY DETERMINATIONS

Household -Size Income Statements eligibility derminations for Parents expire one year from the date they are signed.

Guidelines are updated each year based on a cost of living increase.

Horizons Office will send you the updated guidelines when they become available. You can also find current rates on our website, [www.horizonsfoodprogram.org](http://www.horizonsfoodprogram.org).



## HOUSEHOLD SIZE-INCOME SCALE

July 1, 2025 to June 30, 2026

USDA Child Nutrition Programs  
Child and Adult Care Food Program (CACFP)

### FREE

The participant(s) may be determined as “Free” on their Household Size-Income Statement (HSIS) if the HSIS is fully complete, and the total reported household income is at or below the amount in this chart for the specific household size.

| Household Size                            | Yearly \$ | Monthly \$ | Twice per Month \$ | Every Two Weeks \$ | Weekly \$ |
|-------------------------------------------|-----------|------------|--------------------|--------------------|-----------|
| 1                                         | \$20,345  | \$1,696    | \$848              | \$783              | \$392     |
| 2                                         | \$27,495  | \$2,292    | \$1,146            | \$1,058            | \$529     |
| 3                                         | \$34,645  | \$2,888    | \$1,444            | \$1,333            | \$667     |
| 4                                         | \$41,795  | \$3,483    | \$1,742            | \$1,608            | \$804     |
| 5                                         | \$48,945  | \$4,079    | \$2,040            | \$1,883            | \$942     |
| 6                                         | \$56,095  | \$4,675    | \$2,338            | \$2,158            | \$1,079   |
| 7                                         | \$63,245  | \$5,271    | \$2,636            | \$2,433            | \$1,217   |
| 8                                         | \$70,395  | \$5,867    | \$2,934            | \$2,708            | \$1,354   |
| For Each Additional Household Member add: | \$7,150   | \$596      | \$298              | \$275              | \$138     |

### REDUCED-PRICE

The participant(s) may be determined as “Reduced-Price” on their Household Size-Income Statement (HSIS) if the HSIS is fully complete, and the total reported household income is at or between the amounts in this chart for the specific household size.

| Household Size                            | Yearly \$               | Monthly \$           | Twice per Month \$   | Every Two Weeks \$   | Weekly \$            |
|-------------------------------------------|-------------------------|----------------------|----------------------|----------------------|----------------------|
| 1                                         | \$20,345.01 & \$28,953  | \$1,696.01 & \$2,413 | \$848.01 & \$1,207   | \$783.01 & \$1,114   | \$392.01 & \$557     |
| 2                                         | \$27,495.01 & \$39,128  | \$2,292.01 & \$3,261 | \$1,146.01 & \$1,631 | \$1,058.01 & \$1,505 | \$529.01 & \$753     |
| 3                                         | \$34,645.01 & \$49,303  | \$2,888.01 & \$4,109 | \$1,444.01 & \$2,055 | \$1,333.01 & \$1,897 | \$667.01 & \$949     |
| 4                                         | \$41,795.01 & \$59,478  | \$3,483.01 & \$4,957 | \$1,742.01 & \$2,479 | \$1,608.01 & \$2,288 | \$804.01 & \$1,144   |
| 5                                         | \$48,945.01 & \$69,653  | \$4,079.01 & \$5,805 | \$2,040.01 & \$2,903 | \$1,883.01 & \$2,679 | \$942.01 & \$1,340   |
| 6                                         | \$56,095.01 & \$79,828  | \$4,675.01 & \$6,653 | \$2,338.01 & \$3,327 | \$2,158.01 & \$3,071 | \$1,079.01 & \$1,536 |
| 7                                         | \$63,245.01 & \$90,003  | \$5,271.01 & \$7,501 | \$2,636.01 & \$3,751 | \$2,433.01 & \$3,462 | \$1,217.01 & \$1,731 |
| 8                                         | \$70,395.01 & \$100,178 | \$5,867.01 & \$8,349 | \$2,934.01 & \$4,175 | \$2,708.01 & \$3,853 | \$1,354.01 & \$1,927 |
| For Each Additional Household Member add: | +\$7,150.01 & +\$10,175 | +\$596.01 & +\$848   | +\$298.01 & +\$424   | +\$275.01 & +\$392   | +\$138.01 & +\$196   |

# CORRECTIVE ACTION PLANS

## What happens if I am not in compliance with food program regulations when a Field Representative comes for a review?

1. A Corrective Action Plan (CAP) is developed for you. The Field Representative will outline the plan for correcting the issue on the Center Review Form, the steps necessary to come into compliance, and the date for completion of the CAP.
2. If the CAP is not completed by the date indicated, the area of non-compliance will be reviewed with you and another date will be set for completion (second notice). A spot check to see that you are in compliance will happen within 30 days. No further action will be taken unless the non-compliance recurs.
3. If the CAP is not completed by the date indicated or a third occurrence of the same infraction occurs within a 24 month period, a letter detailing a formal improvement plan will be sent to you. (third notice)
4. If the Improvement Plan is not fully implemented the Horizon Unlimited office may issue a declaration of Seriously Deficient if deemed it is a systemic problem without sufficient effort or ability to comply.

## What happens if I am declared Seriously Deficient?

You will be given the opportunity to write a corrective plan and submit it to the Horizons office. Once an approved corrective plan is in place you will need to stay in permanent compliance with that plan.

## What happens if I do not adhere to the Seriously Deficient Corrective Action Plan?

A Notice of Intent to Terminate will be sent to you. You will then have the right to appeal this action. A written request for review can be made and an Independent Review Official will review your written documentation and make a decision whether to uphold or overturn the termination for cause of a providers food program participation.

## What does termination from the Food Program mean?

A center is removed the program under Horizons Unlimited, Inc sponsorship and is required to pay back any money that was wrongfully claimed.





# Horizons Unlimited, Inc.

## Center Review

|                                                                                                                                                                                                                                                                                                      |           |                                                                                                                                                                                                           |                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| Site being reviewed:                                                                                                                                                                                                                                                                                 |           | Date:                                                                                                                                                                                                     |                                                                                                 |
| Name of Site Director:                                                                                                                                                                                                                                                                               |           | Name of Person interviewed at site:                                                                                                                                                                       |                                                                                                 |
|                                                                                                                                                                                                                                                                                                      |           | Site Number:                                                                                                                                                                                              |                                                                                                 |
| <b>Food Preparation:</b> <input type="checkbox"/> On-Site <input type="checkbox"/> Central Kitchen <input type="checkbox"/> Vended/Catered: List vendor:                                                                                                                                             |           |                                                                                                                                                                                                           |                                                                                                 |
| Changes to meal times: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which meal and time?                                                                                                                                                                                         |           |                                                                                                                                                                                                           |                                                                                                 |
| Meal Observed: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which meal? <input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Dinner <input type="checkbox"/> Eve Snack |           |                                                                                                                                                                                                           |                                                                                                 |
| <b>TYPE OF REVIEW</b>                                                                                                                                                                                                                                                                                |           | <b>REVIEW INFORMATION</b>                                                                                                                                                                                 |                                                                                                 |
| <input type="checkbox"/> Announced <input type="checkbox"/> Unannounced<br><input type="checkbox"/> First 4 week review<br><input type="checkbox"/> Regular review<br><input type="checkbox"/> Follow Up review                                                                                      |           | Arrival Time: _____<br>Departure Time: _____<br>Review #:      1    2    3    4                                                                                                                           |                                                                                                 |
|                                                                                                                                                                                                                                                                                                      |           | <b>SITE TYPE:</b><br><input type="checkbox"/> Child Care Center<br><input type="checkbox"/> After School At-Risk<br><input type="checkbox"/> Outside of School Hrs<br><input type="checkbox"/> Head Start |                                                                                                 |
| <b>LICENSE</b>                                                                                                                                                                                                                                                                                       |           |                                                                                                                                                                                                           |                                                                                                 |
| Expiration Date:                                                                                                                                                                                                                                                                                     | Capacity: | Ages:                                                                                                                                                                                                     | Current License on file with Horizons? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Attendance within capacity? <input type="checkbox"/> Yes <input type="checkbox"/> No    License posted? <input type="checkbox"/> Yes <input type="checkbox"/> No    License on file matches WISCCRS <input type="checkbox"/> Yes <input type="checkbox"/> No                                         |           |                                                                                                                                                                                                           |                                                                                                 |
| <b>COMPLIANCE WITH SAFETY and SANITATION REQUIREMENTS</b>                                                                                                                                                                                                                                            |           | <b>YES</b>                                                                                                                                                                                                | <b>NO</b>                                                                                       |
|                                                                                                                                                                                                                                                                                                      |           | <b>N/A</b>                                                                                                                                                                                                | <b>COMMENTS</b>                                                                                 |
| Kitchen storage and counters clean.                                                                                                                                                                                                                                                                  |           |                                                                                                                                                                                                           |                                                                                                 |
| Freezer clean, defrosted, 0°F or below. Temp: _____                                                                                                                                                                                                                                                  |           |                                                                                                                                                                                                           |                                                                                                 |
| Refrigerator clean and 40°F or below. Temp: _____                                                                                                                                                                                                                                                    |           |                                                                                                                                                                                                           |                                                                                                 |
| Dishwasher and sanitizing procedures followed.                                                                                                                                                                                                                                                       |           |                                                                                                                                                                                                           |                                                                                                 |
| Food is stored high enough above the floor to provide for air circulation and to facilitate cleaning.                                                                                                                                                                                                |           |                                                                                                                                                                                                           |                                                                                                 |
| Food stored in basement is at least 8" above the floor.                                                                                                                                                                                                                                              |           |                                                                                                                                                                                                           |                                                                                                 |
| Cleaning supplies and other toxic materials are stored away from food and out of reach of children.                                                                                                                                                                                                  |           |                                                                                                                                                                                                           |                                                                                                 |
| Garbage and waste are covered and removed daily.                                                                                                                                                                                                                                                     |           |                                                                                                                                                                                                           |                                                                                                 |
| Food is properly stored in the refrigeration/freezer units and in dry areas. All open reusable food is labeled, dated, and properly stored in reuseable containers.                                                                                                                                  |           |                                                                                                                                                                                                           |                                                                                                 |
| Foods maintained at proper temperature. (between 40° and 135°)                                                                                                                                                                                                                                       |           |                                                                                                                                                                                                           |                                                                                                 |
| Food handling procedures meet all sanitation requirements.                                                                                                                                                                                                                                           |           |                                                                                                                                                                                                           |                                                                                                 |
| All eating surfaces are properly sanitized prior to meal service.<br>Sanitizer used:                                                                                                                                                                                                                 |           |                                                                                                                                                                                                           |                                                                                                 |
| Vended meals or meals delivered from central kitchens are received at proper temps. $\leq 40^{\circ}$ and/or $\geq 135^{\circ}$                                                                                                                                                                      |           |                                                                                                                                                                                                           |                                                                                                 |
| Proper hand washing procedures are followed by children before meals.                                                                                                                                                                                                                                |           |                                                                                                                                                                                                           |                                                                                                 |
| Food service was conducted in compliance with generally accepted health and sanitation.                                                                                                                                                                                                              |           |                                                                                                                                                                                                           |                                                                                                 |

**Horizons Unlimited, Inc.**

**Center Review**

| <b>COMPLIANCE WITH SAFETY and SANITATION REQUIREMENTS</b>                       | <b>YES</b> | <b>NO</b> | <b>N/A</b> | <b>COMMENTS</b> |
|---------------------------------------------------------------------------------|------------|-----------|------------|-----------------|
| There are no obvious fire, health and/or safety hazards observed in the center. |            |           |            |                 |
| There is no evidence of rodent or insect infestation.                           |            |           |            |                 |
| Storage areas secure from theft.                                                |            |           |            |                 |
| Proper hand washing procedures are followed by staff before meals.              |            |           |            |                 |

**NUMBER OF PROGRAM PARTICIPANS OBSERVED:**

☐ **NO MEAL OBSERVED**

| 0 -5 months                                                    | 6-11 months | 1 yr | 2 yrs | 3 - 5 yrs | 6+ |
|----------------------------------------------------------------|-------------|------|-------|-----------|----|
|                                                                |             |      |       |           |    |
| <b>Number of children that ate before or after observation</b> |             |      |       |           |    |
|                                                                |             |      |       |           |    |

**MENU PLANNING and PRODUCTION RECORDS**

**Meal Observed:** ☐ Yes ☐ No ☐ Breakfast ☐ AM Snack ☐ Lunch ☐ PM Snack ☐ Dinner ☐ Eve Snack

| <b>Meal Components<br/>ages 1-12</b> | <b>Food Served</b> | <b>Amt prepared<br/>or<br/>Delivered</b> | <b>Amt prepped<br/>sufficient for<br/># served?</b>      |
|--------------------------------------|--------------------|------------------------------------------|----------------------------------------------------------|
| Milk                                 |                    |                                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Vegetable                            |                    |                                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Fruit/Vegetable                      |                    |                                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Meat/MA                              |                    |                                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Grains                               |                    |                                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| <b>INFANTS</b>                               | <b>Food Served</b> |                    |                            |                            | <b>Amt Offered</b> | <b>Amt offered<br/>is sufficient<br/>for infants<br/>served?</b> |
|----------------------------------------------|--------------------|--------------------|----------------------------|----------------------------|--------------------|------------------------------------------------------------------|
| <b>Meal Components:</b>                      | <b>0-5 months</b>  | <b>6-11 months</b> | <b>Parent<br/>Supplied</b> | <b>Center<br/>Supplied</b> |                    |                                                                  |
| IFIF or Breast Milk                          |                    |                    |                            |                            |                    | <input type="checkbox"/> Yes <input type="checkbox"/> No         |
| Fruit or vegetable                           |                    |                    |                            |                            |                    | <input type="checkbox"/> Yes <input type="checkbox"/> No         |
| IFIC or meat/meat alt.                       |                    |                    |                            |                            |                    | <input type="checkbox"/> Yes <input type="checkbox"/> No         |
| Bread; Cracker; IFIC;<br>Ready to eat cereal |                    |                    |                            |                            |                    | <input type="checkbox"/> Yes <input type="checkbox"/> No         |

| <b>MENU PLANNING and PRODUCTION RECORDS</b>                                                                                         | <b>YES</b> | <b>NO</b> | <b>N/A</b> | <b>COMMENTS</b> |
|-------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|------------|-----------------|
| Dated menus with recorded substitutions are retained and on file for all meals/snacks claimed for reimbursement.                    |            |           |            |                 |
| The menu served is the same as posted for today.                                                                                    |            |           |            |                 |
| Type of milk served: 1 yr olds: _____ 2 and up: _____<br>Correct type of milk is on hand and served given ages of children present. |            |           |            |                 |
| Is the type of milk (fat content & flavored) documented on the menu?                                                                |            |           |            |                 |

# Horizons Unlimited, Inc.

## Center Review

|                                                                                                                                                                                                                                              |            |           |            |                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|------------|-----------------|
| Milk substitution forms, signed by parent, on file and creditable milk alternatives served. Dietary Tracking Statement is on file.                                                                                                           |            |           |            |                 |
| <b>MENU PLANNING and PRODUCTION RECORDS</b>                                                                                                                                                                                                  | <b>YES</b> | <b>NO</b> | <b>N/A</b> | <b>COMMENTS</b> |
| Accommodating disability and non-disability special nutritional requests (including parent provided component): A valid Diet Statement and Tracking Statement are on file for participant(s) with disability and/or non-disability requests. |            |           |            |                 |
| Agency has appropriately accommodated the special nutritional need request(s).<br>Agency only claims allowable meals                      YES      NO      N/A                                                                               |            |           |            |                 |
| Is proper documentation on hand to verify a WGR food was or is being served on the day of review?                                                                                                                                            |            |           |            |                 |
| Are grain items on-hand similar to grain items served on menu to support at least 1 WGR item per day? What is today's WG? _____                                                                                                              |            |           |            |                 |
| Do the menus, production records, or foods on hand show that any Grain Based Desserts are served to meet the meal pattern?                                                                                                                   |            |           |            |                 |
| What method is used to select cereal within the sugar gram limit?<br><input type="checkbox"/> WIC approved Cereal List<br><input type="checkbox"/> Added Sugar(g) ÷ Serving Size (g) = Threshold: 0.212 or less                              |            |           |            |                 |
| Are the cereals used for child care within the sugar gram limit?                                                                                                                                                                             |            |           |            |                 |
| Do the cereals not on the WIC Cereal List have product package (name, nutrition facts label, ingredients) available?                                                                                                                         |            |           |            |                 |
| Is the yogurt used for child care within the sugar limit?                                                                                                                                                                                    |            |           |            |                 |
| Is proper documentation available to verify the yogurt served or on hand for child care meets the sugar limits?<br><br>Added Sugar(g) ÷ Serving Size (g) or (oz) = Threshold of oz 3.83 or less. Threshold of grams: 0.0702 or less grams.   |            |           |            |                 |
| Is proper documentation available to verify the tofu served or on hand meets the protein requirements                                                                                                                                        |            |           |            |                 |
| Proper documentation on hand to verify tofu meets requirements.<br><br>Protein (g) ÷ Serving Size (g)(oz) = Threshold for oz 2.27 oz or more. Threshold for grams .08 grams or more.                                                         |            |           |            |                 |
| Is a M/MA served in place of the entire grain at breakfast more than 3 times per week?                                                                                                                                                       |            |           |            |                 |
| Is at least 1 vegetable is served at lunch and supper ?                                                                                                                                                                                      |            |           |            |                 |
| If 2 vegetables are served at lunch/supper are they different vegetables?                                                                                                                                                                    |            |           |            |                 |
| Juice is served no more than 1 time per day.                                                                                                                                                                                                 |            |           |            |                 |
| Child nutrition (CN) labels or product formulation sheets on file for any commercially prepared combination food item(s)? If no, list the items requiring a CN label.                                                                        |            |           |            |                 |
| Does the center deep fat-fry any foods served to day care children?                                                                                                                                                                          |            |           |            |                 |
| Drinking water is offered to children                                                                                                                                                                                                        |            |           |            |                 |
| If meal was observed, were participants properly offered all required components in accordance with the appropriate meal service method requirements (family style dining, pre-plated style, or cafeteria style)?                            |            |           |            |                 |

# Horizons Unlimited, Inc.

## Center Review

| <b>MENU PLANNING and PRODUCTION RECORDS</b>                                                                                                                                                                                                                                                      | <b>YES</b> | <b>NO</b> | <b>N/A</b> | <b>COMMENTS</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|------------|-----------------|
| Self Preparation Sites: A daily record (production record) of the quantity of food prepared for each meal with documented substitutions is correctly maintained to assure portion size requirements of actual foods served.                                                                      |            |           |            |                 |
| Production records for all meal services from other months are maintained on file.<br>Where: _____                                                                                                                                                                                               |            |           |            |                 |
| The quantity of food prepared or ordered is based upon current participation figures.                                                                                                                                                                                                            |            |           |            |                 |
| <b>VENDED MEALS</b>                                                                                                                                                                                                                                                                              | <b>YES</b> | <b>NO</b> | <b>N/A</b> | <b>COMMENTS</b> |
| There is a daily record of amount of food delivered which adequately verifies compliance with portion size requirements.                                                                                                                                                                         |            |           |            |                 |
| Vendors provide copies of CN label information or comparable information from manufacturers for commercially purchased combination food items.                                                                                                                                                   |            |           |            |                 |
| Meals are delivered in a timely manner?                                                                                                                                                                                                                                                          |            |           |            |                 |
| Upon delivery, staff checks for proper temperatures of food?                                                                                                                                                                                                                                     |            |           |            |                 |
| Meals are checked for correct quantity and quality upon delivery?                                                                                                                                                                                                                                |            |           |            |                 |
| Center maintains a copy of the vendor agreement on file                                                                                                                                                                                                                                          |            |           |            |                 |
| <b>PROGRAM ADULTS</b>                                                                                                                                                                                                                                                                            | <b>YES</b> | <b>NO</b> | <b>N/A</b> | <b>COMMENTS</b> |
| Do program or other adults eat facility prepared/offered meals?                                                                                                                                                                                                                                  |            |           |            |                 |
| The number of meals served to adults is recorded.                                                                                                                                                                                                                                                |            |           |            |                 |
| Production records are maintained that include adults.                                                                                                                                                                                                                                           |            |           |            |                 |
| Daily meal participation of adults is recorded?                                                                                                                                                                                                                                                  |            |           |            |                 |
| <b>MEALS SERVED TO INFANTS</b>                                                                                                                                                                                                                                                                   | <b>YES</b> | <b>NO</b> | <b>N/A</b> | <b>COMMENTS</b> |
| List the type of Iron Fortified Infant Formula is offered is:                                                                                                                                                                                                                                    |            |           |            |                 |
| Do parents of infants supply more than one component? If yes, does the provider claim the meal?                                                                                                                                                                                                  |            |           |            |                 |
| Are infants served the appropriate foods and serving sizes according to their developmental needs?                                                                                                                                                                                               |            |           |            |                 |
| Formula and foods on-hand are creditable for infants?                                                                                                                                                                                                                                            |            |           |            |                 |
| The Infant Menu & Infant Meal Pattern are posted where parents can easily see them.                                                                                                                                                                                                              |            |           |            |                 |
| The infant meal count is completed at the time of the meal for each meal and snack claimed.                                                                                                                                                                                                      |            |           |            |                 |
| For claimed meals, all required components of the infant meal pattern are provided?                                                                                                                                                                                                              |            |           |            |                 |
| A signed medical statement is on file for infants who are not receiving the required USDA infant meal pattern but whose meals are claimed (e.g., receiving cow's milk instead of formula or table food in lieu of infant cereal at breakfast): If no, explain.<br>Tracking Statement in on file. |            |           |            |                 |
| Commercial baby foods are single food products and meet other program requirements.                                                                                                                                                                                                              |            |           |            |                 |
| Bottles and formula are properly labeled, stored and prepared in a sanitary manner in accordance with licensing regulations.                                                                                                                                                                     |            |           |            |                 |

# Horizons Unlimited, Inc.

## Center Review

| CIVIL RIGHTS REQUIREMENTS                                                                                                                                                              | YES | NO | N/A | COMMENTS |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|-----|----------|
| CACFP meal components are available to all participants at the beginning of the meal service. If no, explain:                                                                          |     |    |     |          |
| Meals are served to all enrolled children regardless of race, color, sex, age, disability, national origin and all other protected classes?                                            |     |    |     |          |
| The correct, full size (11x17) poster "And Justice For All" is on display in a conspicuous place.                                                                                      |     |    |     |          |
| " Building for the Future" flier was posted or made available to parents.                                                                                                              |     |    |     |          |
| The "Building for the Future" flier includes the Horizon's contact information.                                                                                                        |     |    |     |          |
| All staff who interact with program applicants/participants, including those persons who supervise them, received Civil Rights training each fiscal year? If no, when is it scheduled? |     |    |     |          |
| Potentially eligible persons and households have an equal opportunity to participate in the program.                                                                                   |     |    |     |          |
| Allowing all children equal access to its child care services and facilities regardless of race, color, sex, age, disability, national origin and all other protected classes?         |     |    |     |          |
| The current nondiscrimination statement and complaint procedure is included in facility advertisements when referencing admissions and the CACFP.                                      |     |    |     |          |
| MEAL COUNTS (PARTICIPANTS ONE YEAR AND OLDER)                                                                                                                                          | YES | NO | N/A | COMMENTS |
| The Weekly Attendance and Meal Count Worksheets are sent to Horizons bi-monthly.                                                                                                       |     |    |     |          |
| The meals claimed are served to enrolled children who are within regulatory age limits.                                                                                                |     |    |     |          |
| CACFP RECORDS AND RECORD KEEPING REQUIREMENTS                                                                                                                                          | YES | NO | N/A | COMMENTS |
| Enrolled children have completed/current CACFP enrollment forms on file.                                                                                                               |     |    |     |          |
| Enrollment forms are updated annually                                                                                                                                                  |     |    |     |          |
| Daily attendance (sign in/out) records are maintained                                                                                                                                  |     |    |     |          |
| A new HSIS is obtained annually                                                                                                                                                        |     |    |     |          |
| The center uses the current HSIS and parent/guardian letter.                                                                                                                           |     |    |     |          |
| The facility distributes the HSIS and parent letter to all families annually.                                                                                                          |     |    |     |          |
| Daily time of service meal count records are maintained for each enrolled child for each serving day of the month. If no, explain.                                                     |     |    |     |          |
| Fiscal ledgers, receipts/invoices, logs and/or timesheets are maintained and available as support documentation that CACFP funds are supporting a nonprofit food service.              |     |    |     |          |
|                                                                                                                                                                                        |     |    |     |          |

**Horizons Unlimited, Inc.**

**Center Review**

| CACFP RECORDS AND RECORD KEEPING REQUIREMENTS                                                                                                               | YES | NO | N/A | COMMENTS |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|-----|----------|
| Does the center separate out food and non-food items on the receipts/invoices?                                                                              |     |    |     |          |
| Are the food costs, charged to the CACFP, allowable?                                                                                                        |     |    |     |          |
| Do the receipts coincide with the items offered on the menus?                                                                                               |     |    |     |          |
| Does the agency charge a separate fee for the meal?                                                                                                         |     |    |     |          |
| If fiscal records are not available during the review, the prior months records will be faxed or e-mailed to Horizons within 5 business days of the review. |     |    |     |          |
| CACFP reimbursements support a nonprofit food service.                                                                                                      |     |    |     |          |
| The facility has a current contract on file for vended meals.                                                                                               |     |    |     |          |
| Records retained on-site for current plus previous 12 months?                                                                                               |     |    |     |          |
| The remaining 24 months records kept on-site or readily assessable off-site? If off-site where?                                                             |     |    |     |          |
| Do you do any type of comparison Shopping?                                                                                                                  |     |    |     |          |
| WIC information made available to parents?                                                                                                                  |     |    |     |          |
| Are donated foods accepted and are they used in meals and snacks? If yes, how are donated foods tracked?                                                    |     |    |     |          |
| Key staff receive sponsor training on CACFP requirements withing the FY.                                                                                    |     |    |     |          |
| Explain how your agency chooses store(s) and /or food distributer(s) to purchase from:                                                                      |     |    |     |          |
|                                                                                                                                                             |     |    |     |          |

**Horizons Unlimited, Inc.**  
**Center Review**

**5 DAY RECONCILIATION**

List the meal counts for the same meal type observed or, if no meal is observed, closest meal to the time on the day of the review for each of the 5 preceding serving days. Also, list the number of children who are in attendance according to the child care's sign in/out attendance records. **Meal type observed:** \_\_\_\_\_

|              |               |            |            |            |            |            |            |            |            |            |            |            |
|--------------|---------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| <b>Date:</b> | <b>Today:</b> |            |            |            |            |            |            |            |            |            |            |            |
| <b>Room:</b> | <b>Cts</b>    | <b>Att</b> | <b>Cts</b> | <b>Att</b> | <b>Cts</b> | <b>Att</b> | <b>Cts</b> | <b>Att</b> | <b>Cts</b> | <b>Att</b> | <b>Cts</b> | <b>Att</b> |
|              |               |            |            |            |            |            |            |            |            |            |            |            |
|              |               |            |            |            |            |            |            |            |            |            |            |            |
|              |               |            |            |            |            |            |            |            |            |            |            |            |
|              |               |            |            |            |            |            |            |            |            |            |            |            |
|              |               |            |            |            |            |            |            |            |            |            |            |            |
|              |               |            |            |            |            |            |            |            |            |            |            |            |
|              |               |            |            |            |            |            |            |            |            |            |            |            |
| <b>Total</b> |               |            |            |            |            |            |            |            |            |            |            |            |

**5 DAY RECONCILIATION**

Is the physical count of all participants participating in the meal service documented either during the meal service or immediately following? ☐ Yes ☐ No

The meal counts for the prior five days appear reasonable when compared to today's meal count? ☐ Yes ☐ No

If no obtain and record an explanation:

The meal counts for today and the prior 5 days appear reasonable when compared to enrollment and attendance? ☐ Yes ☐ No

If no obtain and record an explanation:

## Center Review

[illegible]



# KidKare for Center Training Videos w/ Commentary:

## Center Monthly Process Overview

<https://knowledge.kidkare.com/centers/introduction-to-kidkare-for-sponsored-centers>

- Please wait for your Welcome Letter to download the program. This letter will have link to the program, user name and password.
- Horizons does not use E-Forms. We use paper enrollment forms.
- Horizons uses the online meal count recording feature.
  - Weekly Attendance and Meal Count Worksheet (Meal Counts) are to be used as a back-up for time of service recording of meal counts in the event tablet/internet are not accessible.
- You do not need to enter infant menus into KidKare for Centers but will track meal participation for infants. Menus are recorded on the paper Infant Meal Record.
- You do not need to track production records in KidKare for Centers for infants (children under 1 year of age).
- If adults participate in the meal with the children you will need to add them to the estimated attendance and keep track of the number of adult meals served.
- On the Monday following the first two full weeks of the month EMAIL the first half of the months Back-up Weekly Meal Count and Attendance Records, Infant Meal Records, any new enrollments, income forms, diet statements and tracking forms. DO NOT forget to make a copy for your records. Then again at months end (by the 3rd of the following month) EMAIL the second half of the months documents (listed above) but also include Labor Tally sheets, if applicable, and make sure the Food program receipts have all been entered into the KidKare program.
- You will submit the claim to Horizons via KidKare for Centers at the end of the month.
- We are not required to perform a milk audit.

## Enrolling Children

<https://knowledge.kidkare.com/centers/enroll-participants>

- We do not use e-forms.
- Enter the information into KidKare for Centers based on the daycare interview and print the form for the parent to sign.
  - Select the Enrollment/IEF form tab to generate the enrollment and income forms for the parent to sign.
- They can handwrite any changes directly on the form.
- Horizons will activate the enrollment when hard copy is received.
- Please make sure all sections of the enrollment form are complete.
- You must enroll all children into the program for them to appear as pending and to be able to claim meals.

## Estimated Attendance

<https://knowledge.kidkare.com/centers/daily-menu>

## Recording Daily Menus and Menu Calendar

<https://knowledge.kidkare.com/centers/daily-menu>

- DO NOT Record infant menus. Horizons has a different infant menu system.

## **Record Attendance & Meal Counts**

<https://knowledge.kidkare.com/centers/attendance-meal-counts>

- If you are not seeing all the children, check the filter to display pending children.
- Infant menus are not recorded online. Horizons uses the Infant Meal Record to recording menus. Infant meal participation is recorded in the KidKare for Centers program.
- Do not forget to record Staff meals if applicable.

## **Weekly Attendance and Meal Counts Worksheet**

- This is used for back-up only. You are still responsible for Time of Service Meal counts even if tablets/internet fail.
  - Please complete for all children including infants.
  - Staff participation is also recorded on this form, if applicable.

## **Production Records**

- You do not need to track production records for Infants. Only ages 1 and up.
- Infant menus and production records are tracking using a different system.

## **Viewing Claim Details**

<https://knowledge.kidkare.com/centers/view-claim-detail>

## **Recording Receipts**

<https://knowledge.kidkare.com/centers/receipts>

<https://knowledge.kidkare.com/centers/manage-vendors>

- Use Quick Entry procedure.
- Milk Section is not required in Wisconsin.
- Tax is allowable for food service related supplies.
- Please separate Food Costs, Food Service related supplies and Not Approved items on the actual receipt.
  - All items that are NOT creditable foods or food related supplies are considered NOT Approved. This journal is to track expense for the Food Service only.
    - The food program requires centers to run a not for profit food service. CACFP monies received should be put back into the food service.
- Labor associated with the food program can be expensed if need by using the Labor tally sheet.

## **Submitting claim to Horizons**

<https://knowledge.kidkare.com/centers/submit-claims-to-your-sponsor>

- Once you have finished entering claim data for the month, you must submit your claim to your sponsor for processing.
- Your sponsor must give you the appropriate user permissions to view and submit claim data.
- From the menu to the left, click Claims.
- Select List Claims. The List Claims page opens.
- Click Submit in the Submitted column.
- Click Yes at the agreement prompt. Your claim is submitted to your sponsor, and the Submitted button is replaced with the date you submitted the claim.

# Device Policy

## “Use of Tablets to streamline food program meal count documentation”

### Purpose of Tablets

The tablets are used for recording food program meal counts at the time of service for children 1 year and older. Can you used for infant meal counts if approved by Horizons.

### Device Policy

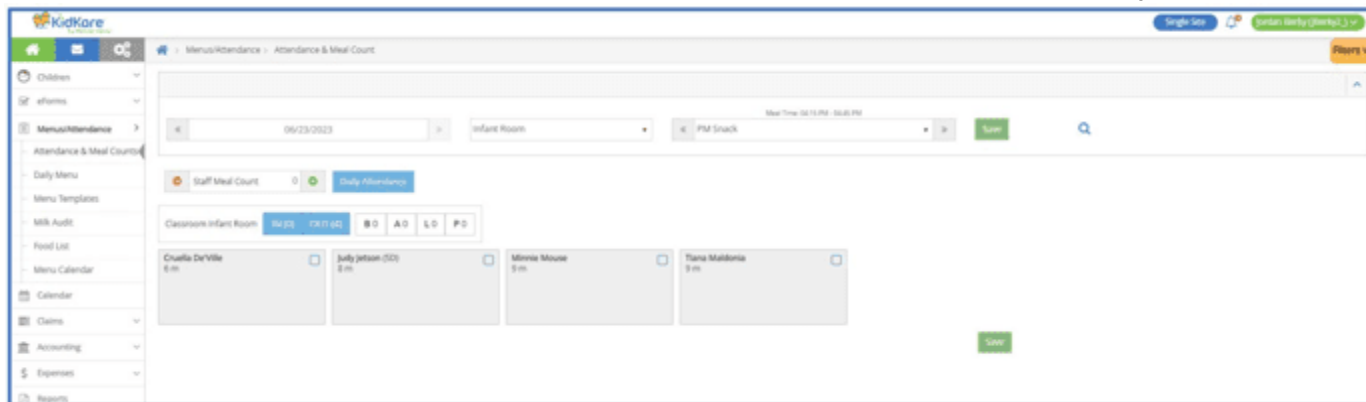
Our company device policy outlines expectations for the proper use and care of these tablets:

- **Care and Maintenance**  
Centers are responsible for keeping tablets in good working condition and protecting them from damage or loss.
- **Internet Access**  
Centers are responsible for providing Wi-Fi, data packages, or other internet access required for tablet functionality.
- **Authorized Use**  
Tablets must not be used for personal purposes unless specifically authorized by a manager or supervisor.
- **Security**  
Centers must ensure the security of both the devices and the data stored on them. This includes:
  - Using strong passwords
  - Regularly updating security software
  - Preventing unauthorized access or use
- **Incident Reporting**  
Any security incidents or potential threats must be reported immediately to a manager, supervisor, or IT.
- **Repairs and Replacement**  
Centers are responsible for repairing or replacing damaged tablets promptly.
- **Operational Guidelines**  
When sharing tablets between classrooms, staff must always maintain required staff-to-child ratios.
- **Personal Devices: KidKare must not be installed on personal devices.**
- **Damage to Device**
  - **Record meals counts at the time of service using the paper forms as back-up.**
    - Paper documentation is for temporary use only; tablet replacement must occur promptly.
  - Notify Horizons immediately



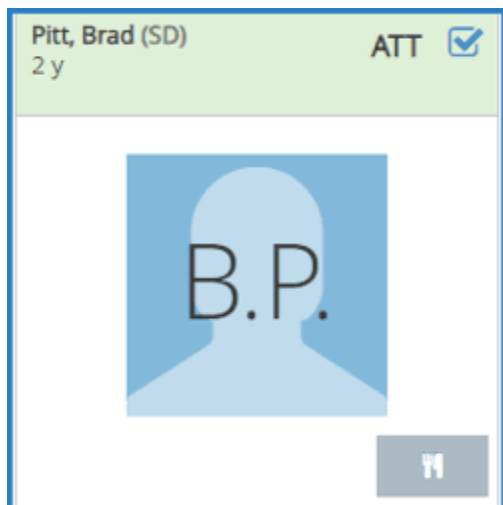
## Record Attendance & Meal Counts

1. From the menu to the left, click **Menus/Attendance**
2. Select **Attendance & Meal Counts**.
3. Make sure the correct date, classroom, and meal are selected at the top.



The screenshot shows the KidKare web application interface for recording attendance and meal counts. On the left is a sidebar menu with options like Children, eForms, Menus/Attendance, Attendance & Meal Counts, Daily Menu, Menu Templates, Milk Audit, Food List, Menu Calendar, Calendar, Claims, Accounting, Expenses, and Reports. The main area is titled 'Menus/Attendance > Attendance & Meal Count'. At the top, there are filters for date (09/23/2023), classroom (Infant Room), and meal (PM Snack). Below these are buttons for 'Staff Meal Count' and 'Daily Attendance'. A table lists participants with checkboxes for attendance: Chantelle DeVille, Jody Jettan (SD), Minnie Mouse, and Tiana Mathews. A 'Save' button is at the bottom right.

4. Check the **box** next to each participant's name to mark attendance. You may be prompted to confirm if a participant you mark present is out of school. If the child is out of school, click **OK**. This would be a school aged child who is being marked for lunch or snack when they should be in school.

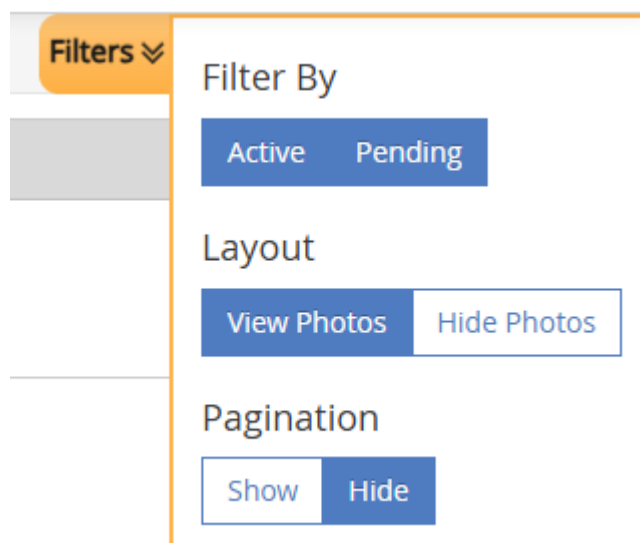


This is a close-up of the attendance record for a participant named 'Pitt, Brad (SD)' who is 2 years old. The record shows the name and age at the top, followed by the status 'ATT' with a checked checkbox. Below this is a blue silhouette icon with the letters 'B.P.' inside, indicating the child is 'Not Present'. At the bottom right of the record is a small icon of a fork and knife.

5. Not seeing all children?

Some children may be marked as *Pending*.

Click on Filters in the top right, then select *Pending* to display them in your Attendance & Meal Counts page.



6. Click  to record a meal count. A participant must be marked in attendance before you can access this option. Meal count can only be claimed during the approved mealtimes. Children that are served a meal outside of scheduled times (not common) must be recorded on the Weekly Attendance and Meal Count paper form at the time of their meal service.



Participants with special diets or allergies noted on their record display with a red outline around their photo.



7. Record staff meals, if applicable.

|                                                                                    |                  |   |                                                                                    |
|------------------------------------------------------------------------------------|------------------|---|------------------------------------------------------------------------------------|
|  | Staff Meal Count | 0 |  |
|------------------------------------------------------------------------------------|------------------|---|------------------------------------------------------------------------------------|

8. Click **Save**.

9. If you are required to certify attendance and meal counts, the Certification Statement displays. Click **Acknowledge & Save** to save attendance and meal counts.

CERTIFICATION

Read the Certification Statement. The site representative taking meal counts and attendance signs and dates certifying that the completed information is true and correct and that only eligible meals served to eligible Program participants will be claimed.

Acknowledge & Sign

Cancel





# Properly Marking Attendance & Meal Count Forms

## To Correctly Mark Attendance & Meal Count Forms:

1. Use **ONLY** dark black pens or markers.
2. Make neat, dark, black X's in the center of the box, making sure to stay within the lines.
3. Avoid making any stray marks on any part of the form.
4. The date must be pre-printed at the top of each column. If the date is not printed – ask for a new form. Do not manually enter the date.
5. For a new child in a class, neatly write their first and last name by hand on the next available row, being sure to stay within the lines.
6. Use white-out to correct mistakes.
7. Mark each child in attendance if they received a meal. If attendance is left blank meals will not be counted.
8. Sign and date the form before submitting.

| CLASSROOM # 2A                    |     |                          | 09/05/2011<br>MONDAY |   |   |   |   | 09/06/2011<br>TUESDAY |   |   |   |   | 09/07/2011<br>WEDNESDAY |   |   |   |   | 09/08/2011<br>THURSDAY |   |   |   |   | 09/09/2011<br>FRIDAY |   |   |   |   |   |   |   |
|-----------------------------------|-----|--------------------------|----------------------|---|---|---|---|-----------------------|---|---|---|---|-------------------------|---|---|---|---|------------------------|---|---|---|---|----------------------|---|---|---|---|---|---|---|
| AGE                               | NBR | CHILD NAME               | Att                  | B | A | L | P | Att                   | B | A | L | P | Att                     | B | A | L | P | Att                    | B | A | L | P | Att                  | B | A | L | P |   |   |   |
| 2y 3m                             | 251 | Boston, Jennifer         | X                    | X | X | X | - | -                     | - | X | X | X | X                       | - | X | X | X | X                      | - | X | X | X | X                    | X | - | X | X | X | X | X |
| 2y 4m                             | 345 | Carrillo Padron, Roberto |                      |   |   |   | - | -                     | - | X | X | X | -                       | - | - | - | - | -                      | - | - | X | X | X                    | - | - | - | - | - | - |   |
| 3y 9m                             | 290 | Clark, Christine         | X                    |   |   | X | - | X                     | X |   |   | - | X                       |   |   | X | X | -                      | X | X | X |   | -                    | X |   | X |   | - |   |   |
| 2y 2m                             | 233 | Clark, Wendy             | X                    | X |   |   | - | X                     | X | X |   | - | X                       | X | X |   | - | X                      |   | X | X | - | X                    | X | X | X | - |   |   |   |
| 3y 11m                            | 306 | Clark, Natalie K         | X                    |   | X | X | - | X                     | X | X |   | - | X                       | X | X |   | - | X                      | X | X | X | - | X                    | X | X | X | - |   |   |   |
| 2y 2m                             | 285 | Clark, Thomas W          | X                    | X | X | X | - | X                     | X | X | X | - | X                       | X | X | X | - | X                      | X | X | X | - | X                    | X | X | X | - |   |   |   |
| 2y 1m                             | 216 | Cooper, Mia              |                      |   |   |   | - | X                     | X | X |   | - | -                       | - | - | - | - | X                      | X | X |   | - | -                    | - | - | - | - |   |   |   |
| 3y 10m                            | 354 | Daleiden, Samantha Kay   | P                    | X |   | X | - | X                     | X |   |   | - | X                       |   | X | X | - | X                      | X | X |   | - | X                    |   | X |   | - |   |   |   |
| 2y 3m                             | 266 | Evans, David             | X                    | X |   |   | - | X                     | X | X |   | - | X                       | X | X |   | - | X                      |   | X | X | - | X                    | X | X | X | - |   |   |   |
| 2y 5m                             | 72  | Perez, Dawn              | X                    |   | X | X | - | X                     | X | X |   | - | X                       | X | X |   | - | X                      | X | X | X | - | X                    | X | X | X | - |   |   |   |
| 11                                |     |                          |                      |   |   |   | - |                       |   |   |   | - |                         |   |   |   | - |                        |   |   |   | - |                      |   |   |   | - |   |   |   |
| 12                                |     |                          |                      |   |   |   | - |                       |   |   |   | - |                         |   |   |   | - |                        |   |   |   | - |                      |   |   |   | - |   |   |   |
| 13                                |     |                          |                      |   |   |   | - |                       |   |   |   | - |                         |   |   |   | - |                        |   |   |   | - |                      |   |   |   | - |   |   |   |
| 14                                |     |                          |                      |   |   |   | - |                       |   |   |   | - |                         |   |   |   | - |                        |   |   |   | - |                      |   |   |   | - |   |   |   |
| 15                                |     |                          |                      |   |   |   | - |                       |   |   |   | - |                         |   |   |   | - |                        |   |   |   | - |                      |   |   |   | - |   |   |   |
| 16                                |     |                          |                      |   |   |   | - |                       |   |   |   | - |                         |   |   |   | - |                        |   |   |   | - |                      |   |   |   | - |   |   |   |
| 17                                |     |                          |                      |   |   |   | - |                       |   |   |   | - |                         |   |   |   | - |                        |   |   |   | - |                      |   |   |   | - |   |   |   |
| 18                                |     |                          |                      |   |   |   | - |                       |   |   |   | - |                         |   |   |   | - |                        |   |   |   | - |                      |   |   |   | - |   |   |   |
| 19                                |     |                          |                      |   |   |   | - |                       |   |   |   | - |                         |   |   |   | - |                        |   |   |   | - |                      |   |   |   | - |   |   |   |
| 20                                |     |                          |                      |   |   |   | - |                       |   |   |   | - |                         |   |   |   | - |                        |   |   |   | - |                      |   |   |   | - |   |   |   |
| 21                                |     |                          |                      |   |   |   | - |                       |   |   |   | - |                         |   |   |   | - |                        |   |   |   | - |                      |   |   |   | - |   |   |   |
| 22                                |     |                          |                      |   |   |   | - |                       |   |   |   | - |                         |   |   |   | - |                        |   |   |   | - |                      |   |   |   | - |   |   |   |
| * Special Diet                    |     |                          |                      |   |   |   |   |                       |   |   |   |   |                         |   |   |   |   |                        |   |   |   |   |                      |   |   |   |   |   |   |   |
| Daily Totals:                     |     |                          |                      |   |   |   |   |                       |   |   |   |   |                         |   |   |   |   |                        |   |   |   |   |                      |   |   |   |   |   |   |   |
| Total Nbr of Program Staff Meals: |     |                          |                      |   |   |   |   |                       |   |   |   |   |                         |   |   |   |   |                        |   |   |   |   |                      |   |   |   |   |   |   |   |

CXFORMID1008

56475

I certify that the information on this form is true and correct to the best of my knowledge and that I will place reimbursement only for eligible meals served to eligible participants. I understand that misrepresentation may result in prosecution under applicable state or federal statutes.

Teacher: McRe Boyer

Date: 9/6/11

Page 1 of 7

### Correctly Marked Weekly Attendance & Meal Count Form

# Common Errors in Filling Out Forms

## Avoid the following marking errors:

- Do not use pencil or colored inks other than black.** Always use black pens or markers (not displayed).
- Do not use handwritten dates in the headers.** Never write a date in the header. Use only pre-printed dates. For a different week, print a new form.
- Do not mark boxes in any way if a child's attendance and/or meal is not claimed.** Anything written in a box is assumed to be a mark, causing incorrect meal counts. Leave Attendance or Meals blank if a child is not present for the meal.
- Do not allow markings to stray into neighboring boxes.** Be sure to stay within the lines.
- Do not write notes on a line with the child's name.**
- Do not mark child names outside the lines.** If a child changes classrooms or enrolls mid-week, write in the child's name, but stay within the lines.
- Do not submit forms unsigned.** Always sign & date the form.
- Do not enter stray marks on form.** Do not write stray marks anywhere on the form, staple the form, or create marks near the four black corner boxes. Be sure each square [■] is completely visible on each corner.
- Do not use a highlighter anywhere on the form.** Use only a black pen or marker (not displayed).

01/26/2010 6:04 pm

Minute Menu Fun Time (222) 222

**Weekly Attendance & Meal Count Worksheet**  
Week Of: 12/1/09-12/6/09 (Mon 11/30-Sun 12/6)

Sponsor: Demonstration (1234)  
(222) 222-2222

CLASSROOM #: 1

11/30/09

| AGE                               | NBR | CHILD NAME               | 12/01/2009<br>TUESDAY | 12/02/2009<br>WEDNESDAY | 12/03/2009<br>THURSDAY | 12/04/2009<br>FRIDAY |
|-----------------------------------|-----|--------------------------|-----------------------|-------------------------|------------------------|----------------------|
| 1y 1m                             | 39  | Boston, Jennifer         | X                     | X                       | X                      | X                    |
| 2y 10m                            | 1   | Carrillo Padron, Roberto | X                     | X                       | X                      | X                    |
| 2y 9m                             | 61  | Clark, Christine         | X                     | X                       | X                      | X                    |
| 4y 2m                             | 12  | Clark, Wendy             | X                     | X                       | X                      | X                    |
| 5y 15m                            | 16  | Clark, Natalie K         | X                     | X                       | X                      | X                    |
| 6y 4m                             | 19  | Clark, Thomas W          | X                     | X                       | X                      | X                    |
| 7y 2m                             | 20  | Cooper, Mia              | X                     | X                       | X                      | X                    |
| 8y 1m                             | 41  | Daleiden, Samantha Kay   | X                     | X                       | X                      | X                    |
| 9y 0m                             | 22  | Davis, Catherine D       | X                     | X                       | X                      | X                    |
| 10y 4m                            | 44  | Evans, David "Eddie"     | X                     | X                       | X                      | X                    |
| 11y 2m                            | 29  | Gardner, Elizabeth A     | X                     | X                       | X                      | X                    |
| 12y 7m                            | 45  | Hamilton, Dawn           | X                     | X                       | X                      | X                    |
| 13y 10m                           | 177 | Hanish, Joseph           | X                     | X                       | X                      | X                    |
| 14y 11m                           | 190 | Hudson, Richard          | X                     | X                       | X                      | X                    |
| 15y 8m                            | 36  | Ivory, Richard           | X                     | X                       | X                      | X                    |
| 16y 2m                            | 38  | Johnson, Lori            | X                     | X                       | X                      | X                    |
| 17y 3m                            | 185 | Lampson, Christine M     | X                     | X                       | X                      | X                    |
| 18                                |     | McCall, Christopher      | X                     | X                       | X                      | X                    |
| 19                                |     | Mike Brayer              |                       |                         |                        |                      |
| 20                                |     |                          |                       |                         |                        |                      |
| 21                                |     |                          |                       |                         |                        |                      |
| 22                                |     |                          |                       |                         |                        |                      |
| Daily Totals:                     |     |                          |                       |                         |                        |                      |
| Total Nbr of Program Staff Meals: |     |                          |                       |                         |                        |                      |

CXFORMID1008 9475

I certify that the information on this form is true and correct to the best of my knowledge and that I mark only an "X" within the lines. This may be read by a machine. I will claim reimbursement only for eligible meals served to eligible participants. I understand that misrepresentation may result in prosecution under applicable state or federal statutes.

Teacher: \_\_\_\_\_ Date: 12/1/09



Horizons Unlimited, Inc.  
**CACFP OPERATING LABOR SHEET**

Center Name: \_\_\_\_\_

Month/Year: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Employee Rate of Pay: \_\_\_\_\_ Pay Period (circle one): Weekly Every 2 Weeks Monthly

| DATE                                    | Start Time<br>for Work Day | HOURS WORKED ON CACFP    |                          |                    |                          |                        | TOTAL HOURS<br>WORKED ON<br>CACFP PER DAY | End Time for<br>Work Day |
|-----------------------------------------|----------------------------|--------------------------|--------------------------|--------------------|--------------------------|------------------------|-------------------------------------------|--------------------------|
|                                         |                            | # HOURS MENU<br>PLANNING | # HOURS FOOD<br>SHOPPING | # HOURS<br>COOKING | # HOURS<br>SERVING MEALS | # HOURS<br>CLEANING UP |                                           |                          |
| 1                                       | :                          |                          |                          |                    |                          |                        |                                           | :                        |
| 2                                       | :                          |                          |                          |                    |                          |                        |                                           | :                        |
| 3                                       | :                          |                          |                          |                    |                          |                        |                                           | :                        |
| 4                                       | :                          |                          |                          |                    |                          |                        |                                           | :                        |
| 5                                       | :                          |                          |                          |                    |                          |                        |                                           | :                        |
| 6                                       | :                          |                          |                          |                    |                          |                        |                                           | :                        |
| 7                                       | :                          |                          |                          |                    |                          |                        |                                           | :                        |
| 8                                       | :                          |                          |                          |                    |                          |                        |                                           | :                        |
| 9                                       | :                          |                          |                          |                    |                          |                        |                                           | :                        |
| 10                                      | :                          |                          |                          |                    |                          |                        |                                           | :                        |
| 11                                      | :                          |                          |                          |                    |                          |                        |                                           | :                        |
| 12                                      | :                          |                          |                          |                    |                          |                        |                                           | :                        |
| 13                                      | :                          |                          |                          |                    |                          |                        |                                           | :                        |
| 14                                      | :                          |                          |                          |                    |                          |                        |                                           | :                        |
| 15                                      | :                          |                          |                          |                    |                          |                        |                                           | :                        |
| 16                                      | :                          |                          |                          |                    |                          |                        |                                           | :                        |
| 17                                      | :                          |                          |                          |                    |                          |                        |                                           | :                        |
| 18                                      | :                          |                          |                          |                    |                          |                        |                                           | :                        |
| 19                                      | :                          |                          |                          |                    |                          |                        |                                           | :                        |
| 20                                      | :                          |                          |                          |                    |                          |                        |                                           | :                        |
| 21                                      | :                          |                          |                          |                    |                          |                        |                                           | :                        |
| 22                                      | :                          |                          |                          |                    |                          |                        |                                           | :                        |
| 23                                      | :                          |                          |                          |                    |                          |                        |                                           | :                        |
| 24                                      | :                          |                          |                          |                    |                          |                        |                                           | :                        |
| 25                                      | :                          |                          |                          |                    |                          |                        |                                           | :                        |
| 26                                      | :                          |                          |                          |                    |                          |                        |                                           | :                        |
| 27                                      | :                          |                          |                          |                    |                          |                        |                                           | :                        |
| 28                                      | :                          |                          |                          |                    |                          |                        |                                           | :                        |
| 29                                      | :                          |                          |                          |                    |                          |                        |                                           | :                        |
| 30                                      | :                          |                          |                          |                    |                          |                        |                                           | :                        |
| 31                                      | :                          |                          |                          |                    |                          |                        |                                           | :                        |
| <b>TOTAL CACFP HOURS FOR THE MONTH:</b> |                            |                          |                          |                    |                          |                        |                                           |                          |

*By signing below, I / we do hereby certify that the distribution of activities for the employee represents the actual work performed during the period covered by this report to the best of my/our knowledge.*

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Supervisor's Signature

**NOTE:** A payroll record to verify each employee was paid **must** accompany this sheet.

|                            |        |   |             |   |                 |
|----------------------------|--------|---|-------------|---|-----------------|
| FOR<br>SPONSOR<br>USE ONLY | _____  | X | _____       | = | _____           |
|                            | #HOURS |   | RATE OF PAY |   | ALLOWABLE LABOR |



# **Enrollment Forms and Household Size Income Statements**

ALL families are required to fill out the **Enrollment Form** regardless of the frequency of attendance. There should be one form per child.

Families are not required to return the **Household Size Income Statement** BUT you should encourage them to do so. They can write Not Applicable on the form if they do not wish to share that information. This way you know they did not just forget to fill out the form. Remember, the more families that qualify for the free or reduced category the more reimbursement you will receive for all meals served. We suggest offering families that are resistant to share their income with you be given an addressed envelope to Horizons so they can mail the form in assuring them that this information is kept confidential. Also inform parents that reimbursement from the Food Program helps to offset the costs of food and helps to control the cost of child care. Help them to see that it truly is in their best interest to complete the form. There should be one form per family.

Don't forget to distribute the Building for the Future Handout which explains the Food Program and Meal Pattern to all families.

## **Enrollment Forms**

### **Master Copy**

#### General Information

Complete the Centers Name on the upper right of the form if not already done for you.

#### Infant Meals Notification

Enter in the Formula the Center is offering to all infants. The Formula should be one the fits your budget and is easily available.

### **Upon receiving the Enrollment Form**

Check to verify ALL questions have been answered

#### General Information

Review Child information for completeness. Verify that parent contact information is complete.

#### Racial and ethnic data information.

Be sure both the racial and the ethnic information is completed.

### Hours and Meals while in Care. REQUIRED

Ensure that this information is completed. This should include the normal days and times that child is in care and which meals that child is participating in while in care. If the child's schedule varies make these notes in additional information or write on the back to the form.

### Infant Meals Notification. REQUIRED for children birth – 11 months.

Review that parents of infants have completed this section accurately and are in full understanding that cereals and foods are supplied by the center and they have the right to accept or decline the formula offered. The Center can at no time require the parents to bring in infant foods or formula.

### Children with Special Nutritional Needs

Distribute the Diet Statement form to parents, if needed. This is to be signed by a Medical Authority and must state foods that are to be eliminated and which foods are to be substituted. Tracking form should also be completed by center. *Keep a copy of these forms with the child's enrollment and send a copy to Horizons.*

Check that the parent has signed and dated the enrollment form

## **Household Size Income Statements**

### Parent Letter

Complete the Name of Sponsoring Organization with your Center's name.

### Household Size-Income Statement

Complete the Name of Center on the upper left of the form

### **Upon receiving the Household Size Income Statement**

The name of daycare children should be clearly written on the top of the page.

### Part 1

Review that all numbers are clearly written and complete. If part 1 is completed skip to part 3.

### Part 2 (to be completed if Part 1 is not)

Check to verify that all information is complete and legible.

*All members of the household should be listed along gross income and how often it is received.  
If no income the box on the right should be checked.*

### Part 3 REQUIRED

Ensure that the parent has completely filled out their contact information in a clear and legible fashion and have signed and dated the form. The last 4 digits of Social Security number needs to be filled in.

### Determine Eligibility

Horizons Unlimited will complete this. This section should be left blank.

**It is important that the Enrollments and Income Eligibility forms are filled out accurately, completely and legibly.**

It is easier for both the Center and Horizons if all forms are completed correctly the first time. This will reduce labor costs of tracking down the information and ensuring that the center is receiving the maximum reimbursement rate possible.

When the forms are received by the center and checked for completeness and accuracy they should be sent to Horizons. This can be done via mail, fax or scan and email.

*225 E. 2<sup>nd</sup> St. Kaukauna, WI 54130*

*1- 920- 462-4871 --Fax*

*[horizonsfoodprogram1991@gmail.com](mailto:horizonsfoodprogram1991@gmail.com) –email*

### Questions on any of this.

Call 920-462-4805 or email [horizonsfoodprogram1991@gmail.com](mailto:horizonsfoodprogram1991@gmail.com)







# Horizons Unlimited, Inc. CACFP Enrollment Form

Child Care Center's Name: \_\_\_\_\_

## Instruction for Parents/Guardians:

Complete a separate form for each enrolled child. In the spaces below, fill in all information requested. For the days and hours normally in care, if the child is school age, report the hours in care both before and after school. If your schedule fluctuates, please explain in the "Additional Information" section. If you are uncertain what meals your child will participate in, consult with your child care center. CACFP regulations require that each child's enrollment information be updated annually.

|                               |                                  |
|-------------------------------|----------------------------------|
| <b>CHILD'S NAME:</b>          | <b>PARENT'S/GUARDIAN'S NAME:</b> |
| <b>CHILD'S DATE OF BIRTH:</b> | <b>ADDRESS:</b>                  |
|                               | <b>PHONE:</b>                    |

**PLEASE CHECK THE ETHNIC & RACIAL IDENTITY OF YOUR CHILD. YOU ARE NOT REQUIRED TO PROVIDE THIS INFORMATION. THE COLLECTION OF THIS INFORMATION IS ONLY FOR STATISTICAL PURPOSES.**

Ethnic Category: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Racial Category: ☐ American Indian ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Pacific Islander ☐ White

## Hours and Meals While in Care

| Days Normally in Care<br>(Check all that apply) | Hours Normally in Care |    | Meals Normally Received While in Care:<br>(Check all that apply) |    |                          |                          |                          |                          |                          |                          |
|-------------------------------------------------|------------------------|----|------------------------------------------------------------------|----|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|                                                 | From                   | To | From                                                             | To | Breakfast                | AM Snack                 | Lunch                    | PM Snack                 | Supper                   | Evening Snack            |
| <input type="checkbox"/> Sunday                 |                        |    |                                                                  |    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Monday                 |                        |    |                                                                  |    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Tuesday                |                        |    |                                                                  |    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Wednesday              |                        |    |                                                                  |    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Thursday               |                        |    |                                                                  |    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Friday                 |                        |    |                                                                  |    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Saturday               |                        |    |                                                                  |    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Additional Information if your child's schedule varies:**

## Infant Meal Notification To be completed for children under 12 months

The child care center offers \_\_\_\_\_ iron fortified infant formula which: ☐ I Accept ☐ I Decline  
(Center must write in the name of formula offered)

When your infant is developmentally ready for baby food, the childcare provider/center will supply infant cereal and other foods that are creditable to the USDA Infant Meal Pattern. Parents may prefer to supply their own formula, cereal, and/or developmentally appropriate foods compliant with CACFP requirements and must indicate that below.

### Which of the following applies:

- ☐ I prefer to have the center supply infant cereal and infant foods for my child when developmentally appropriate.
- ☐ I will supply infant cereal and infant foods for my child when appropriate

### If breastfeeding which applies:

- ☐ I will supply expressed (pumped) breast milk and have the center supplement formula if necessary.
- ☐ I will supply expressed breast milk and supplement formula if necessary.

## Special Dietary Needs

**Does your child have a special dietary need(s) that differs from the meal pattern requirements?** ☐ Yes ☐ No

If yes, you must provide documentation to the center that has been completed by your child's health care provider detailing what food (s) to omit and food(s) to serve as a substitute; the exception to this rule is for nondairy milk substitutes (i.e. soy milk) that are nutritionally equivalent to milk, which only require a written statement from you. Consult with your child care center for approved soy milks. The center may choose to not provide the substitution.

If your child's special dietary need(s) is the result of a disability, you must provide documentation to the center that has been completed by your child's licensed physician detailing your child's disability, an explanation of why the disability restricts your child's diet, the major life activity affected by the disability, and the food(s) to omit and food(s) to serve as a substitute. The center must offer to provide the substitution(s) if your child's special dietary need is the result of a disability.

|                                         |              |                             |                             |
|-----------------------------------------|--------------|-----------------------------|-----------------------------|
| <b>SIGNATURE OF PARENT OR GUARDIAN:</b> | <b>DATE:</b> | <b>INITIALS &amp; DATE:</b> | <b>INITIALS &amp; DATE:</b> |
|                                         |              |                             |                             |

This institution is an equal opportunity provider

**Good nutrition today means a stronger tomorrow!**

# Building for the Future with CACFP



This program receives support from the Child and Adult Care Food Program to serve healthy meals to your children.

**Meals served here must meet USDA's nutrition standards.**

## Questions? Concerns?

| Participating Agency Contact Information     | State Agency Contact Information           |
|----------------------------------------------|--------------------------------------------|
| Jenna Van Den Wildenberg, Executive Director | Amanda Cullen, RDN, CD, Director           |
| Horizons Unlimited, Inc                      | Community Nutrition Programs               |
| 225 E. 2nd Street                            | Wisconsin Department of Public Instruction |
| Kaukauna, WI 54130                           | P.O. Box 7841                              |
|                                              | Madison, WI 53707-7841                     |
| 920-462-4805                                 | 608-267-9129                               |

Learn more about CACFP at USDA's website: <https://www.fns.usda.gov/cacfp/child-and-adult-care-food-program>

USDA is an equal opportunity provider, employer and lender.

**United States Department of Agriculture**  
Food and Nutrition Service FNS-317  
November 2019

**HOUSEHOLD SIZE—INCOME STATEMENT**

Child and Adult Care Food Program

An adult household member must complete this form (HSIS) and return it to the center. Complete one HSIS per household.

Refer to the accompanying *Household Letter* for instructions on completing this form.

| <b>First and Last Name(s)<br/>of Enrolled Child(ren):</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                   |                          |                          |                                                                                                                             | <b>Center</b>            |                          |                          |                          |                          |                                                                                                                                                                                                                                    |                          |                          |                          |                          |                                                                                                                 |                                                                                                                      |                          |                          |                          |                                                                                                                              |                          |                       |                    |                                                                                                                             |        |               |                 |         |          |                                                                                   |        |               |                 |         |          |                                                                                                                      |        |               |                 |         |          |                                                                                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------------------|--------------------------|-----------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------|--------------------|-----------------------------------------------------------------------------------------------------------------------------|--------|---------------|-----------------|---------|----------|-----------------------------------------------------------------------------------|--------|---------------|-----------------|---------|----------|----------------------------------------------------------------------------------------------------------------------|--------|---------------|-----------------|---------|----------|------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--------------------------|--------------------------|----|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|--|--------------------------|--------------------------|----|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|--|--------------------------|--------------------------|----|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|--|--------------------------|--------------------------|----|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|--|--------------------------|--------------------------|----|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|--|--------------------------|--------------------------|----|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <b>PART 1: BENEFITS</b><br>Do any household members currently participate in FoodShare WI, WI Works Programs, or FDPIR?<br>If yes, check the program and write the corresponding case number below; then go to Part 3. If no, skip to Part 2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   |                          |                          |                                                                                                                             |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                    |                          |                          |                          |                          |                                                                                                                 |                                                                                                                      |                          |                          |                          |                                                                                                                              |                          |                       |                    |                                                                                                                             |        |               |                 |         |          |                                                                                   |        |               |                 |         |          |                                                                                                                      |        |               |                 |         |          |                                                                                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |
| <input type="checkbox"/> <b>FoodShare Wisconsin (10-digit case number):</b><br>DO NOT list a 16-digit Quest Card number or number that starts with 5077.<br><br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |                          |                          |                                                                                                                             |                          |                          |                          |                          |                          | <input type="checkbox"/> <b>Wisconsin Works Programs (10-digit case number):</b><br>DO NOT provide a WI Childcare Subsidy number. This is NOT a WI Works Program and does not qualify a child as free in CACFP.<br><br>_____       |                          |                          |                          |                          |                                                                                                                 |                                                                                                                      |                          |                          |                          |                                                                                                                              |                          |                       |                    |                                                                                                                             |        |               |                 |         |          |                                                                                   |        |               |                 |         |          |                                                                                                                      |        |               |                 |         |          |                                                                                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |
| <input type="checkbox"/> <b>FDPIR (9-digit case number):</b><br><br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                   |                          |                          |                                                                                                                             |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                    |                          |                          |                          |                          |                                                                                                                 |                                                                                                                      |                          |                          |                          |                                                                                                                              |                          |                       |                    |                                                                                                                             |        |               |                 |         |          |                                                                                   |        |               |                 |         |          |                                                                                                                      |        |               |                 |         |          |                                                                                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |
| <b>PART 2: HOUSEHOLD SIZE AND INCOME</b><br>If you did not complete PART 1, complete a, b, and c below; then go to PART 3.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                   |                          |                          |                                                                                                                             |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                    |                          |                          |                          |                          |                                                                                                                 |                                                                                                                      |                          |                          |                          |                                                                                                                              |                          |                       |                    |                                                                                                                             |        |               |                 |         |          |                                                                                   |        |               |                 |         |          |                                                                                                                      |        |               |                 |         |          |                                                                                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |
| <b>a) Household Members Information:</b><br>List full names of all members in first column, including yourself and all children.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                   |                          |                          |                                                                                                                             |                          |                          |                          |                          |                          | <b>b) List all income</b> on the same line as the person who receives it. <ul style="list-style-type: none"><li>Record each income source only once.</li><li>Check the box for how often each income source is received.</li></ul> |                          |                          |                          |                          |                                                                                                                 |                                                                                                                      |                          |                          |                          |                                                                                                                              |                          |                       |                    |                                                                                                                             |        |               |                 |         |          |                                                                                   |        |               |                 |         |          |                                                                                                                      |        |               |                 |         |          |                                                                                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |
| <table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th style="width:25%;">Household Member Names</th><th style="width:5%;">(Optional)<br/>Age</th><th style="width:5%;">Check if Foster Child</th><th style="width:5%;">Check if No Income</th><th style="width:15%;">Gross wages, Net income (self-employed), Tips, Commission, Cash bonuses, Military pay &amp; allowances, Work comp, Unemployment</th><th style="width:5%;">Weekly</th><th style="width:5%;">Every 2 Weeks</th><th style="width:5%;">Twice per Month</th><th style="width:5%;">Monthly</th><th style="width:5%;">Annually</th><th style="width:15%;">Retirement, Social Security, SSI, Disability, VA benefits, Child Support, Alimony</th><th style="width:5%;">Weekly</th><th style="width:5%;">Every 2 Weeks</th><th style="width:5%;">Twice per Month</th><th style="width:5%;">Monthly</th><th style="width:5%;">Annually</th><th style="width:15%;">Private pensions, Trusts, Annuities, Investments, Interest, Net rental income, Savings withdrawals, Any other income</th><th style="width:5%;">Weekly</th><th style="width:5%;">Every 2 Weeks</th><th style="width:5%;">Twice per Month</th><th style="width:5%;">Monthly</th><th style="width:5%;">Annually</th></tr></thead><tbody><tr><td>Household Member: anyone who is living with you and shares income and expenses, even if not related.</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>\$</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>\$</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>\$</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td></td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>\$</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>\$</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>\$</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td></td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>\$</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>\$</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>\$</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td></td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>\$</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>\$</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>\$</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td></td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>\$</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>\$</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>\$</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td></td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>\$</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>\$</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>\$</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></tbody></table> |                   |                          |                          |                                                                                                                             |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                    |                          |                          |                          |                          |                                                                                                                 |                                                                                                                      |                          |                          |                          | Household Member Names                                                                                                       | (Optional)<br>Age        | Check if Foster Child | Check if No Income | Gross wages, Net income (self-employed), Tips, Commission, Cash bonuses, Military pay & allowances, Work comp, Unemployment | Weekly | Every 2 Weeks | Twice per Month | Monthly | Annually | Retirement, Social Security, SSI, Disability, VA benefits, Child Support, Alimony | Weekly | Every 2 Weeks | Twice per Month | Monthly | Annually | Private pensions, Trusts, Annuities, Investments, Interest, Net rental income, Savings withdrawals, Any other income | Weekly | Every 2 Weeks | Twice per Month | Monthly | Annually | Household Member: anyone who is living with you and shares income and expenses, even if not related. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> | \$ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |  | <input type="checkbox"/> | <input type="checkbox"/> | \$ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |  | <input type="checkbox"/> | <input type="checkbox"/> | \$ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |  | <input type="checkbox"/> | <input type="checkbox"/> | \$ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |  | <input type="checkbox"/> | <input type="checkbox"/> | \$ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |  | <input type="checkbox"/> | <input type="checkbox"/> | \$ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Household Member Names                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (Optional)<br>Age | Check if Foster Child    | Check if No Income       | Gross wages, Net income (self-employed), Tips, Commission, Cash bonuses, Military pay & allowances, Work comp, Unemployment | Weekly                   | Every 2 Weeks            | Twice per Month          | Monthly                  | Annually                 | Retirement, Social Security, SSI, Disability, VA benefits, Child Support, Alimony                                                                                                                                                  | Weekly                   | Every 2 Weeks            | Twice per Month          | Monthly                  | Annually                                                                                                        | Private pensions, Trusts, Annuities, Investments, Interest, Net rental income, Savings withdrawals, Any other income | Weekly                   | Every 2 Weeks            | Twice per Month          | Monthly                                                                                                                      | Annually                 |                       |                    |                                                                                                                             |        |               |                 |         |          |                                                                                   |        |               |                 |         |          |                                                                                                                      |        |               |                 |         |          |                                                                                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |
| Household Member: anyone who is living with you and shares income and expenses, even if not related.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |                          |                          |                                                                                                                             |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                    |                          |                          |                          |                          |                                                                                                                 |                                                                                                                      |                          |                          |                          |                                                                                                                              |                          |                       |                    |                                                                                                                             |        |               |                 |         |          |                                                                                   |        |               |                 |         |          |                                                                                                                      |        |               |                 |         |          |                                                                                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   | <input type="checkbox"/> | <input type="checkbox"/> | \$                                                                                                                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$                                                                                                                                                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                        | \$                                                                                                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                                     | <input type="checkbox"/> |                       |                    |                                                                                                                             |        |               |                 |         |          |                                                                                   |        |               |                 |         |          |                                                                                                                      |        |               |                 |         |          |                                                                                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   | <input type="checkbox"/> | <input type="checkbox"/> | \$                                                                                                                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$                                                                                                                                                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                        | \$                                                                                                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                                     | <input type="checkbox"/> |                       |                    |                                                                                                                             |        |               |                 |         |          |                                                                                   |        |               |                 |         |          |                                                                                                                      |        |               |                 |         |          |                                                                                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   | <input type="checkbox"/> | <input type="checkbox"/> | \$                                                                                                                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$                                                                                                                                                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                        | \$                                                                                                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                                     | <input type="checkbox"/> |                       |                    |                                                                                                                             |        |               |                 |         |          |                                                                                   |        |               |                 |         |          |                                                                                                                      |        |               |                 |         |          |                                                                                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   | <input type="checkbox"/> | <input type="checkbox"/> | \$                                                                                                                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$                                                                                                                                                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                        | \$                                                                                                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                                     | <input type="checkbox"/> |                       |                    |                                                                                                                             |        |               |                 |         |          |                                                                                   |        |               |                 |         |          |                                                                                                                      |        |               |                 |         |          |                                                                                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   | <input type="checkbox"/> | <input type="checkbox"/> | \$                                                                                                                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$                                                                                                                                                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                        | \$                                                                                                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                                     | <input type="checkbox"/> |                       |                    |                                                                                                                             |        |               |                 |         |          |                                                                                   |        |               |                 |         |          |                                                                                                                      |        |               |                 |         |          |                                                                                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   | <input type="checkbox"/> | <input type="checkbox"/> | \$                                                                                                                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$                                                                                                                                                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                        | \$                                                                                                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                                     | <input type="checkbox"/> |                       |                    |                                                                                                                             |        |               |                 |         |          |                                                                                   |        |               |                 |         |          |                                                                                                                      |        |               |                 |         |          |                                                                                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |
| <b>c) Record total # of household members:</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |                          |                          |                                                                                                                             |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                    |                          |                          |                          |                          |                                                                                                                 |                                                                                                                      |                          |                          |                          |                                                                                                                              |                          |                       |                    |                                                                                                                             |        |               |                 |         |          |                                                                                   |        |               |                 |         |          |                                                                                                                      |        |               |                 |         |          |                                                                                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |
| <b>PART 3: SIGNATURE</b><br>An adult household member must sign and date this form<br>If PART 2 is completed, the adult signing the form <b>must list the last four digits of their SS#</b> OR check "None" if they do not have a SS#.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |                          |                          |                                                                                                                             |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                    |                          |                          |                          |                          |                                                                                                                 |                                                                                                                      |                          |                          |                          |                                                                                                                              |                          |                       |                    |                                                                                                                             |        |               |                 |         |          |                                                                                   |        |               |                 |         |          |                                                                                                                      |        |               |                 |         |          |                                                                                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |
| <b>ETHNICITY AND RACE DATA COLLECTION – Completion is optional</b><br>This center is required by Federal law to ask the following two questions concerning ethnicity and race. Your answers are strictly for statistical reporting and will have no effect on determination of eligibility for benefits. <b>Please answer both questions.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   |                          |                          |                                                                                                                             |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                    |                          |                          |                          |                          |                                                                                                                 |                                                                                                                      |                          |                          |                          |                                                                                                                              |                          |                       |                    |                                                                                                                             |        |               |                 |         |          |                                                                                   |        |               |                 |         |          |                                                                                                                      |        |               |                 |         |          |                                                                                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |
| IS YOUR CHILD(REN) HISPANIC OR LATINO? <input type="checkbox"/> Yes, Hispanic or Latino <input type="checkbox"/> No, neither Hispanic nor Latino                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                   |                          |                          |                                                                                                                             |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                    |                          |                          |                          |                          |                                                                                                                 |                                                                                                                      |                          |                          |                          |                                                                                                                              |                          |                       |                    |                                                                                                                             |        |               |                 |         |          |                                                                                   |        |               |                 |         |          |                                                                                                                      |        |               |                 |         |          |                                                                                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |
| SELECT ONE OR MORE OF THE FOLLOWING CATEGORIES THAT APPLY TO YOUR CHILD(REN):<br><input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                   |                          |                          |                                                                                                                             |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                    |                          |                          |                          |                          |                                                                                                                 |                                                                                                                      |                          |                          |                          |                                                                                                                              |                          |                       |                    |                                                                                                                             |        |               |                 |         |          |                                                                                   |        |               |                 |         |          |                                                                                                                      |        |               |                 |         |          |                                                                                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |
| <b>I CERTIFY</b> that all information on this form is true. I understand that this information is given in connection with the receipt of Federal funds and that CACFP officials may verify the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                   |                          |                          |                                                                                                                             |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                    |                          |                          |                          |                          |                                                                                                                 |                                                                                                                      |                          |                          |                          |                                                                                                                              |                          |                       |                    |                                                                                                                             |        |               |                 |         |          |                                                                                   |        |               |                 |         |          |                                                                                                                      |        |               |                 |         |          |                                                                                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |
| Signature of Adult Household Member                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   |                          |                          |                                                                                                                             |                          |                          |                          |                          |                          | Signature Date Mo./Day/Yr.                                                                                                                                                                                                         |                          |                          |                          |                          | Last 4 digits of SS# (or check "None" if you do not have a SS#)<br>****-**-**** <input type="checkbox"/> None   |                                                                                                                      |                          |                          |                          |                                                                                                                              |                          |                       |                    |                                                                                                                             |        |               |                 |         |          |                                                                                   |        |               |                 |         |          |                                                                                                                      |        |               |                 |         |          |                                                                                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |
| <b>FOR CENTER USE ONLY – Complete all 3 sections</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |                          |                          |                                                                                                                             |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                    |                          |                          |                          |                          |                                                                                                                 |                                                                                                                      |                          |                          |                          |                                                                                                                              |                          |                       |                    |                                                                                                                             |        |               |                 |         |          |                                                                                   |        |               |                 |         |          |                                                                                                                      |        |               |                 |         |          |                                                                                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |
| <b>Section 1:<br/>Basis of Determining Eligibility (A or B)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   |                          |                          |                                                                                                                             |                          |                          |                          |                          |                          | <b>Section 2:<br/>Eligibility Determination</b>                                                                                                                                                                                    |                          |                          |                          |                          | <b>Section 3:<br/>Determining Official's Initials/Approval Date<br/>Effective Month of Determination</b>        |                                                                                                                      |                          |                          |                          |                                                                                                                              |                          |                       |                    |                                                                                                                             |        |               |                 |         |          |                                                                                   |        |               |                 |         |          |                                                                                                                      |        |               |                 |         |          |                                                                                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |
| <b>A. Household Size &amp; Income</b><br>Total Household Size _____<br><br>*Total Income \$ _____ / _____<br>( \$ Amount ) ( Time Period )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                   |                          |                          |                                                                                                                             |                          |                          |                          |                          |                          | <b>B. Benefits/Foster</b><br><input type="checkbox"/> FoodShare WI<br><input type="checkbox"/> W-2 Programs<br><input type="checkbox"/> FDPIR<br><input type="checkbox"/> Foster Child(ren)                                        |                          |                          |                          |                          | <input type="checkbox"/> Free<br><br><input type="checkbox"/> Reduced<br><br><input type="checkbox"/> Non-Needy |                                                                                                                      |                          |                          |                          | Initials/Date: _____<br><br>**Effective Month<br>of Determination: _____<br><div style="text-align: right;">Month/Year</div> |                          |                       |                    |                                                                                                                             |        |               |                 |         |          |                                                                                   |        |               |                 |         |          |                                                                                                                      |        |               |                 |         |          |                                                                                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |
| *Convert to yearly income <u>only</u> when multiple pay frequencies are reported, using only these multipliers:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   |                          |                          |                                                                                                                             |                          |                          |                          |                          |                          | Weekly x 52<br>-----<br>Every 2 weeks x 26                                                                                                                                                                                         |                          |                          |                          |                          | Twice a month x 24<br>-----<br>Monthly x 12                                                                     |                                                                                                                      |                          |                          |                          | **This form expires one year from the<br>Effective Month of Determination.                                                   |                          |                       |                    |                                                                                                                             |        |               |                 |         |          |                                                                                   |        |               |                 |         |          |                                                                                                                      |        |               |                 |         |          |                                                                                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |  |  |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |    |                          |                          |                          |                          |                          |

Dear Parent or Guardian:

\_\_\_\_\_ is enrolled in the CACFP, a USDA program which  
(Name of Agency)  
provides federal assistance dollars to eligible child care centers for serving more nutritious meals. The amount of money our agency receives from this program is based on the income levels of our families. **In order to continue providing a quality meal service without additional charge, we request every family of our enrolled children to complete new a Household Size-Income Statement form (HSIS) each year. Please complete and return the attached HSIS form to our office. This information will be kept strictly confidential in our files.** Only one completed HSIS is required for all children in your household. Once we have properly approved your HSIS as eligible, our agency will receive the higher ("Free" or "Reduced-price") meal reimbursement rates for your enrolled children, for 12 months from the *Effective Month of Determination* regardless of any change in your household size and/or income or termination from Benefits Programs.

- You are not required to complete this HSIS if no one in your household receives benefits from FoodShare (Supplemental Nutrition Assistance Program (SNAP)), FDIPIR (Food Distribution Program on Indian Reservations), Wisconsin Works Programs and your household income is higher than the amount shown for your household size within the table below. In this case, however, we would appreciate you returning the HSIS to us with "N/A" written on it along with your signature and date.

**Determining Eligibility based on Participation in Benefits Programs → Complete Part 1 and Part 3 of HSIS form**

Our agency receives the Free meal reimbursement rate for children in households receiving benefits from FoodShare WI, FDIPIR, or Wisconsin Works (W-2) Programs. W-2 Programs is Wisconsin's Temporary Assistance for Needy Families (TANF) program. It provides employment preparation services, case management, and cash assistance to eligible families with the following programs: Trial Employment Match Program (TEMP), Community Service Jobs (CSJ), Case Management, W-2 Transitions (W-2T), Custodial Parent of an Infant (CMC), and At-Risk Pregnancy (ARP). **W-2 Programs IS NOT the WI Child Care Subsidy Program.**

**You must include the following information on the HSIS (a-c) for eligibility based on receiving benefits from FoodShare, FDIPIR, W-2 Works Programs:**

- (a) The names of your enrolled children;

(b) Checked box for the benefit your household receives and its case number; &

(c) The signature of an adult member in the household & signature date
- DO NOT list case numbers for:

• Medicaid, SSI, OR Wisconsin Child Care Subsidy program AND

• DO NOT list 16-digit Quest Card number (starts with 5077) for FoodShare

**Determining Eligibility by Household Size and Income → Complete Part 2 and Part 3 of HSIS form**

**Household-Size Income Scale (Effective July 1, 2025 to June 30, 2026)**

| Household Size                             | Annual Income Level (at or below) |
|--------------------------------------------|-----------------------------------|
| 1                                          | \$ 28,953                         |
| 2                                          | \$ 39,128                         |
| 3                                          | \$ 49,303                         |
| 4                                          | \$ 59,478                         |
| 5                                          | \$ 69,653                         |
| 6                                          | \$ 79,828                         |
| 7                                          | \$ 90,003                         |
| 8                                          | \$ 100,178                        |
| For each additional Household Member, add: | +\$ 10,175                        |

If your household earns a total income that is less than or equal to the income levels listed within this table, we will receive higher meal reimbursement rates ("Free" or "Reduced-price" meal rate) for your children. **For determining eligibility based on your household size and income, you must include the following information on the HSIS (a-e):**

- (a) Full names of all household members who share income and expenses, including children, parents, and non-related persons;

(b) Income received by each household member identified by source of income and its pay frequency;

(c) Total number of household members;

(d) The signature of an adult member of the household and signature date; and

(e) The last four digits of the social security number of the adult household member signing the HSIS or an indication he/she does not have a social security number.
- Disclosure of United States citizenship or immigration status is not required and is not a condition of eligibility for higher meal reimbursement rates.

**Eligibilities of Foster, Runaway, Homeless, and Migrant Children, and Children enrolled in Head Start:** Our agency will receive the Free meal reimbursement rates for foster, runaway, homeless, and migrant children and children enrolled in Head Start who reside in your household, when you provide the respective documentation listed below. **The respective documentation is required for these**

**children to be eligible for Free Meals: These children's eligibility for Free meals does not extend to other children in your household.**

- **Foster children:** Your completed HSIS with the 'Foster Child' box checked next to your foster children's names. When including them on your HSIS completed for your non-foster children, any income reported for your foster children must only be for their personal use. Your foster children will then be eligible at the "Free" meal rate. Your non-foster children's eligibilities will be based on the benefits or income information provided on your household's completed HSIS form.
- **Children Enrolled In Head Start:** Written certification of your child's Head Start enrollment eligibility period from the Head Start administering agency.
- **Runaway, Homeless, and Migrant Children:** Written certification of the child's status from an official of the appropriate Runaway and Homeless Youth Program, Migrant Education Program, or school official.

**Use of Information Statement:** The Richard B. Russell National School Lunch Act requires the information on this form. You are not required to provide this information, but if you do not, our agency cannot receive higher reimbursement rates for meals served to your children. You must include the last four digits of the social security number of the household member signing the form unless: the HSIS is only for your foster child(ren); you list a case number for receiving benefits from FoodShare WI, WI Works Cash Programs, or FDIPIR; or when the household member signing the HSIS checks "None" for not having a SS#.

**Sharing Eligibility Information:** Children's eligibility information may be shared in accordance with disclosure protection requirements without prior notification, with education, health, and nutrition programs to assess their eligibility for benefits. The law allows us to share your children's eligibility information with programs such as Medicaid or BadgerCare for ensuring their access to free or low cost health insurance, **unless you tell us not to.** This information may only be used for determining eligibility for their programs; if your children are eligible, they may contact you to offer their enrollment options. Filling out this HSIS does not automatically enroll your children in these programs. **If you do not want your information to be shared with these programs, notify us in writing. This notification will not change whether your children's meals are eligible for meal reimbursement.** Your eligibility information provided on the HSIS may also be shared with auditors for program reviews and law enforcement officials for the purpose of investigating violations of program rules.

Refer to the [USDA Non-Discrimination Statement and Complaint Filing Procedure](https://dpi.wi.gov/nutrition#discrimination) (https://dpi.wi.gov/nutrition#discrimination). This institution is an equal opportunity provider.

**Signature of Agency Representative**

# Expanding Fluid Milk Options



USDA released a final rule that allows whole and reduced-fat (2%) milk to be offered to participants ages two and up in the CACFP, National School Lunch Program (NSLP), School Breakfast Program (SBP), and Special Milk Program (SMP). The rule also extends these fluid milk options to NSLP afterschool snack and the preschool meal pattern for NSLP and SBP.

The new milk options for each age group are as follows:

- Fluid milk served to children 1 year old must be unflavored whole milk;
- Fluid milk served to children 2 through 5 years old may be unflavored whole, reduced-fat, low-fat, or fat-free milk; and
- Fluid milk served to children 6 years and older and adult participants may be unflavored or flavored, whole, reduced-fat, low-fat, or fat-free milk.

This rule **does not require** CACFP operators to offer whole and reduced-fat milk but **allows operators the flexibility** to offer these types of milk to participants two and up if it makes sense for their program. **The rule will be effective June 8, 2026.**

USDA is also accepting comments on the final rule until June 8, 2026. USDA will consider stakeholder comments when considering any future guidance or rulemaking on the expansion of fluid milk options.

|              | Current Regulations                               | New Regulations                                                       |
|--------------|---------------------------------------------------|-----------------------------------------------------------------------|
| 12-25 months | Unflavored whole milk                             | Unflavored whole milk                                                 |
| 2-5 years    | Unflavored low-fat, or fat-free milk              | Unflavored whole, reduced-fat, low-fat, or fat-free milk              |
| 6-18 years   | Unflavored or flavored, low-fat, or fat-free milk | Unflavored or flavored, whole, reduced-fat, low-fat, or fat-free milk |
| Adults       | Unflavored or flavored, low-fat, or fat-free milk | Unflavored or flavored, whole, reduced-fat, low-fat, or fat-free milk |







# CACFP Child Meal Pattern

Must serve the required components and serving sizes

| Breakfast                                                                                                                                                                                                                                                                                                                                                               |                   |                   |                   |                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------|-------------------|-------------------|
| Must serve milk, vegetables or fruit, and a grain.<br><i>A meats/meat alternates may be served in place of the entire grains component a maximum of 3 times per week.</i>                                                                                                                                                                                               |                   |                   |                   |                   |
| Meal Components and Food Items                                                                                                                                                                                                                                                                                                                                          | Ages 1-2          | Ages 3-5          | Ages 6-12         | Ages 13-18        |
| <b>Fluid Milk</b> <ul style="list-style-type: none"> <li>1-year olds: Unflavored whole milk</li> <li>2-5-year-olds: Unflavored 1% or skim</li> <li>6-18-year-olds: Unflavored or flavored 1% or skim</li> </ul>                                                                                                                                                         | ½ cup<br>(4 oz)   | ¾ cup<br>(6 oz)   | 1 cup<br>(8 oz)   | 1 cup<br>(8 oz)   |
| <b>Vegetables or Fruits</b> <i>(or portions of both)</i> <ul style="list-style-type: none"> <li>Full-strength juice may only be offered to meet the vegetable or fruit requirement at one meal or snack per day</li> </ul>                                                                                                                                              | ¼ cup             | ½ cup             | ½ cup             | ½ cup             |
| <b>Grains</b> <ul style="list-style-type: none"> <li>Must be whole grain-rich, enriched, or fortified</li> <li>One serving per day must be whole grain-rich</li> <li>Cereals must contain no more than 6 grams of added sugars per dry ounce</li> <li>Grain-based desserts are not creditable (see <a href="#">Exhibit A: Grains Chart</a>, footnote 3 or 4)</li> </ul> |                   |                   |                   |                   |
| Bread                                                                                                                                                                                                                                                                                                                                                                   | ½ oz eq           | ½ oz eq           | 1 oz eq           | 1 oz eq           |
| Bread products such as biscuits, rolls, or muffins<br><i>Refer to the <a href="#">CACFP Grains Chart</a> for options and serving sizes</i>                                                                                                                                                                                                                              | ½ oz eq           | ½ oz eq           | 1 oz eq           | 1 oz eq           |
| Cooked breakfast cereal, cereal grain, rice and/or pasta                                                                                                                                                                                                                                                                                                                | ¼ cup             | ¼ cup             | ½ cup             | ½ cup             |
| Ready-to-eat breakfast cereal (dry, cold)                                                                                                                                                                                                                                                                                                                               |                   |                   |                   |                   |
| 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             |
| <b>Meats/Meat Alternates</b><br>Not required at breakfast but may be served in place of entire grains component a maximum of 3 times per week                                                                                                                                                                                                                           |                   |                   |                   |                   |
|                                                                                                                                                                                                                                                                                                                                                                         | ½ oz eq =         | ½ oz eq =         | 1 oz eq =         | 1 oz eq =         |
| Lean meat, poultry, or fish                                                                                                                                                                                                                                                                                                                                             | ½ oz              | ½ oz              | 1 oz              | 1 oz              |
| Cheese (natural and processed; soft and hard)                                                                                                                                                                                                                                                                                                                           | ½ oz              | ½ oz              | 1 oz              | 1 oz              |
| Shredded cheese                                                                                                                                                                                                                                                                                                                                                         | (⅛ cup)           | (⅛ cup)           | (¼ cup)           | (¼ cup)           |
| Cottage cheese, ricotta cheese, cheese spread, cheese food<br><i>2 ounces = 1-ounce equivalent meats/meat alternates</i>                                                                                                                                                                                                                                                | ⅛ cup<br>(1 oz)   | ⅛ cup<br>(1 oz)   | ¼ cup<br>(2 oz)   | ¼ cup<br>(2 oz)   |
| Egg, whole, large                                                                                                                                                                                                                                                                                                                                                       | ¼ egg             | ¼ egg             | ½ egg             | ½ egg             |
| Beans, peas, and lentils                                                                                                                                                                                                                                                                                                                                                | ⅛ cup             | ⅛ cup             | ¼ cup             | ¼ cup             |
| Yogurt (regular and soy)<br>- <i>Must contain no more than 12 grams of added sugars per 6 ounces</i>                                                                                                                                                                                                                                                                    | ¼ cup<br>(2 oz)   | ¼ cup<br>(2 oz)   | ½ cup<br>(4 oz)   | ½ cup<br>(4 oz)   |
| Peanut butter, soy nut butter or other nut or seed butters                                                                                                                                                                                                                                                                                                              | 1 Tbsp            | 1 Tbsp            | 2 Tbsp            | 2 Tbsp            |
| Peanuts, soy nuts, tree nuts or seeds                                                                                                                                                                                                                                                                                                                                   | ½ oz              | ½ oz              | 1 oz              | 1 oz              |
| Surimi                                                                                                                                                                                                                                                                                                                                                                  | 1.5 oz            | 1.5 oz            | 3 oz              | 3 oz              |
| Tempeh                                                                                                                                                                                                                                                                                                                                                                  | ½ oz              | ½ oz              | 1 oz              | 1 oz              |
| Tofu (commercially prepared)<br><i>2.2 oz. (1/4 cup) must contain at least 5 grams of protein</i>                                                                                                                                                                                                                                                                       | ⅛ cup<br>(1.1 oz) | ⅛ cup<br>(1.1 oz) | ¼ cup<br>(2.2 oz) | ¼ cup<br>(2.2 oz) |
| Soy products (e.g. soy sausage, veggie burgers) or alternate protein products. <i>Must meet the requirements in <a href="#">Appendix A</a> to Part 226</i>                                                                                                                                                                                                              | ½ oz              | ½ oz              | 1 oz              | 1 oz              |



# CACFP Child Meal Pattern

Must serve the required components and serving sizes

| Lunch and Supper                                                                                                                                                                                                                                                                                                                                                        |                   |                     |                   |                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------|-------------------|-------------------|
| All five components required for a reimbursable meal                                                                                                                                                                                                                                                                                                                    |                   |                     |                   |                   |
| Meal Components and Food Items                                                                                                                                                                                                                                                                                                                                          | Ages 1-2          | Ages 3-5            | Ages 6-12         | Ages 13-18        |
| <b>Fluid Milk</b> <ul style="list-style-type: none"> <li>1-year olds: Unflavored whole milk</li> <li>2-5-year-olds: Unflavored 1% or skim</li> <li>6-18-year-olds: Unflavored or flavored 1% or skim</li> </ul>                                                                                                                                                         | ½ cup<br>(4 oz)   | ¾ cup<br>(6 oz)     | 1 cup<br>(8 oz)   | 1 cup<br>(8 oz)   |
| <b>Meats/Meat Alternates</b> <div>Amounts below must be served to meet the m/ma serving size requirements</div>                                                                                                                                                                                                                                                         |                   |                     |                   |                   |
|                                                                                                                                                                                                                                                                                                                                                                         | 1 oz eq =         | 1 ½ oz eq =         | 2 oz eq =         | 2 oz eq =         |
| Lean meat, poultry, or fish                                                                                                                                                                                                                                                                                                                                             | 1 oz              | 1 ½ oz              | 2 oz              | 2 oz              |
| Cheese (natural and processed; soft and hard)                                                                                                                                                                                                                                                                                                                           | 1 oz              | 1 ½ oz              | 2 oz              | 2 oz              |
| Shredded cheese                                                                                                                                                                                                                                                                                                                                                         | (¼ cup)           | (3/8 cup)           | (½ cup)           | (½ cup)           |
| Cottage cheese, ricotta cheese, cheese spread, cheese food<br>2 ounces = 1-ounce equivalent meats/meat alternates                                                                                                                                                                                                                                                       | ¼ cup<br>(2 oz)   | 3/8 cup<br>(3 oz)   | ½ cup<br>(4 oz)   | ½ cup<br>(4 oz)   |
| Egg, whole, large                                                                                                                                                                                                                                                                                                                                                       | ½ egg             | ¾ egg               | 1 egg             | 1 egg             |
| Beans, peas, and lentils                                                                                                                                                                                                                                                                                                                                                | ¼ cup             | 3/8 cup             | ½ cup             | ½ cup             |
| Peanut butter, soy nut butter or other nut or seed butters                                                                                                                                                                                                                                                                                                              | 2 Tbsp            | 3 Tbsp              | 4 Tbsp            | 4 Tbsp            |
| Peanuts, soy nuts, tree nuts or seeds                                                                                                                                                                                                                                                                                                                                   | 1 oz              | 1 ½ oz              | 2 oz              | 2 oz              |
| Yogurt (regular and soy)<br>- Must contain no more than 12 grams of added sugars per 6 ounces                                                                                                                                                                                                                                                                           | ½ cup<br>(4 oz)   | ¾ cup<br>(6 oz)     | 1 cup<br>(8 oz)   | 1 cup<br>(8 oz)   |
| Surimi                                                                                                                                                                                                                                                                                                                                                                  | 3 oz              | 4.4 oz              | 6 oz              | 6 oz              |
| Tempeh                                                                                                                                                                                                                                                                                                                                                                  | 1 oz              | 1 ½ oz              | 2 oz              | 2 oz              |
| Tofu (commercially prepared)<br>2.2 oz. (1/4 cup) must contain at least 5 grams of protein                                                                                                                                                                                                                                                                              | ¼ cup<br>(2.2 oz) | 3/8 cup<br>(3.3 oz) | ½ cup<br>(4.4 oz) | ½ cup<br>(4.4 oz) |
| Soy products (e.g. soy sausage, veggie burgers etc.) or alternate protein products. Must meet the requirements in <a href="#">Appendix A</a> to Part 226                                                                                                                                                                                                                | 1 oz              | 1 ½ oz              | 2 oz              | 2 oz              |
| <b>Vegetables</b> <ul style="list-style-type: none"> <li>Full-strength juice may only be offered to meet the vegetable or fruit requirement at one meal or snack, per day</li> </ul>                                                                                                                                                                                    | ⅛ cup             | ¼ cup               | ½ cup             | ½ cup             |
| <b>Fruits</b> <ul style="list-style-type: none"> <li>Full-strength juice may only be offered to meet the vegetable or fruit requirement at one meal or snack, per day</li> <li>A second, different vegetable may be served in place of the entire fruit component. When served, the minimum fruit serving size must be served</li> </ul>                                | ⅛ cup             | ¼ cup               | ¼ cup             | ¼ cup             |
| <b>Grains</b> <ul style="list-style-type: none"> <li>Must be whole grain-rich, enriched, or fortified</li> <li>One serving per day must be whole grain-rich</li> <li>Cereals must contain no more than 6 grams of added sugars per dry ounce</li> <li>Grain-based desserts are not creditable (see <a href="#">Exhibit A: Grains Chart</a>, footnote 3 or 4)</li> </ul> |                   |                     |                   |                   |
| Bread                                                                                                                                                                                                                                                                                                                                                                   | ½ oz eq           | ½ oz eq             | 1 oz eq           | 1 oz eq           |
| Bread products, such as biscuits, rolls, or muffins<br>Refer to the <a href="#">CACFP Grains Chart</a> for options and serving sizes                                                                                                                                                                                                                                    | ½ oz eq           | ½ oz eq             | 1 oz eq           | 1 oz eq           |
| Rice, pasta, grains, and/or cooked cereals                                                                                                                                                                                                                                                                                                                              | ¼ cup             | ¼ cup               | ½ cup             | ½ cup             |





# CACFP Child Meal Pattern

Must serve the required components and serving sizes

## Snack

Must serve 2 of the 5 components. Only 1 of the 2 components may be a beverage.

| Meal Components and Food Items                                                                                                                                                                                                                                                                                                                                          | Ages 1-2          | Ages 3-5          | Ages 6-12         | Ages 13-18        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------|-------------------|-------------------|
| <b>Fluid Milk</b> <ul style="list-style-type: none"> <li>1-year olds: Unflavored whole milk</li> <li>2-5-year-olds: Unflavored 1% or skim</li> <li>6-18-year-olds: Unflavored or flavored 1% or skim</li> </ul>                                                                                                                                                         | ½ cup<br>(4 oz)   | ½ cup<br>(4 oz)   | 1 cup<br>(8 oz)   | 1 cup<br>(8 oz)   |
| <b>Meats/Meat Alternates</b> <span style="float: right;">Amounts below must be served to meet the m/ma serving size requirements</span>                                                                                                                                                                                                                                 |                   |                   |                   |                   |
|                                                                                                                                                                                                                                                                                                                                                                         | ½ oz eq =         | ½ oz eq =         | 1 oz eq =         | 1 oz eq =         |
| Lean meat, poultry, or fish                                                                                                                                                                                                                                                                                                                                             | ½ oz              | ½ oz              | 1 oz              | 1 oz              |
| Cheese (natural and processed; soft and hard)                                                                                                                                                                                                                                                                                                                           | ½ oz              | ½ oz              | 1 oz              | 1 oz              |
| Shredded cheese                                                                                                                                                                                                                                                                                                                                                         | (⅓ cup)           | (⅓ cup)           | (¼ cup)           | (¼ cup)           |
| Cottage cheese, ricotta cheese, cheese spread, cheese food<br><i>2 ounces = 1 ounce equivalent meats/meat alternates</i>                                                                                                                                                                                                                                                | ⅓ cup<br>(1 oz)   | ⅓ cup<br>(1 oz)   | ¼ cup<br>(2 oz)   | ¼ cup<br>(2 oz)   |
| Egg, whole, large                                                                                                                                                                                                                                                                                                                                                       | ½ egg             | ½ egg             | ½ egg             | ½ egg             |
| Beans, peas, and lentils                                                                                                                                                                                                                                                                                                                                                | ⅓ cup             | ⅓ cup             | ¼ cup             | ¼ cup             |
| Peanut butter, soy nut butter or other nut or seed butters                                                                                                                                                                                                                                                                                                              | 1 Tbsp            | 1 Tbsp            | 2 Tbsp            | 2 Tbsp            |
| Peanuts, soy nuts, tree nuts or seeds                                                                                                                                                                                                                                                                                                                                   | ½ oz              | ½ oz              | 1 oz              | 1 oz              |
| Yogurt (regular and soy)<br><i>- Must contain no more than 12 grams of added sugars per 6 ounces</i>                                                                                                                                                                                                                                                                    | ¼ cup<br>(2 oz)   | ¼ cup<br>(2 oz)   | ½ cup<br>(4 oz)   | ½ cup<br>(4 oz)   |
| Surimi                                                                                                                                                                                                                                                                                                                                                                  | 1.5 oz            | 1.5 oz            | 3 oz              | 3 oz              |
| Tempeh                                                                                                                                                                                                                                                                                                                                                                  | ½ oz              | ½ oz              | 1 oz              | 1 oz              |
| Tofu (commercially prepared)<br><i>2.2 oz. (¼ cup) must contain at least 5 grams of protein</i>                                                                                                                                                                                                                                                                         | ⅓ cup<br>(1.1 oz) | ⅓ cup<br>(1.1 oz) | ¼ cup<br>(2.2 oz) | ¼ cup<br>(2.2 oz) |
| Soy products (e.g. soy sausage, veggie burgers) or alternate protein products. <i>Must meet the requirements in <a href="#">Appendix A</a> to Part 226</i>                                                                                                                                                                                                              | ½ oz              | ½ oz              | 1 oz              | 1 oz              |
| <b>Vegetables*</b>                                                                                                                                                                                                                                                                                                                                                      | ½ cup             | ½ cup             | ¾ cup             | ¾ cup             |
| <b>Fruits*</b>                                                                                                                                                                                                                                                                                                                                                          | ½ cup             | ½ cup             | ¾ cup             | ¾ cup             |
| * Full-strength juice may only be offered to meet the vegetable or fruit requirement at one meal or snack, per day                                                                                                                                                                                                                                                      |                   |                   |                   |                   |
| <b>Grains</b> <ul style="list-style-type: none"> <li>Must be whole grain-rich, enriched, or fortified</li> <li>One serving per day must be whole grain-rich</li> <li>Cereals must contain no more than 6 grams of added sugars per dry ounce</li> <li>Grain-based desserts are not creditable (see <a href="#">Exhibit A: Grains Chart</a>, footnote 3 or 4)</li> </ul> |                   |                   |                   |                   |
| Bread                                                                                                                                                                                                                                                                                                                                                                   | ½ oz eq           | ½ oz eq           | 1 oz eq           | 1 oz eq           |
| Bread products, such as biscuits, rolls, crackers, or muffins<br><i>Refer to the <a href="#">CACFP Grains Chart</a> for options and serving sizes</i>                                                                                                                                                                                                                   | ½ oz eq           | ½ oz eq           | 1 oz eq           | 1 oz eq           |
| <b>Cooked</b> breakfast cereal, cereal grain, rice and/or pasta                                                                                                                                                                                                                                                                                                         | ¼ cup             | ¼ cup             | ½ cup             | ½ cup             |
| <b>Ready-to-eat</b> breakfast cereal (dry, cold)<br>Flakes or rounds                                                                                                                                                                                                                                                                                                    | ½ cup             | ½ cup             | 1 cup             | 1 cup             |
| Puffed cereal                                                                                                                                                                                                                                                                                                                                                           | ¾ cup             | ¾ cup             | 1 ¼ cup           | 1 ¼ cup           |
| Granola                                                                                                                                                                                                                                                                                                                                                                 | ⅓ cup             | ⅓ cup             | ¼ cup             | ¼ cup             |





# Menu Checklist

Use this checklist to ensure meals and menus comply with CACFP meal requirements.  
Refer to Guidance Memorandum 12: Meal Requirements.  
Specific Adult Day Care (ADC) requirements are listed below.

## Meal Requirements

### Breakfast contains:

- ☐ Fluid Milk
- ☐ Fruit or Vegetable
- ☐ Grain
  - ☐ Meat/Meat Alternate may replace the Grain component a maximum of three times per week

### Lunch/Supper contains:

- ☐ Fluid Milk (optional at supper for ADC)
- ☐ Meat (beef, chicken, pork, fish, etc.) and/or Meat Alternate (cheese, eggs, beans, tofu, etc.)
- ☐ Vegetable
- ☐ Fruit (*a second different vegetable may be served in place of the entire fruit component*)
- ☐ Grain

### Snack contains two of the following components:

- ☐ Fluid Milk
- ☐ Vegetable
- ☐ Fruit
- ☐ Meat (beef, chicken, pork, fish, etc.) and/or Meat Alternate (cheese, yogurt, beans, tofu, etc.)
- ☐ Grain

## Creditable Foods and Other Requirements

- ☐ All foods and beverages served are creditable (see [Creditable and Non-creditable Foods Guide](#) or the [USDA Crediting Handbook for the CACFP](#))
- ☐ One grain served each day is whole grain-rich (WGR) (use the [WGR Flow Chart](#) to determine if a grain item is WGR)
- ☐ Grain-based desserts are not served (see [Is It a Grain-Based Dessert?](#))
- ☐ Breakfast cereals (ready-to-eat cereals, instant, and hot cereals) contain no more than 6 grams of added sugars per dry ounce (see [Cereal Added Sugar Limits](#))
- ☐ Yogurt contains no more than 12 grams of added sugars per 6 ounces (see [Yogurt Added Sugar Limits](#))
- ☐ Juice is not served at more than one meal or snack per day
- ☐ Menu items are not deep fat fried onsite
- ☐ **ADC Only:** Yogurt (regular and soy) may be served to meet the milk requirement for one meal per day when not served as a meat alternate for that same meal





# Menu Checklist

## Menu Documentation Requirements

- ☐ A copy of one menu for each meal and/or snack claimed must be on file with monthly claim documents.  
*The copy saved on file must be the final menu that includes documented meal substitutions and changes.*

### Menus must include:

- ☐ Dates
- ☐ Type(s) of milk served (fat content by age group and if flavored), for example:
  - ☐ Whole unflavored milk is served to 1-year olds; 1% unflavored milk is served to children ages 2 and older
- ☐ Whole grain-rich (WGR) items notated with WW, WG, WGR (ex. WW Bread, WG Bagels, WGR pasta)
- ☐ Specific names of actual foods served:
  - ☐ Fruits and vegetables (ex. “pears” instead of “fruit”)
  - ☐ Cereal names (ex. “Kix” instead of “cereal”) and WGR notation if cereal is WGR (ex. WG Cheerios)
- ☐ Food items for all required components of the meal/snack, for example:
  - ☐ Instead of listing “WG Tacos” write out “Beef and Cheese Tacos on WG Soft Tortilla” or “Tacos (beef, cheese, and WG soft tortilla)”
- ☐ Documented meal substitutions and changes to show actual foods served at each meal and snack

## Product Labels or Other Acceptable Documentation

### Product labels or other acceptable documentation are on file for:

- ☐ **Breakfast cereals:** name and brand of item, nutrition facts label, and ingredient list
  - Refer to [Product Labels for Cereal and Yogurt Sugar Limits](#) for more information
- ☐ **Yogurt:** name and brand of item, nutrition facts label
  - Refer to [Product Labels for Cereal and Yogurt Sugar Limits](#) for more information
- ☐ **Whole grain-rich foods (WGR):** product label or other acceptable documentation containing specific information which varies depending on the item and/or method used to determine the item as WGR.
  - Refer to [Documentation for Whole Grain-Rich \(WGR\) Foods](#) for more information
- ☐ **Tofu:** name and brand of item, nutrition facts label
- ☐ **Processed food items\*:** Child Nutrition (CN) Label or Product Formulation Statement (PFS)
  - Refer to [Crediting Documentation for Processed Food Items](#) for more information



*\*Processed food items include (1) commercially prepared combination foods like pizza and chicken nuggets; (2) processed meats/meat alternates like meatballs and summer sausage; and (3) other foods like smoothies, pasta salad with vegetables, and other items that do not have a standard of identity, contain two or more meal components, and/or contain non-creditable ingredients.*

## Foods Prepared from Scratch / Homemade Items

- ☐ Standardized recipes are on file (recipes must include a specified serving size (portion) and CACFP crediting information per serving (how the serving size contributes to the CACFP meal pattern)). Refer to [CACFP Training Spotlight: Recipes for Foods Prepared From Scratch](#) for more information and links to websites that provide standardized recipes for the CACFP.



# FAMILY STYLE DINING



Family style meal service provides an opportunity to encourage a pleasant eating environment that will support and promote mealtime as a learning experience. USDA recommends family-style dining for all children 3 years and older. In family style meal service, children serve themselves from common platters of food with assistance from adults.

## Why do Family Style?

1. Allows children to identify and be introduced to new foods, tastes, and menus.
2. Children can choose the amount of food on their plate.
3. They feel more in control to judge their hunger and fullness during the meal.
4. Children practice good table manners (taking turns, sharing, politely turning down foods) and new skills (passing, pouring and scooping foods).
5. Family style dining may seem difficult at first; however, children can develop healthy habits and positive self-esteem from this learning experience.

## How to do Family Style:

1. All food for the meal is placed in serving bowls on the table.
2. The amount of food placed on the table must meet the CACFP portion sizes for each child.
3. All beverages (milk, water, juice) are served in child-size containers/pitchers.
4. Place all foods on the table before children sit down to eat.
5. Let children pass the food to each other.
6. Encourage children to at least taste a bite of each food item.
7. Allow second servings after everyone has been served.
8. Adults should sit at the table with the children and eat the same meal.
  - ~ Teachers act as role-models. If teachers are seen enjoying the meal, the children will learn that eating is enjoyable.
9. Teachers and children should talk about the foods served (where they come from, sensory characteristics, why they are healthy).
  - ~ It is recommended to have topics prepared prior to the meal so teachers know what to discuss with the children.



## Child-Size Is the Right Size

- Child-size tables and chairs make it easier for the children to serve themselves.
- Child-size plates and cups are easier for children to handle.
- Light weight plastic bowls and pitchers are easier for children to grasp.
- Serving tools—tongs, spoons, scoops—that help with serving the right portions of food are easier for children to use.

## FAMILY STYLE DINING

| Barriers to family-style dining                                                                                                                     | How to overcome those barriers                                                                                                                                                                                                                                                                                                                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Children may take <b>too large of servings</b> because they really like a certain food or don't have the skill to properly use the serving utensil. | <ul style="list-style-type: none"> <li>• Allow children to serve themselves <b>small portions</b>.</li> <li>• <b>Assist</b> children who need help, and offer second helpings when appropriate.</li> <li>• <b>Assure</b> the child that the food will be offered again.</li> </ul>                                                                                                    |
| <b>Sanitation</b> issues – children may contaminate the serving dishes by sticking their hands in the dishes or the serving utensil in their mouth. | <ul style="list-style-type: none"> <li>• <b>Model</b> good food safety practices when passing and serving food.</li> <li>• <b>Respond</b> when a child is about to contaminate food or has already done so.</li> <li>• Provide <b>new serving utensils</b> or <b>replace</b> contaminated food.</li> </ul>                                                                            |
| It may get <b>messy</b> – there is more opportunity to spill when children serve themselves.                                                        | <ul style="list-style-type: none"> <li>• Expect children to <b>clean up</b> their own spills, but don't make a fuss about it.</li> <li>• Small size <b>sponges</b> and <b>buckets</b> should be available. An adult can help if the child asks for it or seems to need help after he or she has begun to clean it up.</li> </ul>                                                      |
| The children's <b>skill levels vary</b> – some may be slower in learning the skills necessary for family style dining than others.                  | <ul style="list-style-type: none"> <li>• Seat children who need more help <b>near a teacher</b> at the table. Let the child serve themselves what they can. Then the teacher can serve them the other foods.</li> <li>• Keep the <b>conversation</b> at the table <b>light</b> - avoid nagging, criticism, and other unpleasantness, and don't allow fighting or rudeness.</li> </ul> |
| Takes <b>more time</b> for the children to pass the serving dishes and serve themselves.                                                            | It will take time to get family style dining into place, but with <b>practice</b> , children will learn the necessary <b>skills</b> , and family style dining will become the normal <b>routine</b> .                                                                                                                                                                                 |

### Encourage Foods By

- Telling the child he or she might enjoy the taste of the unfamiliar food.
- Explaining that it is not necessary for children to eat everything on their plates.
- Explaining to the child that the food is needed for growth.
- Complimenting the children for trying new foods.





## Meal Service Styles: CACFP Requirements

| Meal Service Style                                                                                                                                         | Definition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Requirement                                                                                                                                                                                                            | Best Practices                                                                                                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b><i>Pre-plated</i></b></p>                                           | <p>Staff put all components on the plate or into cups</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <p>Minimum serving size per the CACFP meal pattern <b>must</b> be placed on plate and in cup</p>                                                                                                                       | <p>Have plates/cups prepared prior to participants being seated</p> <p>Use scoop sizes or measuring cups</p> <p>Provide staff with summary sheets of how much to serve (i.e. 3 apple slices)</p> |
| <p><b><i>Family Style Dining</i></b></p>                                 | <p>Common serving dishes of each component is placed on the table</p> <p>Participants serve themselves</p>                                                                                                                                                                                                                                                                                                                                                                                                                        | <p>Minimum serving size per the CACFP meal pattern must be available for each participant seated at the table</p> <p>Encourage participants to take all components in the minimum serving size, but do not require</p> | <p>Place components/ common serving dishes on table prior to participants being seated</p> <p>Use age-appropriate size bowls, utensils, tables, chairs</p>                                       |
| <p><b><i>Combination of Pre-plated and Family Style Dining</i></b></p>  | <p>These two meal services may be combined to better accommodate the participant's abilities or the foods being served</p> <p>All meal components must be served:</p> <ul style="list-style-type: none"> <li>When foods are served <b>pre-plated</b>: Quantities placed on plates and in cups by staff must meet the minimum serving size</li> <li>When foods are served <b>family style</b>: Quantities available in common serving dishes must provide minimum serving size for each participant seated at the table</li> </ul> |                                                                                                                                                                                                                        |                                                                                                                                                                                                  |
| <p><b><i>Cafeteria Style Dining</i></b></p>                             | <p>Participants move through a serving line and serve themselves food or staff serve the food</p> <p>Quantities taken by participants or served by staff must meet the minimum serving size</p> <p>All meal components must be served. Offer versus Serve (OvS) is allowed in the At-Risk Afterschool program only</p>                                                                                                                                                                                                            |                                                                                                                                                                                                                        |                                                                                                                                                                                                  |







# Sample Menus



## Week 1

| Meal Pattern                                                                                                              | Monday 1 <sup>st</sup>                                                                                  | Tuesday 2 <sup>nd</sup>                            | Wednesday 3 <sup>rd</sup>                                                                 | Thursday 4 <sup>th</sup>                                          | Friday 5 <sup>th</sup>                                                                |
|---------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|----------------------------------------------------|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| <b>Breakfast</b><br>Grains, OR<br>Meat/Meat Alternate<br>(no more than 3<br>times per week)<br>Fruit or Vegetable<br>Milk | Grapes<br><b>WG toast</b><br>Milk                                                                       | Diced peaches<br>Scrambled eggs<br>Milk            | Kiwi<br><b>WG Life Cereal</b><br>Milk                                                     | Berries<br>Yogurt<br>Milk                                         | Applesauce<br>Pancakes<br>Milk                                                        |
| <b>Lunch</b><br>Meat/Meat Alternate<br>Vegetable<br>Fruit<br>Grains<br>Milk                                               | Oven-Baked<br>Parmesan Chicken<br>Roasted Brussels<br>sprouts<br>Strawberries<br><b>WG roll</b><br>Milk | Bean Burrito<br>Asparagus<br>Orange wedges<br>Milk | Sweet and sour<br>chicken<br>Steamed green<br>beans<br>Red peppers<br>Cooked rice<br>Milk | HM Macaroni and<br>cheese<br>Peas and carrots<br>Tomatoes<br>Milk | Ham & cheese in<br><b>WG pita pocket</b><br>Green salad<br>Sweet potato fries<br>Milk |
| <b>PM Snack</b><br><i>Select two of the<br/>following:</i><br>Meat/Meat Alternate<br>Vegetable<br>Fruit<br>Grains<br>Milk | HM guacamole<br>Salsa<br>Tortilla chips<br>Milk                                                         | Fresh carrot sticks<br><b>WG crackers</b><br>Water | Toasted mini bagel<br>with cheddar<br>cheese<br>Water                                     | <b>WG fish crackers</b><br>Pea pods<br>Water                      | Apricot halves<br>Milk                                                                |

1%, unflavored milk is served to children ages 2 and older

\* Whole, unflavored milk is served to 1 year olds

\* WG = Whole Grain; Bold = WG item; HM = Homemade

## Week 2

| Meal Pattern                                                                                                              | Monday 8 <sup>th</sup>                               | Tuesday 9 <sup>th</sup>                                                                   | Wednesday 10 <sup>th</sup>                                                    | Thursday 11 <sup>th</sup>                               | Friday 12 <sup>th</sup>                                      |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|---------------------------------------------------------|--------------------------------------------------------------|
| <b>Breakfast</b><br>Grains, OR<br>Meat/Meat Alternate<br>(no more than 3 times<br>per week)<br>Fruit or Vegetable<br>Milk | Banana<br><b>WG Cheerios</b><br>Milk                 | Avocado<br>Baked scrambled<br>eggs<br>Milk                                                | Mixed fruit<br>Biscuit<br>Ham slice<br>Milk                                   | Strawberries<br><b>Oatmeal, WG</b><br>Milk              | Fresh apple slices<br>Yogurt<br>Milk                         |
| <b>Lunch</b><br>Meat/Meat Alternate<br>Vegetable<br>Fruit<br>Grains<br>Milk                                               | HM cheese pizza<br>Cucumbers<br>Apple slices<br>Milk | Turkey breast<br>sandwich on<br><b>WG bread</b><br>Steamed broccoli<br>Watermelon<br>Milk | Oven baked<br>chicken<br><b>Brown rice</b><br>Cauliflower<br>Zucchini<br>Milk | Meatloaf<br>Roasted beets<br>Kiwi<br>Corn bread<br>Milk | Baked fish<br><b>Quinoa</b><br>Tomatoes<br>Pineapple<br>Milk |
| <b>PM Snack</b><br><i>Select two of the<br/>following:</i><br>Meat/Meat Alternate<br>Vegetable<br>Fruit<br>Grains<br>Milk | Zucchini bread<br>Milk                               | English muffin<br>with peanut butter<br>Milk                                              | Jicama and carrot<br>sticks<br>Milk                                           | Yogurt<br>Sliced fresh<br>strawberries<br>Water         | <b>WG crackers</b><br>Cottage cheese<br>Water                |

\* 1%, unflavored milk is served to children ages 2 and older

\* Whole, unflavored milk is served to 1 year olds

\* WG = Whole Grain; Bold = WG; HM = Homemade



# Sample Menus

## Week 3



| Meal Pattern                                                                                                              | Monday                                                                   | Tuesday                                                                            | Wednesday                                                                                       | Thursday                                                          | Friday                                                                      |
|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <b>Breakfast</b><br>Grains, OR<br>Meat/Meat Alternate<br>(no more than 3<br>times per week)<br>Fruit or Vegetable<br>Milk | Banana<br><b>Oatmeal pancakes</b><br>Milk                                | Sweet potato hash<br><b>WG English muffin</b><br>Milk                              | Applesauce<br>Hardboiled egg<br>Milk                                                            | Avocado<br><b>Brown rice</b> and<br>egg bowl<br>Milk              | Starfruit<br><b>WG Mini Wheats</b><br>Milk                                  |
| <b>Lunch or Supper</b><br>Meat/Meat Alternate<br>Vegetable<br>Fruit<br>Grains<br>Milk                                     | HM fish sticks<br>Roasted eggplant<br>Blackberries<br>WG Noodles<br>Milk | HM cheese pizza on<br><b>WG crust</b><br>Honeydew melon<br>Zucchini wedges<br>Milk | White bean and<br>chicken chili<br>Carrot coins<br>Raspberries<br><b>WG dinner roll</b><br>Milk | Beef tips<br>Broccoli trees<br>Plums<br><b>WG noodles</b><br>Milk | Sloppy Joes<br>Peaches<br>Toasted potato<br>wedges<br><b>WG bun</b><br>Milk |
| <b>Snack</b><br><i>Select two of the<br/>following:</i><br>Meat/Meat Alternate<br>Vegetable<br>Fruit<br>Grains<br>Milk    | Kabobs (apple<br>slices, cheese)<br>Water                                | Avocado<br>Bagel<br>Water                                                          | Yogurt Dip<br>Celery and green<br>pepper sticks<br>Water                                        | Peanut butter<br>Banana<br><b>WG toast</b><br>Water               | Cheese slices<br>Strawberries                                               |

\* 1% or skim, unflavored milk is served to children ages 2 and older

\* Whole, unflavored milk is served to 1 year olds

\* WG = Whole Grain; Bold = WG; HM = Homemade

## Week 4

| Meal Pattern                                                                                                              | Monday                                                                                                  | Tuesday                                                                           | Wednesday                                                                            | Thursday                                                                                   | Friday                                                                                        |
|---------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| <b>Breakfast</b><br>Grains, OR<br>Meat/Meat Alternate<br>(no more than 3<br>times per week)<br>Fruit or Vegetable<br>Milk | Apricot<br>Scrambled Eggs<br>Milk                                                                       | Blueberries<br><b>WG Waffles</b><br>Milk                                          | Diced pears<br><b>Great Grains</b><br><b>Banana Nut</b><br><b>Cereal ,WG</b><br>Milk | Hash browns<br>Egg bake<br>Milk                                                            | Peach slices<br><b>WG apple</b><br><b>cinnamon muffin</b><br>Milk                             |
| <b>Lunch or Supper</b><br>Meat/Meat Alternate<br>Vegetable<br>Fruit<br>Grains<br>Milk                                     | HM Meatballs w/<br>tomato sauce<br>Peas<br>Mixed fruit<br><b>WG spaghetti</b><br><b>noodles</b><br>Milk | Chicken teriyaki<br><b>Brown rice</b> bowl<br>Broccoli<br>Pitted cherries<br>Milk | Beef roast<br>Cucumber slices<br>Peaches and pears<br>Breadstick<br>Milk             | Roasted<br>chickpeas in a<br><b>WG Pita Pocket</b><br>Romaine salad<br>Blueberries<br>Milk | Shredded chicken<br>sandwich<br><b>WG bun</b><br>Red cabbage slaw<br>Mandarin oranges<br>Milk |
| <b>Snack</b><br><i>Select two of the<br/>following:</i><br>Meat/Meat Alternate<br>Vegetable<br>Fruit<br>Grains<br>Milk    | Salsamole (salsa<br>with avocado) on<br><b>WG pita bread</b>                                            | Hardboiled egg<br>Savory crackers                                                 | Cheese stick<br>Roasted zucchini                                                     | Pineapple<br>Snap peas                                                                     | Turkey pinwheels<br>on <b>WG tortilla</b>                                                     |

\* 1% or skim, unflavored milk is served to children ages 2 and older

\* Whole, unflavored milk is served to 1 year olds

\* WG = Whole Grain; Bold = WG; HM = Homemade



# Sample Menus

## Week 5



| Meal Pattern                                                                                                              | Monday                                                                                                   | Tuesday                                                                       | Wednesday                                                    | Thursday                                                                     | Friday                                                               |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|--------------------------------------------------------------|------------------------------------------------------------------------------|----------------------------------------------------------------------|
| <b>Breakfast</b><br>Grains, OR<br>Meat/Meat Alternate<br>(no more than 3<br>times per week)<br>Fruit or Vegetable<br>Milk | Peaches<br>Egg frittata<br>Milk                                                                          | Grapes<br>Honey Bunches of<br>Oats Cinnamon<br>Milk                           | Blueberry<br><b>Oatmeal, WG</b><br>Milk                      | Cantaloupe<br>Biscuits<br>Milk                                               | Mixed berries<br>Yogurt<br>Milk                                      |
| <b>Lunch or Supper</b><br>Meat/Meat Alternate<br>Vegetable<br>Fruit<br>Grains<br>Milk                                     | Tofu scramble with<br>potatoes,<br>mushrooms, and<br>peppers<br>Watermelon<br><b>WG crackers</b><br>Milk | Beef taco skillet<br>Jicama sticks<br>Nectarine<br><b>WG tortilla</b><br>Milk | Pork loin<br>Peas<br>Banana<br><b>WG bread stick</b><br>Milk | Chicken skewer<br>Purple carrots<br>Pomegranate<br><b>WG Noodles</b><br>Milk | Baked Pollock<br>Asparagus<br>Mango<br><b>WG dinner roll</b><br>Milk |
| <b>Snack</b><br><i>Select two of the<br/>following:</i><br>Meat/Meat Alternate<br>Vegetable<br>Fruit<br>Grains<br>Milk    | Soft pretzel<br>Snap peas                                                                                | Yogurt with<br>Strawberries                                                   | Oat muffin<br>Cheese cubes                                   | Fresh broccoli<br><b>WG fish<br/>crackers</b>                                | Hummus<br>Fresh cauliflower                                          |

\* 1% or skim, unflavored milk is served to children ages 2 and older

\* Whole, unflavored milk is served to 1 year olds

\* WG = Whole Grain; Bold = WG; HM = Homemade

## Week 6

| Meal Pattern                                                                                                              | Monday                                                                                    | Tuesday                                                                                    | Wednesday                                                                | Thursday                                                                | Friday                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>Breakfast</b><br>Grains, OR<br>Meat/Meat Alternate<br>(no more than 3<br>times per week)<br>Fruit or Vegetable<br>Milk | Bananas<br><b>WG waffles</b><br>Milk                                                      | Roasted sweet potato<br>Buttermilk biscuit<br>egg sandwich<br>Milk                         | Peaches<br>Yogurt<br>Milk                                                | Raspberries<br><b>Frosted mini<br/>wheat cereal</b><br>Milk             | Watermelon<br>Bagels<br>Milk                                                                             |
| <b>Lunch or Supper</b><br>Meat/Meat Alternate<br>Vegetable<br>Fruit<br>Grains<br>Milk                                     | Turkey and ham<br>sandwiches ( <b>WG<br/>bread</b> )<br>Red potatoes<br>Pineapple<br>Milk | Chicken lasagna roll<br>up ( <b>WG lasagna<br/>noodle</b> )<br>Salad<br>Clementine<br>Milk | Ground beef chili<br>Roasted<br>cauliflower<br>Peas<br>Cornbread<br>Milk | Shredded pork<br>Spaghetti Squash<br>Kiwi<br>Garlic bread stick<br>Milk | Grilled Cheese and<br>tomato sandwich<br>( <b>WG Bread</b> )<br>Brussels Sprouts<br>Blackberries<br>Milk |
| <b>Snack</b><br><i>Select two of the<br/>following:</i><br>Meat/Meat Alternate<br>Vegetable<br>Fruit<br>Grains<br>Milk    | Rice cakes<br>Fruit salsa                                                                 | String cheese<br>Grapes                                                                    | <b>WG English<br/>muffin</b><br>Fresh green beans                        | Black bean<br>hummus<br><b>WG pita bread</b>                            | <b>WG bran muffin</b><br>Carrot sticks                                                                   |

\* 1% or skim, unflavored milk is served to children ages 2 and older

\* Whole, unflavored milk is served to 1 year olds

\* WG = Whole Grain; Bold = WG; HM = Homemade



# CACFP Recordkeeping Requirements

The following details recordkeeping requirements for the CACFP meal pattern and documentation that must be kept on file. These apply to ALL Programs.

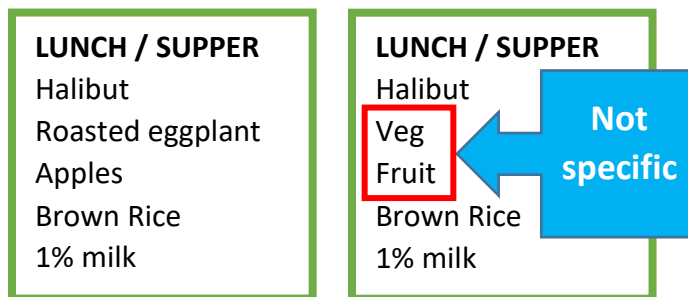
## Menus

The following must be documented on menus:

**MILK:** Type of milk for each age group served. This includes listing the fat content (e.g. whole, low-fat or 1%, and fat-free or skim) **and** if the milk is flavored.

*Examples: Whole milk is served to children age 1  
1% milk is served to children ages 2 and older  
Chocolate fat-free milk is served to children ages 6 and older*

**FRUITS AND VEGETABLES:** The specific fruit and/or vegetable(s) served at each meal and snack must be recorded on menus filed with the claim.



## GRAINS:

- Whole Grain or Whole Grain-Rich Items:** Must be identified.

Write next to the grain item:

- Whole grain OR WG
- Whole grain-rich OR WGR
- Whole wheat OR WW
- Grains like quinoa, brown rice, oatmeal, etc. do not need to be identified as WG or WGR

- Cereals:** The specific name of cereal(s) must be written. *Note: A cereal that is at or below sugar requirements may not necessarily be a Whole Grain or Whole Grain-Rich Item, but still may be served as the grain item*

**LUNCH**  
Parmesan chicken  
WG Noodles  
Roasted Carrot Coins  
Blueberries  
1% milk

**BREAKFAST**  
WG Cheerios  
Raspberries  
1% milk

## Documentation

---

The following must be kept on file for the actual items served:

### Whole Grain-Rich (WGR) Items:

1. Product package of item that includes the term **Whole Wheat**:
  - Only **bread, rolls and buns** labeled “whole wheat”, “entire wheat” or “graham” on the package are 100% whole wheat and WGR
  - Only the following **pasta** labeled “whole wheat” on the package are 100% whole wheat and WGR: Macaroni, macaroni product, spaghetti, vermicelliFor other items labeled as “whole wheat” such as crackers, tortillas, bagels, and biscuits use another method to determine if they are WGR.
2. Product package of item found on any State agency’s **WIC-approved** whole grain food list
3. Product package of item that includes one of the following **FDA health claims**:
  - “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
  - “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.”
4. Product package with **ingredient list** that shows the food meets the **Rule of Three**
  - A) The first ingredient (or second after water) is whole grain, AND
  - B) The next two grain ingredients (if any) are whole grains, enriched grains, bran, or germ
    - Non-creditable grains or flours cannot be one of the first 3 grain ingredients
    - Grain derivatives must be ignored and not included in the Rule of Three
    - Any ingredients that are labeled as “2% or less” are considered insignificant and may be disregarded
5. Child Nutrition (CN Label), Product Formulation Statement from the manufacturer or a recipe that demonstrates that the item is WGR
  - a. Recipe must include all ingredients and identifies grain ingredient amounts by weight or volume
6. Documentation from the School Food Authority demonstrating the product meets the WGR criteria in the **National School Lunch Program** (this may include a CN label or product formulation statement, ingredient list, etc.)

**Cereal and Yogurt (for sugar amounts) and Tofu:** Keep actual package, picture, or a copy of the product package including the name of item and Nutrition Facts Label

**Store-bought Combination Food Items (ex. pizza, chicken nuggets):** Child Nutrition (CN) label or product formulation statement from manufacturer to credit meal components to the meal pattern

## Financial Recordkeeping

---

**Non-creditable foods are unallowable costs.** They cannot be included in your CACFP food costs, even when served as an extra with a reimbursable meal/snack. Examples include:

- Grain-based desserts (ex. Toaster pastries, granola bars, cookies)
- Cereals and yogurt above sugar limit
- Combination food items (ex. pizza, chicken nuggets) not supported with a CN label or production formulation statement
- Other non-creditable food items (ex. Ice cream, gelatin, pudding, popcorn, bacon, potato chips, etc.)

A participant requests a meal modification that is different from what is on the menu (e.g. eliminate or substitute a food or beverage item)

Does the participant have a disability (physical or mental impairment) that restricts the diet?

This includes participants who may have a disability but have not yet provided a medical statement.  
If you do not know, work with the family to determine if the participant has a disability that restricts the diet.

Yes

No

Did the participant's family provide a **medical statement** signed by a registered dietitian or state licensed healthcare professional authorized to write medical prescriptions (Physician, Physician Assistant, Nurse Practitioner with APNP certificate, Dentist, Optometrist, Podiatrist) that indicates:

1. Description of impairment (reason for request)
2. How to accommodate the impairment (e.g. food(s) to be avoided and recommended substitution(s))

Your program is not required to make meal modification(s)

- Optional meal accommodations for participants without disabilities must comply with the CACFP meal pattern requirements
- Families can provide one creditable component of a meal/snack
- Optional modifications must be supported with a statement completed and signed by the family or a medical professional. The statement must identify the non-disability special dietary need, foods not to be served, and allowable substitutions.

Yes

No

Your program is **required** to make meal modifications

Your program is **required** to make meal modifications and must work with the **participant's** family to obtain a complete medical statement

### When the medical statement for a disability is missing information:

- Do not deny/delay a requested meal modification because the medical statement does not provide sufficient information
- If the medical statement is unclear or lacks sufficient detail, you must obtain appropriate clarification so the participant receives safe meals
- Work with the participant's family to obtain an amended medical statement
- While obtaining additional information, you should follow the portion of the medical statement that is clear to the greatest extent possible



## Special Dietary Needs and the CACFP

This handout provides an overview of requirements related to accommodating disability and non-disability special dietary needs requests in the CACFP. For more detailed information, see [Guidance Memorandum 12: Special Dietary Needs](#) (Family Daycare Home Sponsors see [Guidance Memorandum L: Special Dietary Needs](#)).

### What is a disability?

Physical or mental impairment that substantially limits one or more major life activities (includes eating, breathing, digestive and respiratory functions, etc.). Most physical and mental impairments will constitute a disability; it does not need to be life threatening. For example, digestion impaired by lactose intolerance is a disability regardless of whether consuming milk causes severe distress.

### What is a non-disability?

Eating certain foods or eliminating foods from the diet due to a general health concern and/or personal preference. For example, requesting that a participant does not drink cow's milk because of a preference, such as being vegetarian or because of religious preferences, not because the participant has lactose intolerance.

## Disability Accommodation Requests

These are requests made because a participant has a physical or mental impairment that substantially limits one or more major life activities that affects their ability to eat food(s) on the regular menu. These requests must be supported by a valid medical statement for a disability when accommodations do not meet CACFP meal pattern requirements.

### What is a Valid Medical Statement for a Disability?

A valid written medical statement for a disability must include the following information:

1. Description of the participant's physical or mental impairment that is sufficient to allow the Program operator to understand how it restricts the participant's diet.
2. What must be done to accommodate the impairment (e.g. identify food(s) to be avoided and recommended substitution(s)). *Seek clarification if statement is unclear or lacks sufficient detail so a proper and safe meal can be provided.*

The statement must be completed and signed by a State licensed healthcare professional authorized to write medical prescriptions (in Wisconsin these are physician, physician assistant, nurse practitioner with an APNP certificate, dentist, optometrist, podiatrist) or a registered dietitian.

Examples of an acceptable and not acceptable medical statement for a disability:

- Acceptable: Cal is lactose intolerant and cannot drink milk. Serve almond milk instead. *Signed by Dr. Dan Physician.*
- Not acceptable: Serve Sam almond milk. *Signed by Dr. Dan Physician.*

## Meal Accommodations for Disability Requests

When a valid medical statement is provided programs must offer reasonable modifications that effectively accommodate the participant's disability and provide equal opportunity to participate in CACFP. Families cannot be asked to provide the accommodations.

- Accommodations must be made on a case-by-case basis and must be related to the disability or limitation caused by the disability. A program is not required to provide the exact modification requested, however, must work with the family to determine a reasonable modification that effectively accommodates the disability. For example, a program is not required to provide a particular brand name of an item but must offer a substitute that does not contain the specific allergen. A disability may require modifications to more than one meal component.
- Modifications may or may not meet CACFP meal pattern requirements. Meals are reimbursable, even when the CACFP meal pattern is not met.

When a valid medical statement is not provided, programs may choose to accommodate requests related to a disability if the requested modifications can be made while meeting CACFP meal pattern requirements. Such meals are reimbursable.





## Special Dietary Needs and the CACFP

### Not a Disability (Non-disability special dietary need request)

These are requests made for personal preferences and generally include eating certain foods or eliminating foods from the diet due to religion, ethnic background, lifestyle preference, such as eating organic or vegetarian, and general health beliefs, or when a request is not supported by a valid written medical statement. These requests must be supported by a written statement.

### What is a Valid Written Statement for a Non-Disability Request?

A valid written statement for a non-disability must include the following information:

- Description of the participant's non-disability dietary need / reason for the request.
- What must be done to accommodate the non-disability request, i.e., food(s) to be omitted and allowed substitutions.
- A statement that the family chooses to provide food items (if applicable).

The statement may be completed and signed by a family member (if written statement from the family), healthcare provider (ex. registered nurse, chiropractor), state licensed healthcare professional authorized to write medical prescriptions (physician, physician assistant, nurse practitioner with an APNP certificate, dentist, optometrist, podiatrist) or registered dietitian.

Acceptable documentation includes:

- Written statement from family.
- Information completed on the *DCF Health History and Emergency Care Plan*.
- Medical statement from a healthcare provider (registered nurse or chiropractor).
- Medical statement from a state licensed health care professional authorized to write medical prescriptions (physician, physician assistant, nurse practitioner with an APNP certificate, dentist, optometrist, podiatrist) or registered dietitian that specifies a family's dietary preference, not a disability (e.g., statement indicates participant may drink rice milk per parent lifestyle choice).

### Meal Accommodations for Non-Disability Requests

Programs are not required but may choose to accommodate non-disability requests. Families can be asked to provide meal substitutions. Certain criteria must be met for meals served for non-disability requests to be reimbursable.

Meal served for non-disability requests are reimbursable (can be claimed by the program) when:

- Meal/snack includes all required components and all food items served are creditable to the CACFP meal pattern.
- The program provides all meal components or all but one component (family may provide one meal component and the food item must be creditable).

In many cases, programs can easily accommodate non-disability requests with a well-planned menu offering a variety of foods. For example, offer one type of creditable soymilk to accommodate all participants requesting a non-dairy beverage. Or, to accommodate vegetarian participants serve creditable meat alternates such as soy yogurt, nut/seed butters, beans, peas, and lentils, or tofu on a regular schedule.

Meal served for non-disability requests are NOT reimbursable (cannot be claimed by the program) when:

- Meal/snack does not include all required components.
- One or more food items served are not creditable to the CACFP meal pattern.
- The family provides more than component or a non-creditable food item.

---

### Special Dietary Needs Tracking Form

All programs (except School Food Authorities operating the At-Risk Afterschool Program) must complete the Special Dietary Needs Tracking Form for each participant served menu substitutions. This is required to:

- Document accommodations made to meals.
- Demonstrate the program is offering participants with disabilities a modification that effectively accommodates the disability.
- Ensure substitutions for non-disability special dietary requests meet meal pattern requirements.



## Special Dietary Needs and the CACFP

### Designate Responsible Staff

- ☐ Designate staff responsible for managing all special dietary needs. This point person will ensure:
  - ☐ Valid documentation is on file for participants with disabilities and participants' needs are met.
  - ☐ Meals/snacks for non-disability special dietary needs meet CACFP meal pattern requirements.
  - ☐ Only creditable meals/snacks for non-disability special dietary needs are claimed for reimbursement.

### Obtain Appropriate Documentation

- ☐ Special Dietary Needs Tracking Form complete for **each participant** with a disability or non-disability special dietary need request.
- ☐ Disability: Written medical statement for physical or mental impairment that substantially limits one or more major life activities. Must be signed by a State licensed healthcare professional authorized to write medical prescriptions (physician, physician assistant, nurse practitioner with APNP credentials, dentist, optometrist, podiatrist) or a registered dietitian.
- ☐ Non-disability special dietary need: Written statement from family, DCF *Health History and Emergency Care Plan* form, statement from a health care provider, or statement from a licensed health care professional authorized to write medical prescriptions or registered dietitian that specifies a family's dietary preference, not a disability.

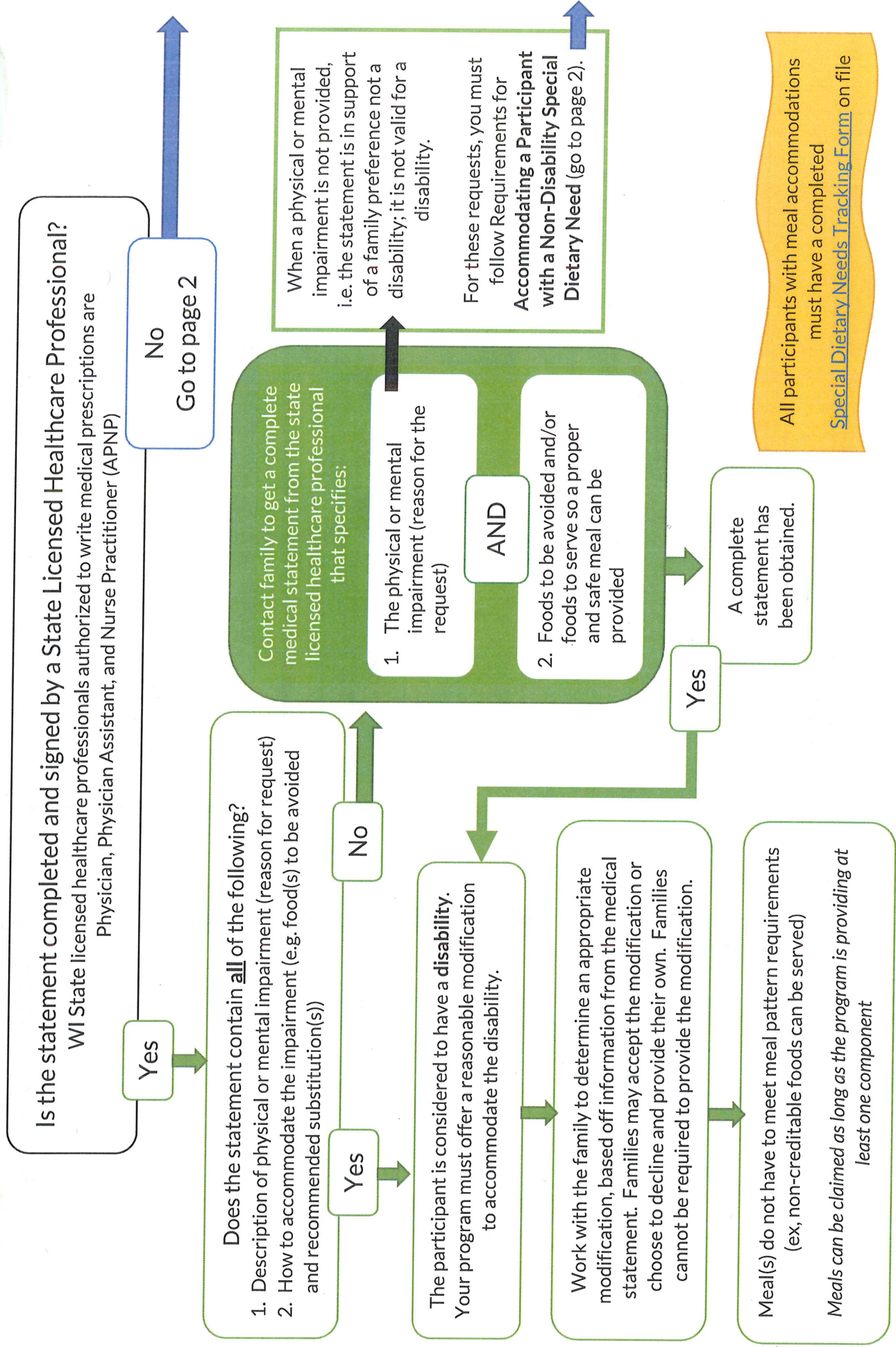
### Train Staff on Accommodating Disabilities

- ☐ Participants with a disability must be accommodated. It is vital to follow the directive of a written medical statement to ensure the safety of a participant.
- ☐ Kitchen staff must know how to properly manage special dietary needs and make substitutions (ex. know appropriate food substitutions, reading labels for food allergens).
- ☐ Classroom staff must inform the designated responsible staff for managing special dietary needs when a family brings in a food/beverage to the classroom for a special dietary need so the request can be handled appropriately.
- ☐ Staff completing meal counts must know that **meals/snacks CANNOT be claimed** when:
  - ☐ A participant is served a meal or snack that does not meet meal pattern requirements unless the participant is being accommodated for a disability that is supported with a written medical statement.
  - ☐ A participant is served non-creditable food item(s) provided by the program or the family to accommodate a non-disability special dietary need. For example, a non-creditable beverage or a non-creditable meatless substitute.
  - ☐ A participant is served two or more components supplied by the family to accommodate a non-disability special dietary need. For example, the grain and meat/meat alternate components.

### Menu Evaluation

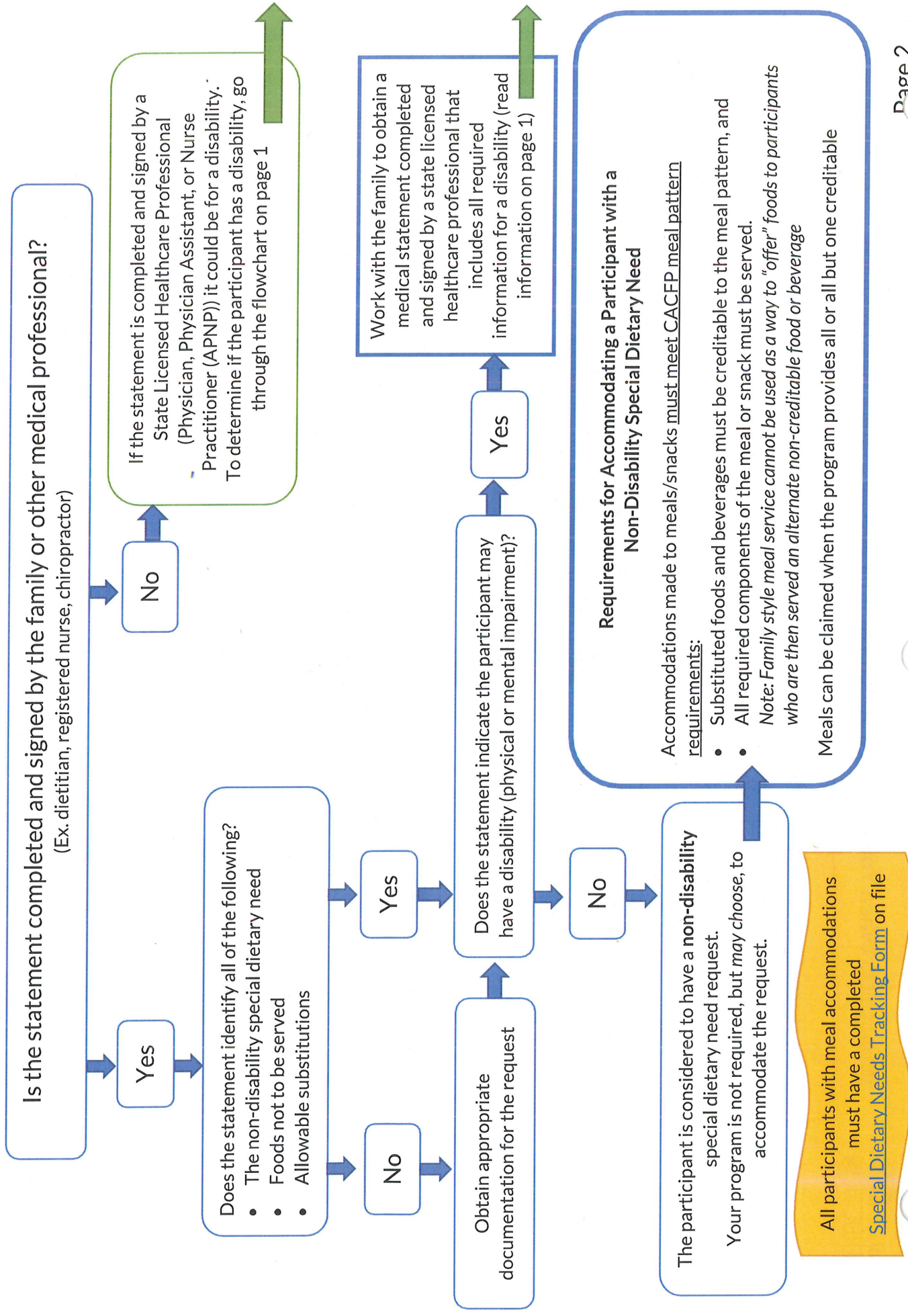
- ☐ Review menus and determine if your program will design a meal plan within the CACFP meal pattern to accommodate common disabilities or other non-disability requests. Examples:
  - ☐ Offer lactose-free milk to accommodate participants with lactose intolerance
  - ☐ Offer a creditable non-dairy beverage nutritionally equivalent to cow's milk
  - ☐ Offer a daily vegetarian option

## What to Do When You Receive a Statement for a Special Dietary Need Request





## What to Do When You Receive a Statement for a Special Dietary Need Request





# Diet/ Medical Statement for Children with Special Dietary Needs

## What is a Disability?

Physical or mental impairment that substantially limits one or more major life activities (includes eating, breathing, digestive and respiratory functions, etc.). Most physical and mental impairments will constitute a disability, it does not need to be life threatening. Ex. Digestion is impaired by lactose intolerance, whether or not consuming milk causes severe distress.

### PART 1: GENERAL INFORMATION

First and Last Name

Date of Birth

Name of Center/Care Provider

Name of Parent/Guardian

Telephone Number

### PART 2: ACCOMMODATIONS

1. How does the participant's physical or mental impairment restrict their diet?

2. What food(s)/type(s) of food must be omitted? Please be specific.

3. List foods to be substituted. (Avoid specific brand names, if possible).

4. Additional comments (i.e., other specified accommodations needed).

Texture Modification (Complete if needed)

☐ Pureed

☐ Ground

☐ Bite-Size Pieces

☐ Other (specify):

### PART 3: SIGNATURE

State Licensed Healthcare Professional's Name

Title:

☐ Physician

☐ Physician Assistant

☐ Optometrist

☐ Podiatrist

☐ Nurse Practitioner (APNP)

☐ Dentist

Signature of State Licensed Healthcare Professional

Date Signed

Medical Office Name and Address

Phone Number

## PARTICIPANTS WITH DISABILITIES AND SPECIAL DIETARY RESTRICTIONS

### Wisconsin Department of Public Instruction

#### **A. Rehabilitation Act of 1973 and the Americans with Disabilities Act**

Under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act Amendments Act (ADAAA) of 2008, “a person with a disability” means any person who has a physical or mental impairment which substantially limits one or more major life activities or major bodily functions, has a record of such an impairment, or is regarded as having such an impairment.

Major life activities 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. A major life activity also includes 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.

Section 504 of the Rehabilitation Act of 1973, as amended (Section 504) prohibits discrimination on the basis of a disability in programs and activities that receive Federal financial assistance, such as the Child Nutrition Programs. Title II of the Americans with Disabilities Act of 1990 (ADA), as amended, prohibits discrimination based on a disability in the provision of State and local government services, such as public schools. Title III of the ADA prohibits discrimination based on a disability by private entities that provide public accommodations, including child care centers, emergency shelters, and day care homes. The ADA applies regardless of whether or not a Program operator receives Federal financial assistance. Section 504, Title II, and Title III require covered entities, such as CACFP institutions and facilities, to make reasonable modifications to accommodate participants with disabilities, including reasonable modifications to meals and the meal service.

Please refer to these Acts for more information at <https://www.eeoc.gov/statutes/rehabilitation-act-1973> and <http://www.eeoc.gov/laws/statutes/adaaa.cfm>, respectively.

#### **B. Individuals with Disabilities Education Act**

Preschool children, infants, and toddlers with disabilities have additional rights under the Individuals with Disabilities Education Act (IDEA). Under section 619 of the IDEA, preschool children with disabilities are entitled to a free and appropriate public education through special education and related services that comply with the child’s individualized education program. Under Part C of the IDEA, appropriate early intervention services are made available to all eligible infants and toddlers ages 1 through 2 years old with disabilities and their families through an individualized family service plan.

#### **C. Medical Statement for Participants with Disabilities**

Federal law and U.S. Department of Agriculture (USDA) regulations 7 CFR Part 15b require CACFP operators to make substitutions to meals, at no extra charge, for participants with a disability that restrict their diet on a case-by-case basis and only when requests are supported by a written statement from a State licensed healthcare professional who is authorized to write medical prescriptions under State law or a registered dietitian.

The written statement must identify:

- an explanation of how the participant’s physical or mental impairment restricts the diet
- the food(s) to be avoided
- the food(s) that must be substituted

The second page of this document (“Medical Statement”) may be used to obtain the required information from the state licensed healthcare professional.

The following are State licensed healthcare professionals authorized to write medical prescriptions in Wisconsin: physician, dentist, optometrist, podiatrist, physician assistant, and nurse practitioner with an APNP certificate/credential. If the documentation to support a dietary accommodation has not been signed by one of these State licensed healthcare professionals or a registered dietitian, the program is not required to accommodate the request.



# Special Dietary Needs Tracking Form

**CACFP program staff complete this form**

CACFP staff must complete this form for each participant served menu substitutions. This form and applicable documentation, as specified, must be kept on file.

**Section I: Disability (below)** - Complete when a participant has an impairment that restricts eating and/or feeding and a valid medical statement signed by a State licensed healthcare professional (physician, physician assistant, nurse practitioner (APNP), dentist, optometrist, podiatrist) is on file.

**Section II: Non-disability special dietary need (back of page)** - Complete when:

- Participant's family requests meal substitutions for reasons not due to a disability
- A medical statement not valid for a disability is provided. Examples:
  - Statement from a non-licensed health care professional (e.g., registered nurse, dietitian, or chiropractor)
  - Statement from a licensed health care professional that specifies a family's dietary preference, not a disability (e.g., statement indicates participant may drink rice milk per parent)

**Participant's Name** \_\_\_\_\_ **Date form completed** \_\_\_\_\_

## Section I: Disability

*Complete this entire page. Check off boxes when action is completed.*

- ☐ Participant has a physical or mental impairment that substantially limits one or more major life activities
  - ✓ Major life activities include eating, breathing, digestive, and respiratory functions, etc. Impairment does not need to be life threatening; ex. lactose intolerance is a physical impairment of the digestive function
- ☐ Attached is a valid written medical statement which includes:
  - ✓ Description of impairment (reason for request)
  - ✓ How to accommodate the impairment (e.g., food(s) to be avoided and recommended substitution(s))
  - ✓ Signature from state licensed healthcare professional (physician, physician assistant, nurse practitioner (APNP), dentist, optometrist, podiatrist)

## ACCOMMODATION(S)

The program must offer reasonable modification(s) as specified on the medical statement.

- ☐ List substitution(s)/modification(s) **offered by the program:** \_\_\_\_\_
- ☐ **Choose One.** Family of participant:
  - ☐ Accepts program's accommodation(s)
  - ☐ Declines program's accommodation(s) and chooses to provide:

## CLAIMING MEALS

Claim meals when the program:

- ✓ Has made reasonable modification(s) according to the medical statement
- ✓ Provides modification(s) or family chooses to provide modification(s). The program must provide at least one component.

Do not claim meals when:

- ✓ Family chooses to provide all foods (the program is not providing any components)

☐ **Check meal(s) that can be claimed:** ☐ Breakfast ☐ Lunch/Supper ☐ Snacks

## COMMUNICATION WITH STAFF

- ☐ Discuss participant's meal modifications with staff, including when meals can and cannot be claimed.  
**Record date discussed with staff:**

## Section II: Non-disability special dietary need (SDN) request

Complete this entire page. Check off boxes when action is completed.

- ☐ Participant has a non-disability request (check all that apply):
- ☐ Religious ☐ Ethnic ☐ Lifestyle preference (circle: vegetarian, organic) ☐ Other: \_\_\_\_\_
- ☐ Attached is a written statement from the family, DCF Health History form, or medical statement not valid for a disability that:
- ✓ Identifies the non-disability request, including foods not to be served and allowable substitutions
  - ✓ Includes a statement that the family chooses to provide foods (if applicable)

### MEAL SUBSTITUTION(S)

- ☐ List specific food item(s) the program chooses to substitute:
- ✓ Meals and food substitutions must meet meal pattern requirements. If a meal or food substitution does not meet meal pattern requirements, **do not claim** that meal/snack
1. \_\_\_\_\_ CACFP creditable: ☐ Yes ☐ No
2. \_\_\_\_\_ CACFP creditable: ☐ Yes ☐ No
3. \_\_\_\_\_ CACFP creditable: ☐ Yes ☐ No
- ☐ List specific food item(s) provided by the family:
- ✓ A family may choose to provide one creditable component of a meal or snack
  - ✓ Programs must ensure that food provided by the family is creditable
  - ✓ If the family provides more than one component or a food substitution that is not creditable, **do not claim** that meal/snack
1. \_\_\_\_\_ CACFP creditable: ☐ Yes ☐ No
2. \_\_\_\_\_ CACFP creditable: ☐ Yes ☐ No
3. \_\_\_\_\_ CACFP creditable: ☐ Yes ☐ No

**A common non-disability request is to serve a non-creditable beverage in place of cow's milk.** These include non-dairy beverages not nutritionally equivalent to cow's milk such as almond, cashew, coconut, hemp, oat, rice, and some soy milks; 2% milk; and water. **When one of these beverages is served in place of cow's milk, meals/snacks cannot be claimed.**

**Meatless substitutes** made from alternate protein and/or textured vegetable protein ingredients may only credit to the CACFP meal pattern with a Child Nutrition (CN) Label or Product Formulation Statement (PFS)

### CLAIMING MEALS

Claim meals when:

- ✓ Substituted foods and beverages are creditable to the meal pattern
- ✓ All required meal/snack components are provided
- ✓ Family provides **no more than one creditable** component at a meal/snack

Do not claim meals when:

- ✓ Family provides **more than one component**
- ✓ Non-creditable food(s) or beverage(s) are served (this includes program-provided and family-provided)

☐ Check meal(s) that can be claimed: ☐ Breakfast ☐ Lunch/Supper ☐ Snacks

### COMMUNICATION WITH STAFF

- ☐ Discuss participant's meal modifications with staff, including when meals can and cannot be claimed.  
**Record date discussed with staff:**





## Creditable Non-Dairy Beverages (Fluid Milk Substitute)

Non-dairy beverages nutritionally equivalent to cow's milk are creditable in the CACFP and may be served in place of cow's milk.

### Nutrient Requirements

A creditable non-dairy beverage meets or exceeds the nutritional standards of cow's milk which are listed in the table on the right.

Creditable non-dairy beverages are not required to be low-fat or fat-free. When served to children 1-5 years old, they must be unflavored.

Beverages that do not meet or exceed the nutritional standards of cow's milk cannot be served as a creditable fluid milk substitute unless a valid medical statement for a disability is on file. Beverages that do not meet nutritional standards include almond, cashew, coconut, hemp, oat, and rice milk, water, juice, sports and electrolyte drinks, and nutritional supplement drinks, etc.

| Nutrient     | Requirement per cup (8 fluid oz.) |
|--------------|-----------------------------------|
| Protein      | 8 grams                           |
| Calcium      | 276 mg                            |
| Vitamin A    | 150 mcg                           |
| Vitamin D    | 2.5 mcg                           |
| Magnesium    | 24 mg                             |
| Phosphorus   | 222 mg                            |
| Potassium    | 349 mg                            |
| Riboflavin   | 0.44 mg                           |
| Vitamin B-12 | 1.1mcg                            |

### Fluid Milk Substitution for Non-Disability Reasons

A creditable non-dairy beverage may be served in place of milk for non-disability reasons such as dietary, religious, cultural, or ethical preferences. A written request for a creditable non-dairy beverage, including the reason for the substitution, must be submitted by the parent, guardian, adult participant, or person on behalf of the adult participant. A medical statement is not required. Program operators are encouraged but not obligated to meet requests that are not related to a disability.

### Fluid Milk Substitution for Disability Reasons

Program operators are required to provide fluid milk substitutions requested due to a disability. When the requested milk substitute is not creditable (i.e., does not meet the nutritional standards of cow milk) a medical statement signed by a state licensed healthcare professional authorized to write medical prescriptions or registered dietitian must be on file for the Program to receive reimbursement for meals. The medical statement must provide information about the participant's disability, foods/beverages to be omitted, and recommended alternatives.

### List of Creditable Non-Dairy Beverages

Products listed on the next two pages have been evaluated by the Wisconsin Department of Public Instruction (DPI) Bureau of Community Nutrition and meet or exceed nutritional standards as of 1/16/2026. Products are not endorsed by DPI.

If serving a product that is not listed, programs are responsible for ensuring that it meets or exceeds nutritional standards by comparing the nutrients listed on the Nutrition Facts label to the nutrient standards above. When the amounts of all nutrients are the same or more, the beverage is creditable.

## Creditable Non-Dairy Beverages

### Unflavored Options

*May be served to all age groups.*



**8<sup>th</sup> Continent**  
Original Soymilk  
64 fl. oz



**Bettergoods**  
Original Soymilk  
64 fl. oz



**Kikkoman**  
Pearl Organic Soymilk  
Smart Original  
8 fl. oz



**Pacific**  
Ultra Soy Original  
32 fl. oz

**Soy-free**



**Ripple**  
Original  
8 fl. oz. shelf-stable  
32 fl. oz. shelf-stable

**Soy-free**



**Ripple**  
Unsweetened Original  
32 fl. oz. shelf-stable

**Soy-free**



**Ripple Kids**  
Original  
8 fl. oz. shelf-stable  
32 fl. oz. shelf-stable  
48 fl. oz. refrigerated

**Soy-free**



**Ripple Kids**  
Unsweetened Original  
8 fl. oz. shelf-stable  
32 fl. oz. shelf-stable  
48 fl. oz. refrigerated



**Silk**  
Original Soymilk  
32 fl. oz. shelf-stable  
64 fl. oz.

**Soy-free**



**Silk**  
Kids Oatmilk Blend  
59 fl. oz.



**WEST LIFE**  
Organic Soymilk Plain  
32 fl. oz.



**Your Good Foods**  
Organic Soy  
Unsweetened  
32 fl. oz.

## Creditable Non-Dairy Beverages

### Flavored Options

*May be served to participants ages 6 and older.*

|                                                                                                                                                                                                          |                                                                                                                                                                               |                                                                                                                                                                          |                                                                                                                                                                        |                                                                                                                                                                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  <p><b>8<sup>th</sup> Continent</b><br/>Vanilla Soy milk<br/>64 fl. oz</p>                                              |  <p><b>Kikkoman</b><br/>Pearl Organic<br/>Soy milk Smart<br/>Creamy Vanilla<br/>8 fl. oz</p> |  <p><b>Kikkoman</b><br/>Pearl Organic<br/>Soy milk Smart<br/>Chocolate<br/>8 fl. oz</p> | <p><i>Soy-free</i></p>  <p><b>Ripple</b><br/>Vanilla<br/>8 fl. oz. shelf-stable</p> | <p><i>Soy-free</i></p>  <p><b>Ripple</b><br/>Chocolate<br/>8 fl. oz. shelf-stable<br/>32 fl. oz. shelf-stable</p> |
| <p><i>Soy-free</i></p>  <p><b>Ripple Kids</b><br/>Chocolate<br/>8 fl. oz. shelf-stable<br/>48 fl. oz. refrigerated</p> |  <p><b>Silk</b><br/>Chocolate Soy milk<br/>8 fl. oz.</p>                                    |  <p><b>Silk</b><br/>Very Vanilla<br/>Soy milk<br/>8 fl. oz.</p>                        |  <p><b>Silk</b><br/>Vanilla Soy milk<br/>64 fl. oz.</p>                            |  <p><b>WEST LIFE</b><br/>Organic Soy milk<br/>Vanilla<br/>32 fl. oz.</p>                                         |

### Resource

[USDA Policy Memo CACFP 01-2025 Nutrient Requirements for Fluid Milk and Fluid Milk Substitutions in the CACFP, Questions and Answers](#)



# Crediting foods in the Child and Adult Care Food Program (CACFP)

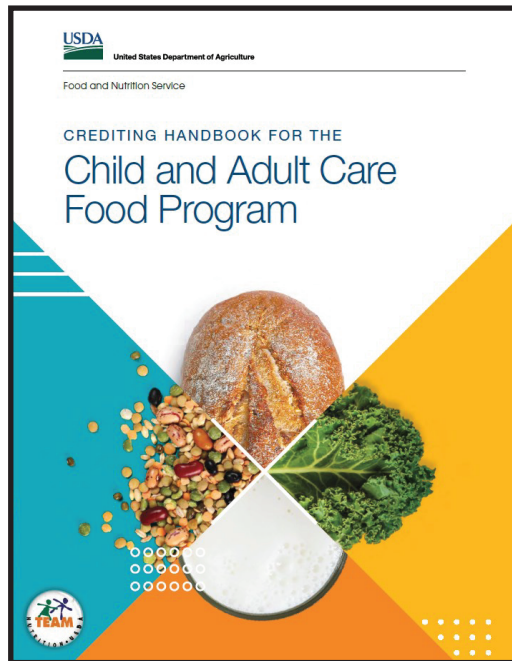
Determine if a food item is creditable in the CACFP by using these resources

\*Crediting Handbook for the Child and Adult Care Food Program

\*Grains Chart

\*Horizons Handbook

\*Contact Horizons @ 920 462 4805 or [horizonsfoodprogram1991@gmail.com](mailto:horizonsfoodprogram1991@gmail.com)



| CACFP Grains Chart                                                                                                                                                                                                                                                                                                |                                            |                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|------------------------------------------|
| The chart below is a guide for commonly served grain items. The amount listed under each age group must be served to meet the ounce equivalent (or eq) grain requirement. Amounts are based on the weight of the grain item in grams (g). The required serving sizes are for breakfast, lunch, supper, and snack. |                                            |                                          |
|                                                                                                                                                                                                                                                                                                                   | 1-5 year old                               | 6-18 year old                            |
| Grain Item and Size                                                                                                                                                                                                                                                                                               | Serve at least 1/2 oz eq which is about... | Serve at least 1 oz eq which is about... |
| Bagel (~ 4" diameter)                                                                                                                                                                                                                                                                                             | 1/4 bagel or 14 g                          | 1/2 bagel or 28 g                        |
| Bagel Mini                                                                                                                                                                                                                                                                                                        | 1/2 bagel or 14 g                          | 1 bagel or 28 g                          |
| Biscuit (~ 2 1/2" diameter)                                                                                                                                                                                                                                                                                       | 1/2 biscuit or 14 g                        | 1 biscuit or 28 g                        |
| Bread                                                                                                                                                                                                                                                                                                             | 1/2 slice or 14 g                          | 1 slice or 28 g                          |
| Bread Stick, Hard (~ 7 1/2")                                                                                                                                                                                                                                                                                      | 2 sticks or 14 g                           | 3 sticks or 28 g                         |
| Buns, Hamburger, Hot Dog                                                                                                                                                                                                                                                                                          | 1/2 bun or 14 g                            | 1 bun or 28 g                            |
| Cereal, Ready-to-eat (dry, cold) Flakes or Rounds                                                                                                                                                                                                                                                                 | 1/2 cup or 14 g                            | 1 cup or 28 g                            |
| Cereal, Ready-to-eat (dry, cold) Puffed cereal                                                                                                                                                                                                                                                                    | 2/4 cup or 14 g                            | 1 1/4 cup or 28 g                        |
| Cereal, Ready-to-eat (dry, cold) Granola                                                                                                                                                                                                                                                                          | 1/8 cup or 14 g                            | 1/4 cup or 28 g                          |
| Cornbread (2" x 2 1/2")                                                                                                                                                                                                                                                                                           | 1/2 piece or 17 g                          | 1 piece or 34 g                          |
| Corn Muffin                                                                                                                                                                                                                                                                                                       | 1/2 muffin or 17 g                         | 1 muffin or 34 g                         |
| Cracker, Animal (~ 1 1/2" x 1")                                                                                                                                                                                                                                                                                   | 8 crackers (1/4 cup) or 14 g               | 15 crackers (1/2 cup) or 28 g            |
| Cracker, Bear-shaped, Sweet (~ 1" x 1")                                                                                                                                                                                                                                                                           | 12 crackers (1/4 cup) or 14 g              | 24 crackers (1/2 cup) or 28 g            |
| Cracker, Cheese, Square, Savory (~ 1" x 1")                                                                                                                                                                                                                                                                       | 10 crackers or 11 g                        | 20 crackers or 22 g                      |
| Cracker, Fish-shaped or Similar, Savory (~ 1 1/2" x 1 1/2")                                                                                                                                                                                                                                                       | 21 crackers (1/4 cup) or 11 g              | 41 crackers (1/2 cup) or 22 g            |
| Cracker, Graham (~ 2 1/2" x 5" full sheet)                                                                                                                                                                                                                                                                        | 1 full sheet or 14 g                       | 2 full sheets or 28 grams                |
| Cracker, Oyster                                                                                                                                                                                                                                                                                                   | 27 crackers (1/4 cup) or 11 g              | 54 crackers (1/2 cup) or 22 g            |
| Cracker, Round, Savory (1 1/2" across)                                                                                                                                                                                                                                                                            | 4 crackers or 11 g                         | 7 crackers or 22 g                       |
| Cracker, Saltine (2" x 2")                                                                                                                                                                                                                                                                                        | 4 crackers or 11 g                         | 8 crackers or 22 g                       |
| Cracker, Thin Wheat Square, Savory (1 1/2" x 1 1/2")                                                                                                                                                                                                                                                              | 6 crackers or 11 g                         | 12 crackers or 22 g                      |
| Cracker, Woven Whole Wheat (1 1/2" x 1 1/2")                                                                                                                                                                                                                                                                      | 8 crackers or 11 g                         | 5 crackers or 22 g                       |
| Cracker, Zwieback                                                                                                                                                                                                                                                                                                 | 2 crackers or 11 g                         | 3 crackers or 22 g                       |
| Croissant                                                                                                                                                                                                                                                                                                         | 1/2 croissant or 17 g                      | 1 croissant or 34 g                      |
| English Muffin (top and bottom)                                                                                                                                                                                                                                                                                   | 1/4 muffin or 14 g                         | 1/2 muffin or 28 g                       |
| French Toast                                                                                                                                                                                                                                                                                                      | 1/2 slice or 35 g                          | 1 slice or 69 g                          |
| French Toast Stick                                                                                                                                                                                                                                                                                                | 2 sticks or 35 g                           | 4 sticks or 69 g                         |
| Grains (barley, bulgur, quinoa, etc.)                                                                                                                                                                                                                                                                             | 1/4 cup cooked or 14 g dry                 | 1/2 cup cooked or 28 g dry               |
| Grits                                                                                                                                                                                                                                                                                                             | 1/4 cup cooked or 14 g dry                 | 1/2 cup cooked or 28 g dry               |

Rev. 4/2021



All meals claimed for reimbursement must meet the CACFP Meal Pattern regulations. This includes serving foods that are creditable, meeting the meal pattern components and minimum serving sizes.

# Expanding Fluid Milk Options



USDA released a final rule that allows whole and reduced-fat (2%) milk to be offered to participants ages two and up in the CACFP, National School Lunch Program (NSLP), School Breakfast Program (SBP), and Special Milk Program (SMP). The rule also extends these fluid milk options to NSLP afterschool snack and the preschool meal pattern for NSLP and SBP.

The new milk options for each age group are as follows:

- Fluid milk served to children 1 year old must be unflavored whole milk;
- Fluid milk served to children 2 through 5 years old may be unflavored whole, reduced-fat, low-fat, or fat-free milk; and
- Fluid milk served to children 6 years and older and adult participants may be unflavored or flavored, whole, reduced-fat, low-fat, or fat-free milk.

This rule **does not require** CACFP operators to offer whole and reduced-fat milk but **allows operators the flexibility** to offer these types of milk to participants two and up if it makes sense for their program. **The rule will be effective June 8, 2026.**

USDA is also accepting comments on the final rule until June 8, 2026. USDA will consider stakeholder comments when considering any future guidance or rulemaking on the expansion of fluid milk options.

|              | Current Regulations                               | New Regulations                                                       |
|--------------|---------------------------------------------------|-----------------------------------------------------------------------|
| 12-25 months | Unflavored whole milk                             | Unflavored whole milk                                                 |
| 2-5 years    | Unflavored low-fat, or fat-free milk              | Unflavored whole, reduced-fat, low-fat, or fat-free milk              |
| 6-18 years   | Unflavored or flavored, low-fat, or fat-free milk | Unflavored or flavored, whole, reduced-fat, low-fat, or fat-free milk |
| Adults       | Unflavored or flavored, low-fat, or fat-free milk | Unflavored or flavored, whole, reduced-fat, low-fat, or fat-free milk |





# CREDITABLE AND NON-CREDITABLE FOODS GUIDE

1-18 Year Olds and  
Adult Participants in Adult Daycare Centers

This guide provides information about the CACFP meal components and includes lists of foods that are creditable and non-creditable to each component. To go to a specific meal component's page, click the link in the "Meal Components" table at the bottom of this page.

## Creditable Foods

Creditable foods are foods that may be counted toward meeting CACFP meal pattern requirements for a reimbursable meal or snack. Foods listed in this guide do not include all creditable foods. Contact your assigned [Consultant](#) with questions regarding specific foods or required quantities.

## Non-Creditable Foods

Non-creditable foods are foods that may not be counted toward meeting CACFP meal pattern requirements. However, they may be served as extra foods. Foods listed in this guide do not include all non-creditable foods. Contact your assigned [Consultant](#) with questions regarding specific foods.

For a CACFP meal to be reimbursable, the minimum required amount of each meal component must be served, and foods served must be creditable.

Refer to [CACFP Meal Pattern for 1-18 Year Olds](#) or [CACFP Adult Meal Pattern](#) for serving sizes.

Foods must be of an appropriate size and texture for participants' eating abilities.

Food must not be used as a punishment or reward.

Some brand names are included on lists in this guide; however, this does not imply product endorsement.

Refer to the [Menu Checklist](#) for information on CACFP meal pattern and menu documentation requirements.

CLICK ON NAME OF MEAL COMPONENT  
BELOW TO GO TO THE COMPONENT'S PAGE

[Milk](#)

[Meats/Meat Alternates](#)

[Vegetables](#)

[Fruits](#)

[Grains](#)



# Milk



| Meal                     | Milk Requirements                                                                                                                                              |
|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Breakfast, Lunch, Supper | Must be served<br><i>Optional at supper for adult day care centers only</i>                                                                                    |
| Snacks                   | May be served as one of the two components <ul style="list-style-type: none"> <li>If served at snack, juice cannot be served as the other component</li> </ul> |

Must be pasteurized and meet Grade A standards. All milk must contain vitamins A and D.

Cannot be served to infants (<12 months of age).

Must be served as a beverage, poured over cereal, or a combination of both.

Not creditable when used in cooking (i.e., cooked cereals, soups, pudding, etc.).

Fluid milk substitutes nutritionally equivalent to cow's milk can be served ([Creditable Non-Dairy Beverages](#)).

Fluid milk substitutes not nutritionally equivalent to cow's milk (ex. oat milk, almond milk) can only be served to accommodate a disability when a valid medical statement is on file.

| Age                                    | Required Milk Types                                                                                                            |
|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| 1 year                                 | Unflavored whole milk                                                                                                          |
| 2 - 5 years                            | Unflavored fat-free (skim) or low-fat (1%) milk                                                                                |
| 6 - 18 years                           | Unflavored or flavored fat-free (skim) or low-fat (1%) milk                                                                    |
| Adult Participants<br>(Adult Day Care) | Unflavored or flavored fat-free (skim) or low-fat (1%) milk<br>6 oz. yogurt may substitute for 8 oz. milk for one meal per day |

## Creditable Milk

- |                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>A2 milk</li> <li>Acidified milk (acidophilus)</li> <li>Breastmilk, no upper age limit</li> <li>Buttermilk</li> <li>Cow's milk</li> <li>Cultured milk or kefir</li> <li>Goat's milk, if pasteurized and meets state and local standards</li> </ul> | <ul style="list-style-type: none"> <li>Lactose-free milk</li> <li>Lactose-reduced milk</li> <li>Non-dairy beverage nutritionally equivalent to cow's milk (see <a href="#">Creditable Non-Dairy Beverages</a>)</li> <li>Smoothies, when containing milk in required amounts</li> <li>Ultra High Temperature (UHT) shelf stable cow's milk, skim or 1%</li> </ul> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## Non-Creditable Milk

- |                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>2% (reduced-fat) milk</li> <li>Almond beverage/milk</li> <li>Cashew beverage/milk</li> <li>Cheese (creditable as meat alternate)</li> <li>Coconut milk</li> <li>Cream, Half and half</li> <li>Cream cheese</li> <li>Cream soup/sauces</li> <li>Custard</li> <li>Dry milk</li> <li>Eggnog</li> <li>Evaporated milk</li> <li>Frozen yogurt</li> </ul> | <ul style="list-style-type: none"> <li>Ice cream, Ice milk</li> <li>Imitation milk</li> <li>Oat beverage/milk</li> <li>Powdered milk</li> <li>Pudding</li> <li>Raw milk</li> <li>Rice beverage/milk</li> <li>Reconstituted dry milk</li> <li>Sherbet or sorbet</li> <li>Sour cream</li> <li>Soy beverage/milk not nutritionally equivalent to cow's milk</li> <li>Sweetened condensed milk</li> <li>Yogurt (creditable as meat alternate)</li> </ul> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|



# Meats/Meat Alternates (M/MA)



| Meal             | M/MA Requirements                                                   |
|------------------|---------------------------------------------------------------------|
| Breakfast        | May be served in place of the grain component up to three days/week |
| Lunch and Supper | Must be served                                                      |
| Snacks           | May be one of the two components                                    |

**Yogurt (regular and soy)** must contain **no more than 12 grams of added sugars per 6 ounces**.

- Use the Nutrition Facts Label and [Yogurt Added Sugar Limits](#) guide to determine if a yogurt is creditable.

**Cheese:** Refer to [Creditable and Non-Creditable Cheeses](#).

**Beans, peas, and lentils** can be served as the meat alternates or vegetables component. One type of beans, peas or lentils may not be served as both a meat alternate and vegetable in the same meal. However, if serving two different types of beans, peas, or lentils one may credit as a meat alternate and the other as a vegetable.

**Pasta made of 100% bean/legume flour(s)** may credit as the meat alternates or vegetables component, but not both in the same meal. 1/2 cup cooked pasta credits as 2 oz equivalent m/ma. To credit as the meat alternate, it must be served with another 0.25 oz equivalent visible meat or meat alternate.

**Local Foods:** For information on wild and domesticated game animals and birds: [Local Meats, Poultry, and Eggs](#).

## Creditable Meats/Meat Alternates

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• Beans, peas, and lentils (pinto, kidney, black, lentils, split peas, garbanzo beans (chickpeas), soybeans (canned or dry)</li> <li>• Canadian bacon and ham</li> <li>• Cheese, natural or processed; Cheese spread; Cheese food; Ricotta</li> <li>• Combination foods (ex. chicken nuggets, fish sticks) with CN label or PFS (see page 4)</li> <li>• Cottage cheese</li> <li>• Crab meat</li> <li>• Eggs, whole only – fresh, frozen, dried or liquid (must be federally inspected)</li> <li>• Fish, cooked (cod, tilapia, salmon, haddock, walleye, perch, tuna, mahi mahi, and mackerel)</li> <li>• Lean meat (beef)</li> <li>• Liver, kidney, tripe</li> <li>• Nuts and nut butters (peanuts, tree nuts)</li> </ul> | <ul style="list-style-type: none"> <li>• Pasta made of 100% bean/legume flour(s)</li> <li>• Poultry</li> <li>• Processed meats/meat alternates with CN label or PFS (see page 4)</li> <li>• Sausage (labeled “fresh pork sausage” or “fresh Italian sausage”)</li> <li>• Seeds and seed butters</li> <li>• Shellfish, cooked (shrimp, crab)</li> <li>• Soup, bean or split pea (½ cup = 1 oz. meat)</li> <li>• Soy nuts and soy nut butter</li> <li>• Soy products or alternate protein products with CN label or PFS (see page 4)</li> <li>• Surimi seafood, imitation crab and shellfish</li> <li>• Tahini (credited as a seed butter)</li> <li>• Tempeh</li> <li>• Tofu (see page 4 for more information)</li> <li>• Yogurt (dairy or soy) – commercial only</li> </ul> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## Non-Creditable Meat/Meat Alternates

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• Bacon, bacon-bits, imitation bacon products</li> <li>• Beans and peas (green beans, string beans, green peas, snap peas) – these are a vegetable</li> <li>• Canned cheese sauce</li> <li>• Cheese, powdered (ex. mac and cheese, boxed)</li> <li>• Cheese product (Velveeta)</li> <li>• Coconut</li> <li>• Cream cheese</li> <li>• Egg substitutes, and yolks only or whites only</li> <li>• Fish, home caught or home pickled</li> <li>• Ham hocks, pigs’ feet, neck bones, tail bones</li> <li>• Home canned meats, home slaughtered meat</li> <li>• Imitation cheese</li> <li>• Imitation seafood</li> </ul> | <ul style="list-style-type: none"> <li>• Nut butter spreads</li> <li>• Nutella</li> <li>• Potted, pressed, or deviled canned meat (e.g., Spam)</li> <li>• Raw fish, sushi (raw seafood and sashimi)</li> <li>• Seitan</li> <li>• Soup, commercial canned- except bean or split pea (i.e., chicken noodle)</li> <li>• Tofu in drinks, such as smoothies, or other dishes to add texture, such as in baked desserts</li> <li>• Velveeta™</li> <li>• Yogurt above sugar limits</li> <li>• Yogurt products (frozen yogurt, drinkable yogurt, yogurt bars, yogurt-covered fruit or nuts)</li> </ul> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

# Meats/Meat Alternates (M/MA)

## Tofu

Must be commercially prepared firm, extra firm, soft, or silken.

2.2 oz. (1/4 cup) of tofu containing at least 5 grams of protein = 1.0 oz. meat alternate

Use the Nutrition Facts Label and the calculation below to determine if tofu is creditable:

Protein (g) ÷ Serving Size (oz.) or (g) = 2.27 ounces or more OR 0.08 grams or more



## Processed Food Items

Processed food items are commercially purchased combination foods, processed meats/meat alternates, and other foods like smoothies, pasta salad containing vegetables, and other items that do not have a standard of identify, contain two or more meal components, and/or contain non-creditable ingredients.

Processed food items are **ONLY** creditable with a CN Label or PFS.\*

See common items in the table below. *This is not all-inclusive list of foods that require a CN Label or PFS.*

|                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>Breaded items (e.g., chicken nuggets, fish sticks)</li> <li>Burritos</li> <li>Canned pasta w/ meat</li> <li>Corndogs</li> <li>Dried and semi-dried meat, poultry, and seafood snacks, shelf-stable, such as jerky or summer sausage</li> <li>Egg rolls</li> <li>Falafel</li> <li>Frozen Entrees</li> <li>Kielbasa</li> <li>Lasagna</li> </ul> | <ul style="list-style-type: none"> <li>Liverwurst</li> <li>Macaroni and cheese</li> <li>Meat loaf</li> <li>Meat sauce</li> <li>Meat analogs (breakfast links, textured vegetable protein crumbles, veggie burgers)</li> <li>Meat/poultry sticks (not dried/semi-dried)</li> <li>Meatballs</li> <li>Pasta salad containing meat, vegetables</li> <li>Pepperoni</li> </ul> | <ul style="list-style-type: none"> <li>Pizza</li> <li>Plant based meat alternate food items</li> <li>Polish sausage</li> <li>Pot pie</li> <li>Quiche</li> <li>Ravioli</li> <li>Salami</li> <li>Salisbury Steak</li> <li>Sausage not labeled "fresh pork sausage" / "fresh Italian sausage"</li> <li>Smoothies</li> <li>Soups</li> <li>Soy cheese</li> </ul> | <ul style="list-style-type: none"> <li>Soy products (soy sausage, veggie burgers)</li> <li>Spaghetti with meat sauce</li> <li>Stews</li> <li>Tempeh with other ingredients (i.e., brown rice, sunflower seeds, sesame seeds, flax seed, and/or vegetables)</li> <li>Tofu products (links, sausages)</li> <li>Turkey bacon</li> </ul> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Processed meats/meat alternates in the table to the right do not require a CN Label or PFS when ingredients are 100% creditable meat ingredients (may contain salt and seasoning). However, if these items contain binders/extenders, fillers, byproducts, or cereals (see below) they are not 100% meat and require a CN label or PFS.\*

- Beef patties
- Cooked sausage, includes hot dogs, frankfurters, wieners, franks, furters, Vienna, bologna, garlic bologna, knockwurst, and similar cooked sausages (may or may not be smoked, cured or uncured)

### Binders/Extenders

- |                                                                                                                                                                                                                |                                                                                                                                                                                            |                                                                                                                                                                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>Carrageenan</li> <li>Cellulose</li> <li>Gelatin</li> <li>Hydrolyzed oat flour</li> <li>Hydrolyzed milk protein</li> <li>Modified food &amp; vegetable starch</li> </ul> | <ul style="list-style-type: none"> <li>Nonfat dry milk</li> <li>Plant proteins</li> <li>Soy flour</li> <li>Soy protein isolate</li> <li>Soy protein concentrate</li> <li>Starch</li> </ul> | <ul style="list-style-type: none"> <li>Starchy vegetable flour</li> <li>Texturized vegetable protein (TVP)</li> <li>Wheat gluten</li> <li>Whey</li> <li>Whey protein concentrate</li> </ul> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

### Byproducts

- Glands
- Hearts
- Other organ meats

### Fillers

- Breadcrumbs
- Cereals
- Vegetables

### Cereals

- Barley
- Corn
- Oats
- Rice
- Wheat

### \*Child Nutrition (CN) Label or Product Formulation Statement (PFS)

A CN label or PFS provides information on how an item contributes to the meal pattern requirements. A CN Label/PFS must be obtained prior to purchasing and serving/claiming the item. It must be used to determine how much to prepare and serve. Refer to the [Crediting Documentation for Processed Foods](#) for information. If a CN label/PFS cannot be obtained, the item cannot be served as part of a reimbursable meal.

# Vegetables



| Meal                    | Vegetable Requirements                                                                                                                                       |
|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Breakfast</b>        | A vegetable or fruit or portions of each must be served                                                                                                      |
| <b>Lunch and Supper</b> | Must be served, and a second, different vegetable may be served in place of the fruit component                                                              |
| <b>Snacks</b>           | May be served as one of the two required components <ul style="list-style-type: none"> <li>If juice is served, milk cannot be the other component</li> </ul> |

Combinations such as mixed vegetables, peas and carrots, stew vegetables, and casserole vegetables credit as one vegetable when the amount of each vegetable in a serving is not known.

When serving a second vegetable in place of the fruit component, the two vegetables must be different; i.e., do not serve French fries and roasted sweet potatoes because these are both potatoes. Similarly, do not serve a spinach salad and a mixed greens salad because these are both leafy greens.

**Juice** can only be served once per day across all meals and snacks, even when served to different groups.

**Smoothies:** Pureed vegetables served in a smoothie are considered juice. This counts as serving juice once per day. For more information, refer to: [Smoothies in CACFP](#).

**Cooked, dry beans and peas** can be served as either the vegetable or meat alternate component. One type of beans or peas may not be served as both a meat alternate and vegetable in the same meal. If serving two different types of beans or peas, one may credit as a meat alternate and the other as a vegetable.

Vegetables in mixed dishes must contain at least 1/8 cup of visible vegetable per serving to be creditable.

For a list of vegetables by subgroup, refer to [Vegetable Subgroups](#).

Commercially purchased foods that contain vegetables like coleslaw, potato salad, pasta salad with vegetables, and other items that do not have a standard of identify, contain two or more meal components, and/or contain non-creditable ingredients are **ONLY** creditable with a CN Label or PFS. See box at the bottom of page 4 for more information.

## Creditable Vegetables

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• Avocado</li> <li>• Cooked, beans and peas (pinto, kidney, black, lentils, split peas, garbanzo beans (chickpeas) (canned/dry)</li> <li>• Dehydrated vegetables (measure when rehydrated)</li> <li>• Hominy (canned, drained or cooked, whole)</li> <li>• Juice, 100% full strength (tomato, vegetable blend)</li> <li>• Leafy greens, raw (lettuce, kale, mustard greens) (1 cup = ½ cup vegetable)</li> <li>• Mixed vegetables (credits as one vegetable)</li> <li>• Pasta, made with 100% vegetables, legumes, or vegetable or legume flour</li> <li>• Pizza sauce</li> <li>• Potatoes, Potato skins</li> </ul> | <ul style="list-style-type: none"> <li>• Salsa, all vegetable including spices</li> <li>• Smoothies, vegetable (puree = juice)</li> <li>• Soup, canned, condensed, or ready-to-serve (minestrone, tomato, tomato with rice and vegetable, and vegetable with meat/poultry (1 c = ¼ c vegetable)</li> <li>• Soup, commercial bean or pea (½ c = ¼ c vegetable)</li> <li>• Soy beans, fresh (edamame) and roasted (soy nuts)</li> <li>• Spaghetti sauce</li> <li>• Tomato paste (1 T = ¼ cup vegetable)</li> <li>• Tomato puree (2 T = ¼ cup vegetable)</li> <li>• Tomato sauce (4 T or ¼ cup = ¼ cup vegetable)</li> <li>• Vegetables, fresh, frozen, canned, or dried</li> </ul> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## Non-Creditable Vegetables

- |                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• Chili sauce</li> <li>• Corn chips (credit as grain if whole grain/enriched)</li> <li>• Grain-based pasta products with small amounts of vegetable powder (e.g., spinach, tomato)</li> <li>• Home canned vegetables</li> <li>• Ketchup, condiments and seasonings</li> </ul> | <ul style="list-style-type: none"> <li>• Pickle relish</li> <li>• Potato chips, potato sticks</li> <li>• Raw sprouts</li> <li>• Tomato-based sauce on canned pasta and commercial pizza</li> <li>• Veggie straws, chips or sticks</li> </ul> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

# Fruits



| Meal                    | Fruit Requirements                                                                                                                                           |
|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Breakfast</b>        | A fruit or vegetable or portions of each must be served                                                                                                      |
| <b>Lunch and Supper</b> | Must be served; however, a second, different vegetable may be served in place of the fruit component                                                         |
| <b>Snacks</b>           | May be served as one of the two required components <ul style="list-style-type: none"> <li>If juice is served, milk cannot be the other component</li> </ul> |

**Juice** can only be served once per day across all meals and snacks, even when served to different groups.

**Smoothies:** Pureed fruits served in a smoothie are considered juice. This counts as serving juice once per day. For more information, refer to: [Smoothies in CACFP](#).

Fruits in mixed dishes must contain at least 1/8 cup of visible fruit per serving to be creditable.

Commercially purchased foods that contain fruit like smoothies, cranberry sauce, and other items that do not have a standard of identify, contain two or more meal components, and/or contain non-creditable ingredients are **ONLY** creditable with a CN Label or PFS. See box at the bottom of page 4 for more information.

## Creditable Fruit

- Apple cider, must be 100% juice & pasteurized
- Berries, all varieties
- Cherimoya (custard apple)
- Coconut, fresh, frozen or dried
- Coconut water, labeled 100% juice
- Cranberry sauce made with whole cranberries (not jellied)
- Dried fruit (e.g., apricots, cherries, dates, figs, prunes, raisins, cranberries, coconut) (1/4 cup dried fruit = 1/2 cup fruit)
- Durian
- Feijoa (pineapple guava or guavasteen)
- Frozen juice bars or popsicles made with 100% fruit and/or juice

- Fruit, fresh, frozen, canned, or dried (all varieties)
- Fruit cocktail, credits as one fruit
- Fruit puree, 100% fruit
- Fruit sauce, homemade
- Fruit in gelatin or pudding (only the fruit credits)
- Jackfruit (jack tree, jackfruit)
- Juice, 100% full strength
- Juice blends, 100% full strength
- Juice concentrates, reconstituted to = 100% juice
- Kumquat
- Lychee (litchi)
- Quince
- Rhubarb
- Smoothies (fruit puree = juice)



## Non-Creditable Fruit

- 'Ade' drinks (e.g., Lemonade)
- Coconut flour and coconut oil
- Cranberry Juice Cocktail
- Fig bars
- Frozen fruit-flavored bars (less than 100% juice)
- Fruit butters (e.g., Apple Butter)
- Fruit chips, commercial (banana, apple, pear)
- Fruit-flavored syrup or powder
- Fruit in quick breads, muffins
- Fruit in commercial fruited yogurt
- Fruit snacks (leather, rollups, shapes, strips, drops, or other fruit snack type products)
- Fruit-flavored water
- Gelatin, Jell-O™

- Gummy fruit candy
- Home canned fruits
- Honey, syrup
- Ice cream, fruit-flavored
- Jam, jelly, preserves
- Juice cocktails (less than 100% juice)
- Juice or fruit drinks (less than 100% juice)
- Kool-Aid
- Lemon pie filling
- Popsicles (less than 100% juice)
- Pudding with fruit, commercial
- Punch (less than 100% juice)
- Sherbet, sorbet, commercial

# Grains



| Meal             | Grain Requirements                                                                                                                                                      |
|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Breakfast        | Must be served <ul style="list-style-type: none"><li>A meat/meat alternate may be served at breakfast, in place of the grain component, up to three days/week</li></ul> |
| Lunch and Supper | Must be served                                                                                                                                                          |
| Snacks           | May be served as one of the two components                                                                                                                              |

Grains must list whole grain/flour, enriched grain/flour, bran, or germ as the 1st ingredient (or 2nd after water).

Grain-based desserts (GBD) are not creditable and cannot be served to meet the grains component at any meal or snack. This includes whole grain-rich and homemade items. For more information see [Is it a Grain-Based Dessert?](#) handout. See next page for a list of GBD.

Commercially purchased foods that contain grains like pizza, breaded chicken nuggets, pasta salad with vegetables or meats/meat alternates, and other items that do not have a standard of identify, contain two or more meal components, and/or contain non-creditable ingredients are ONLY creditable with a CN Label or PFS. See box at the bottom of page 4 for more information.

## Whole Grain-Rich (WGR)

At least one serving of grains per day must be whole grain-rich (WGR). WGR foods contain at least 50% whole grains, and the rest of the grain ingredients are enriched, bran, or germ.



If your program:

- Claims more than one meal/snack: you may choose the meal to serve the WGR item
- Only claims snack: if one of the two components served is a grain item, it must be WGR
- Only claims one meal: a grain is required to be served and must be WGR. If breakfast is the only meal, then a WGR item does not need to be served when a meat/meat alternate is served in place of the grain (allowed up to 3 times/week)

### Identifying WGR

- To determine if a grain product is WGR, use the [Whole Grain-Rich Flow Chart](#).
- Corn products, such as tortillas and tortilla chips: See [CACFP Training Spotlight: Tortilla Chips and Corn Chips](#) to determine if product is WGR.

## Breakfast Cereals (ready-to-eat, instant, and hot cereals)

Cereals must be whole grain, enriched, or fortified. A cereal is whole grain-rich when the first grain ingredient is a whole grain and the cereal is fortified.



Breakfast cereals must contain **no more than 6 grams of added sugars per dry ounce**

- Use a cereal's Nutrition Facts label and charts in the [Cereal Added Sugar Limits](#) handout to determine if a cereal meets this requirement and can be served.
- Cereals on any state's WIC list meet this requirement and can be served. See [Cereal Added Sugar Limits](#) for a list of WI WIC cereals.
- Cereals that meet sugar limits cannot be mixed with cereals that are above sugar limits

Cereals are categorized as flakes, rounds, puffed, or granola. For information on cereals in these categories and amounts to serve of each type, see the [Cereal Types](#) handout:

- [Cereal Types](#)
- [Cereal Types – ADC](#)

# Grains

## How Much to Serve?

For serving sizes of common creditable grain items, see the CACFP Grains Chart:

- [CACFP Grains Chart](#) OR [CACFP Grains Chart - ADC](#)



## Creditable Grains

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• Bagels</li> <li>• Biscotti, savory</li> <li>• Biscuits</li> <li>• Bread</li> <li>• Bread sticks, hard or soft</li> <li>• Bread stuffing</li> <li>• Buns</li> <li>• Cereal, dry or cooked</li> <li>• Chips, grain-based (when first ingredient is whole or enriched grain/flour) (Sun Chips, tortilla chips)</li> <li>• Corn masa, masa harina</li> <li>• Cornbread, corn muffins, corn pone</li> <li>• Couscous</li> <li>• Crackers, sweet or savory (animal, fish-shaped or similar, graham, oyster, saltine, zwieback)</li> <li>• Crepes</li> <li>• Croissants</li> <li>• Crusts or puff pastry of main dish pie or quiche</li> <li>• Dumplings</li> <li>• Egg roll skins, won ton wrappers</li> <li>• English muffins</li> <li>• Fry bread (cannot deep-fry onsite)</li> <li>• Grains (e.g., barley, bulgur, millet, rye, wheat)</li> </ul> | <ul style="list-style-type: none"> <li>• Grits, cooked, dry (hominy)</li> <li>• Kasha (toasted buckwheat groats)</li> <li>• Melba Toast</li> <li>• Muffins</li> <li>• Oats, oatmeal (rolled oats, steel cut, quick-cooking, instant, old fashioned)</li> <li>• Pancakes</li> <li>• Pasta (all shapes - macaroni, spaghetti, etc.)</li> <li>• Pita bread or round</li> <li>• Pizza crust</li> <li>• Polenta</li> <li>• Popcorn</li> <li>• Pretzels, soft and hard</li> <li>• Quick breads (banana, carrot, pumpkin, zucchini)</li> <li>• Quinoa</li> <li>• Rice (brown, enriched white, wild)</li> <li>• Rice cakes</li> <li>• Rolls (dinner, white, whole wheat, potato)</li> <li>• Scones, savory</li> <li>• Spoon bread</li> <li>• Taco, tostada or tortilla shells</li> <li>• Tortillas (corn or wheat)</li> <li>• Waffles</li> </ul> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## Non-Creditable Grains

|                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• When first ingredient, or second after water, is not whole or enriched grain/flour, bran, or germ</li> <li>• When sugar is listed before first grain on ingredient list</li> <li>• Cereals that are not whole grain, enriched, or fortified</li> <li>• Cereals above added sugar limits</li> <li>• Chips, grain-based, when not whole grain or enriched</li> <li>• Nut, legume (bean), or seed flour</li> </ul> | <ul style="list-style-type: none"> <li>• Potatoes (creditable as vegetable, not grain)</li> <li>• Potato chips, potato sticks</li> <li>• Tapioca</li> <li>• Tortilla chips when first ingredient, or second after water, is not a whole or enriched grain</li> <li>• Veggie straws, chips, or sticks, when first ingredient is not a whole or enriched grain</li> </ul> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## Non-Creditable ~ Grain-Based Desserts (GBD)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• Biscotti, sweet with fruits, chocolate, icing</li> <li>• Bread/breadstick with sweet filling (such as pie filling)</li> <li>• Bread pudding</li> <li>• Brownies</li> <li>• Cakes (coffee cake, pound cake, cupcakes)</li> <li>• Caramel popcorn and kettle corn</li> <li>• Cereal bars, breakfast bars, marshmallow cereal treats</li> <li>• Churros</li> <li>• Cinnamon rolls</li> <li>• Cookies</li> <li>• Croissants, sweet (e.g., chocolate-filled)</li> <li>• Crusts of dessert pies, cobblers, and fruit turnovers</li> <li>• Danish pastries (Danishes), sweet pastries</li> </ul> | <ul style="list-style-type: none"> <li>• Doughnuts</li> <li>• Fig or fruit bars/rolls/cookies</li> <li>• Gingerbread</li> <li>• Granola bars, grain-fruit bars</li> <li>• Ice cream cones</li> <li>• Pita chips, sweet (e.g., cinnamon-sugar flavored)</li> <li>• Puppy chow</li> <li>• Rice pudding</li> <li>• Scones, sweet with fruits, chocolate, icing</li> <li>• Sopapillas</li> <li>• Sweet rolls/buns</li> <li>• Toaster pastries (Pop-tarts®)</li> <li>• Vanilla wafers</li> </ul> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|



## SERVING MILK

This handout provides information on serving milk to help programs ensure the correct type and minimum required amount of milk is served to each participant.

### Minimum Serving Sizes

The table below lists the CACFP meal pattern minimum required serving sizes for milk. This amount must be served to each participant at breakfast, lunch, and supper, and at snack when milk is served as one of the two components.

| Age Group                                      | Breakfast    | Lunch/Supper | Snack        |
|------------------------------------------------|--------------|--------------|--------------|
| 1-2 years                                      | ½ cup (4 oz) | ½ cup (4 oz) | ½ cup (4 oz) |
| 3-5 years                                      | ¾ cup (6 oz) | ¾ cup (6 oz) | ½ cup (4 oz) |
| 6-18 years                                     | 1 cup (8 oz) | 1 cup (8 oz) | 1 cup (8 oz) |
| Adult Participants<br>(Adult Day Care (ADC)) * | 1 cup (8 oz) | 1 cup (8 oz) | 1 cup (8 oz) |



\* ADC participants only: Milk is optional at supper. Yogurt may be served in place of milk once per day.

### Creditable Milk and Required Milk Types

Creditable milk includes regular cow's milk, lactose-reduced, lactose-free, acidified, cultured, cultured buttermilk and goat's milk. Milk must be pasteurized and meet state or local standards. Breastmilk is creditable at any age.

The table below lists the required fat content of milk that must be served to different age groups, and if milk can be flavored.



| Age Group                              | Required                                                                                                                                              |
|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 year                                 | Unflavored whole milk<br><i>(Iron-fortified infant formula may be served to children ages 12-13 months to help with the transition to whole milk)</i> |
| 2-5 years                              | Unflavored fat-free (skim) or low-fat (1% milk)                                                                                                       |
| 6-18 years                             | Unflavored or flavored fat-free (skim) or low-fat (1% milk)                                                                                           |
| Adult Participants<br>(Adult Day Care) | Unflavored or flavored fat-free (skim) or low-fat (1% milk)                                                                                           |

A [creditable non-dairy beverage](#) may be served in place of milk at any time. Non-creditable non-dairy beverages (ex. oat, rice, and almond milk) cannot be served in place of milk unless a valid medical statement for a disability is on file.



## Serving Milk at Meals and Snacks

**Family Style Dining:** When milk is served family style (pitchers of milk are passed around the table and participants serve themselves), enough milk must be put in each pitcher to provide the minimum serving size for each participant seated at the table. Participants determine how much milk they want to take, however, should be encouraged to take the minimum serving size.



**Pre-plated meal service:** When staff pour milk for participants, the minimum serving size must be poured into each cup.



**Tip:** Pour the required serving size (ex. 4 oz) into a measuring cup and then pour into the serving cup. Mark where the amount is on the cup. Use as a guide when pouring milk for participants.



8 oz. cup

6 ounces

4 ounces

## Using the Correct Cup Size

With both meal service methods used (i.e., pre-plated and family style dining), programs must use a cup large enough to hold the minimum serving size of milk required for each age group. When choosing cup sizes to use, keep in mind that it is not feasible to pour an amount of milk into a cup of the same size (ex. 6 ounces of milk into a 6 oz cup).

### Recommended Cup Sizes

- **6 oz. cup:** When serving  $\frac{1}{2}$  cup (4 oz) milk
- **8 oz. cup:** When serving  $\frac{1}{2}$  cup (4 oz) and  $\frac{3}{4}$  cup (6 oz) milk
- **10 and 12 oz. cup:** When serving 1 cup (8 oz) milk



### Small Cups (Do Not Use)

Cup sizes too small to hold the required serving amount must not be used. For example, a 3 oz. cup is not large enough to hold any required amount of milk. A 5 oz. cup can only hold  $\frac{1}{2}$  cup (4 oz.) of milk if it is filled to almost the top of the cup, which may be difficult for younger participants to manage. Last, as previously stated, it is not feasible to pour an amount of milk into a cup of the same size; therefore a 6 oz. cup, for example, must not be used when the serving size is  $\frac{3}{4}$  cup (6 oz.).





# Yogurt Added Sugar Limits

**Yogurt** served in the CACFP must contain **no more than 12 grams of added sugar per 6 ounces.**

Use a yogurt's Nutrition Facts label and the charts below to determine if the yogurt meets this requirement and can be served.



**Use the Nutrition Facts label and charts to find yogurt that meets CACFP added sugar limits:**

1. On the Nutrition Facts label to find the **Serving Size**, in ounces (oz) or grams (g).
2. Find the **Added Sugars** line. Look at the number of grams (g) next to Added Sugars.
3. In the tables below, under the "Serving Size" column(s), find the serving size identified in Step 1. Then, look at the number of grams in the "Added Sugar Limit" column for that serving size. This is the allowable amount of sugar in grams (g) for that serving size. **If the yogurt has that amount of added sugar, or less, the yogurt meets the added sugar limit and can be served in the CACFP.**

| Nutrition Facts                |                       |
|--------------------------------|-----------------------|
| About 5 servings per container |                       |
| <b>Serving size</b>            | <b>3/4 cup (170g)</b> |
| <b>Amount per serving</b>      |                       |
| <b>Calories</b>                | <b>130</b>            |
| % Daily Value*                 |                       |
| <b>Total Fat</b> 0g            | <b>0%</b>             |
| Saturated Fat 0g               | <b>0%</b>             |
| Trans Fat 0g                   |                       |
| <b>Cholesterol</b> 10mg        | <b>3%</b>             |
| <b>Sodium</b> 60mg             | <b>3%</b>             |
| <b>Total Carbohydrate</b> 17g  | <b>6%</b>             |
| Dietary Fiber 0g               | <b>0%</b>             |
| Total Sugars 16g               |                       |
| Incl. 11g Added Sugars         | <b>22%</b>            |
| <b>Protein</b> 14g             | <b>28%</b>            |

| Serving Size<br>grams (g) | Serving Size<br>ounces (oz) | Added Sugar<br>Limit |
|---------------------------|-----------------------------|----------------------|
| 28 or 35 g                | 1 or 1.25 oz                | 2 grams              |
| 43 or 50 g                | 1.5 or 1.75 oz              | 3 grams              |
| 57 or 64 g                | 2 or 2.25 oz                | 4 grams              |
| 71 or 78 g                | 2.5 or 2.75 oz              | 5 grams              |
| 85 or 92 g                | 3 or 3.25 oz                | 6 grams              |
| 99 or 106 g               | 3.5 or 3.75 oz              | 7 grams              |
| 113 or 120 g              | 4 or 4.25 oz                | 8 grams              |

| Serving Size<br>grams (g) | Serving Size<br>ounces (oz) | Added Sugar<br>Limit |
|---------------------------|-----------------------------|----------------------|
| 128 or 135 g              | 4.5 or 4.75 oz              | 9 grams              |
| 142 or 150 g              | 5 or 5.3 oz                 | 10 grams             |
| 156 or 163 g              | 5.5 or 5.75 oz              | 11 grams             |
| 170 or 177 g              | 6 or 6.25 oz                | 12 grams             |
| 184 or 191 g              | 6.5 or 6.75 oz              | 13 grams             |
| 198 or 206 g              | 7 or 7.25 oz                | 14 grams             |
| 213 or 220 g              | 7.5 or 7.75 oz              | 15 grams             |
| 221 or 227 g              | 8 oz                        | 16 grams             |

**Try It Out!** Does the yogurt above meet the added sugar limits?

The added sugar limit for 170 g of yogurt is 12 g. This yogurt has 11 g of added sugars. This is less than the limit, so this yogurt meets the added sugar limit and can be served in the CACFP.



## Yogurt That Meets Added Sugar Limits

Yogurt listed below and on the next page meet CACFP added sugar limits\*. This is not an all-inclusive list. For any yogurt not listed, check the serving size and added sugar amount on the Nutrition Facts label and compare to the charts on page 1 to see if it meets CACFP added sugar limits.

*For all yogurt served, periodically check the serving size and added sugar amounts on the Nutrition Facts label and compare to the charts on page 1. Manufacturers may change a product's formulation, and a product may no longer meet CACFP added sugar limits.*



### Plain Yogurt – Any Brand

Any brand and size of plain yogurt and plain soy yogurt meets CACFP added sugar limits.



#### Chobani Greek Yogurt Vanilla (32 oz container)

Serving Size: 170 grams  
Added Sugars: 11 grams



#### Chobani Greek Yogurt Strawberry (32 oz container)

Serving Size: 170 grams  
Added Sugars: 12 grams



#### Chobani Greek Yogurt Less Sugar Madagascar Vanilla and Cinnamon (32 oz container)

Serving Size: 170 grams  
Added Sugars: 5 grams



#### Dannon Light and Fit Greek Yogurt Vanilla (32 oz container)

Serving Size: 170 grams  
Added Sugars: 3 grams



#### Dannon Light and Fit Original Yogurt Vanilla (32 oz container)

Serving Size: 170 grams  
Added Sugars: 3 grams



#### Dannon Light and Fit Original Yogurt Strawberry (32 oz container)

Serving Size: 170 grams  
Added Sugars: 2 grams



#### Dannon LowFat Yogurt Vanilla (32 oz container)

Serving Size: 170 grams  
Added Sugars: 12 grams



#### Essential Everyday Greek Nonfat Yogurt Vanilla (32 oz container)

Serving Size: 170 grams  
Added Sugars: 10 grams



#### Essential Everyday Lowfat Blended Yogurt Vanilla (32 oz container)

Serving Size: 170 grams  
Added Sugars: 11 grams



#### Friendly Farms (Aldi) Nonfat Greek Yogurt Strawberry (32 oz container)

Serving Size: 170 grams  
Added Sugars: 10 grams

## Yogurt That Meets Added Sugar Limits

Yogurt listed below and on the previous page meet CACFP added sugar limits\*. This is not an all-inclusive list.



**Friendly Farms (Aldi)  
Nonfat Greek Yogurt Vanilla  
(32 oz container)**

Serving Size: 170 grams  
Added Sugars: 11 grams



**Great Value Light  
Greek Yogurt Vanilla  
(32 oz container)**

Serving Size: 170 grams  
Added Sugars: 1 grams



**Great Value Original  
Yogurt Strawberry Banana  
(32 oz container)**

Serving Size: 170 grams  
Added Sugars: 12 grams



**Great Value Original  
Low Fat Yogurt Peach  
(32 oz container)**

Serving Size: 170 grams  
Added Sugars: 12 grams



**Great Value Original  
Low fat Yogurt Vanilla  
(32 oz container)**

Serving Size: 170 grams  
Added Sugars: 12 grams



**The Greek Gods Yogurt  
Honey Vanilla  
(32 oz container)**

Serving Size: 170 grams  
Added Sugars: 12 grams



**The Greek Gods Nonfat  
Yogurt Vanilla  
(24 oz container)**

Serving Size: 170 grams  
Added Sugars: 11 grams



**Oikos Triple Zero Blended  
Greek Yogurt Vanilla  
(32 oz container)**

Serving Size: 170 grams  
Added Sugars: 0 grams



**Simple Truth Organic Greek  
Nonfat Yogurt Vanilla Bean  
(32 oz container)**

Serving Size: 170 grams  
Added Sugars: 12 grams



**Simple Truth Organic  
Low fat Yogurt Vanilla  
(32 oz container)**

Serving Size: 170 grams  
Added Sugars: 6 grams



**Simply Nature Organic  
Greek Whole Milk Yogurt  
Vanilla Bean (Aldi)  
(32 oz container)**

Serving Size: 170 grams  
Added Sugars: 12 grams



**Simply Nature Organic Whole  
Milk Yogurt Vanilla (Aldi)  
(32 oz container)**

Serving Size: 170 grams  
Added Sugars: 11 grams



**Stoneyfield Organics  
Probiotic WholeMilk  
Yogurt Banilla  
(32 oz container)**

Serving Size: 170 grams  
Added Sugars: 10 grams



**Stoneyfield Organics  
Probiotic WholeMilk  
Yogurt Vanilla  
(32 oz container)**

Serving Size: 170 grams  
Added Sugars: 11 grams



**Silk Vanilla Soymilk Dairy  
Free Yogurt Alternative  
(24 oz container)**

Serving Size: 170 grams  
Added Sugars: 12 grams



**Too Good & Co. Blended  
Yogurt Vanilla  
(32 oz container)**

Serving Size: 170 grams  
Added Sugars: 0 grams

# CACFP TRAINING Spotlight

DPI COMMUNITY NUTRITION

## DOCUMENTATION FOR CEREAL AND YOGURT ADDED SUGAR LIMITS

This handout provides information on the documentation required to be on file to show cereal and yogurt served meet CACFP added sugar limits.

For information on organizing documentation, refer to [Maintaining Product Labels or Other Acceptable Documentation for Certain Foods](#).

*Family day care home providers must maintain documentation for cereal and yogurt as specified by their sponsor.*

### Cereals

Cereals served in the CACFP must contain no more than 6 grams of added sugars per dry ounce. This is for ready-to-eat cereals, instant, and hot cereals.

See the [Cereal Added Sugar Limits](#) handout to determine if a cereal meets CACFP added sugar limits.

### Yogurt (Dairy and Soy)

Yogurt served in the CACFP must contain no more than 12 grams of added sugars per 6 ounces.

See the [Yogurt Added Sugar Limits](#) handout to determine if a yogurt meets CACFP added sugar limits.

To show that cereal and yogurt served meet CACFP added sugar limits, including cereals on a state agency's WIC list, keep one of the following on file:

- 1 Original product label or picture or copy of the label that includes:
  - Name and brand of the cereal or yogurt
  - Nutrition Facts
- 2 Product specification/information sheet from the manufacturer that includes:
  - Name and brand of the cereal or yogurt
  - Nutrition Facts



# Creditable and Non-Creditable Cheese

This handout provides information on creditable and non-creditable cheeses and amounts of creditable cheese that must be served to credit towards the meat/meat alternate component of the CACFP meal pattern.

## Creditable Cheese

Types of cheese in the list below are creditable and may be served as a meat/meat alternate in a CACFP meal or snack.

| Type                                                 | Examples of How Products May Be Labeled                                                         | Crediting Information                                                                                                                                                |
|------------------------------------------------------|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Natural Cheese</b>                                | American, Cheddar, Colby, Feta, Monterey Jack, Mozzarella, Muenster, Provolone, Parmesan, Swiss | 1 oz serving credits as 1 oz eq m/ma                                                                                                                                 |
| <b>Processed Cheese</b>                              | Processed American Cheese<br>Processed Cheddar Cheese                                           | 1 oz serving credits as 1 oz eq m/ma                                                                                                                                 |
| <b>Pasteurized Process Cheese</b>                    | Pasteurized Process American Cheese                                                             | 1 oz serving credits as 1 oz eq m/ma                                                                                                                                 |
| <b>Cottage Cheese</b>                                | Cottage Cheese                                                                                  | 2 oz serving (or ¼ cup) credits as 1 oz eq m/ma                                                                                                                      |
| <b>Ricotta Cheese</b>                                | Ricotta Cheese                                                                                  | 2 oz serving (or ¼ cup) credits as 1 oz eq m/ma                                                                                                                      |
| <b>Cheese Spread</b><br>(Not creditable for infants) | Cheese Spread<br>Spreadable Cheese<br>Pasteurized Process Cheese Spread                         | 2 oz serving credits as 1 oz eq m/ma                                                                                                                                 |
| <b>Cheese Food</b><br>(Not creditable for infants)   | Cheese Food<br>Pasteurized Process Cheese Food                                                  | 2 oz serving credits as 1 oz eq m/ma                                                                                                                                 |
| <b>Commercial Cheese Sauce</b>                       | Cheese Sauce (canned)<br>Cheese Sauce in box of macaroni and cheese                             | Only creditable when a <i>Child Nutrition (CN) Label</i> or <i>Product Formulation Statement (PFS)</i> is on file that specifies contribution to the m/ma component. |

## Non-Creditable Cheese

Types of cheese in the list below are not creditable and may not be served as a meat/meat alternate in a CACFP meal or snack.

| Type                                           | Examples of How Products May Be Labeled                                                                                           |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| <b>Cheese Product</b>                          | Cheese Product, Pasteurized Prepared Cheese Product                                                                               |
| <b>Imitation Cheese</b>                        | Imitation Cheese, Imitation Pasteurized Process Cheese Food                                                                       |
| <b>Cream Cheese / Neufchatel Cheese</b>        | Cream Cheese, Neufchatel Cheese, Cream Cheese Spread, Neufchatel Cheese Spread, Whipped Cream Cheese, Whipped Cream Cheese Spread |
| <b>Cheese Alternative (Plant-Based Cheese)</b> | Vegan Cheese, Soy Cheese, Dairy-Free Cheese, Cheese Alternative                                                                   |
| <b>Cheese Powder</b>                           | Powdered cheese mixes (i.e., boxed macaroni and cheese and cans of powder where liquid is added to make a sauce)                  |



# Cheese Label Examples

## Creditable Cheese



Natural Cheese



Processed Cheese



Pasteurized Process Cheese



Cottage Cheese



Ricotta Cheese



Cheese Spread (Not creditable for infants)



Cheese Food (Not creditable for infants)



Commercial Cheese Sauce  
(Only creditable with CN label/PFS)

## Non-Creditable Cheese



Cheese Product



Imitation Cheese



Cream Cheese / Neufchatel Cheese



Cheese Alternative  
(Plant-Based Cheese)



Cheese Powder

## Cheese Slices and Nut & Seed Butters

Large portions of nut/seed butters and cheese slices must be served to meet CACFP meal pattern serving size requirements for lunch and supper. This handout provides information on how much of each item to serve.

### Peanut and other Nut and Seed Butters

#### CACFP Serving Size Requirements

| Lunch and Supper<br>All five components required for a reimbursable meal |          |          |           |                                                                     |
|--------------------------------------------------------------------------|----------|----------|-----------|---------------------------------------------------------------------|
| Food Components and Food Items                                           | Ages 1-2 | Ages 3-5 | Ages 6-12 | Ages 13-18<br>(At-risk afterschool programs and emergency shelters) |
| Peanut butter, soy nut butter or other nut or seed butters               | 2 Tbsp   | 3 Tbsp   | 4 Tbsp    | 4 Tbsp                                                              |
| Bread                                                                    | ½ slice  | ½ slice  | 1 slice   | 1 slice                                                             |

The serving size requirement for peanut and other nut and seed butters is shown below:

- The top picture for each age group below shows the required number of tablespoons on the minimum serving size requirement for bread.
- The bottom picture shows the same amount on twice the amount of bread, which is more likely to be served as a sandwich.

#### 1-2 Year Olds

**Required Amounts:**  
2 Tbsp. PB (1oz m/ma)

½ slice bread  
(min amt)



1 slice bread (2 grain servings)



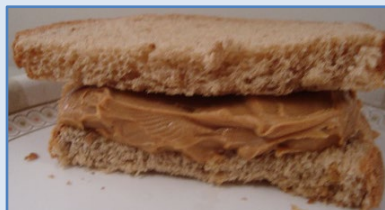
#### 3-5 Year Olds

**Required Amounts:**  
3 Tbsp. PB (1 ½ oz m/ma)

½ slice bread  
(min amt)



1 slice bread (2 grain servings)



#### 6-18 Year Olds

**Required Amounts:**  
4 Tbsp. PB (2 oz m/ma)

1 slice bread (min amt)



2 slices bread (2 grain servings)



If the above amount of peanut and other nut and seed butters is too much, serve less and serve another meat/meat alternate alongside (ex. string cheese, cottage cheese, beans or yogurt).

Peanut Butter Sandwich  
Cottage Cheese & Peaches  
Steamed Green Beans  
Milk

Peanut Butter Sandwich  
Cheese Stick  
Blueberries, Peas  
Milk

#### Menu Ideas

Peanut Butter and Banana Sandwich  
Yogurt with Raspberries  
Steamed Carrots  
Milk

Peanut Butter Sandwich  
Bean Soup  
Pineapple, Cauliflower  
Milk



## Cheese Slices and Nut & Seed Butters

### Cheese Slices

CREDITABLE: Packages labeled as Natural or Pasteurized Processed Cheese

NOT CREDITABLE: Packages labeled as Imitation or Cheese Product

Packaged cheese slices are often less than 1 oz. (28 g) each; therefore, a sandwich with one slice of cheese will not be enough to meet meal pattern requirements. Follow the steps and example below to determine how many slices to include on a sandwich.

#### Steps

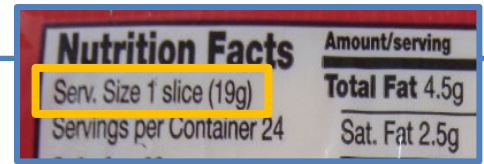
1. Use the Nutrition Facts label to find the Serving Size in grams (g) per cheese slice
2. Find the grams per slice from package in the chart below
3. Determine the # of slices to serve to each child per age group



#### Example

1. 1 slice = 19g
2. Using the chart below, 19g is between 18-21 g
3. Serve the number of slices as specified for each age group in that row (see examples in colored boxes below)

| Grams/slice from pkg | # of slices for each 1-2 y.o. | # of slices for each 3-5 y.o. | # of slices for each 6-18 y.o. |
|----------------------|-------------------------------|-------------------------------|--------------------------------|
| 18-21                | 1.5                           | 2.5                           | 3                              |
| 22-27                | 1.25                          | 2                             | 2.5                            |
| 28                   | 1                             | 1.5                           | 2                              |



- The top picture for each age group below shows the required number of cheese slices (19g) on the minimum serving size requirement for bread.
- The bottom picture shows the same number of cheese slices on twice the amount of bread, which is more likely to be served as a sandwich.

#### 1-2 Year Olds

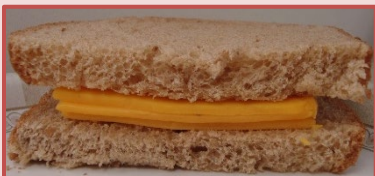
##### Required Amounts:

1.5 slices of cheese (1 oz. m/ma)

½ slice bread (min amt)



1 slice bread (2 grain servings)



#### 3-5 Year Olds

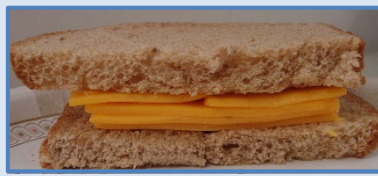
##### Required Amounts:

2.5 slices of cheese (1 ½ oz. m/ma)

½ slice bread (min amt)



1 slice bread (2 grain servings)



#### 6-18 Year Olds

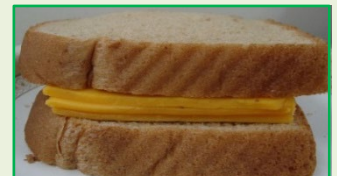
##### Required Amounts:

3 slices of cheese (2 oz. m/ma)

1 slice bread (min amt)



2 slices bread (2 grain servings)



If the above amount of cheese is too much, serve less and serve another meat/meat alternate alongside (ex. cottage cheese, beans or yogurt) or add meat such as turkey or ham to the cheese sandwich.

#### Menu Ideas

Turkey & Cheese  
Tortilla  
Red Peppers  
Kiwi  
Milk

Grilled Ham &  
Cheese Sandwich  
Cucumbers  
Watermelon  
Milk

Grilled Cheese  
Hummus  
Celery  
Orange Slices  
Milk

Cheese Sandwich  
Yogurt  
Strawberries  
Steamed Broccoli  
Milk



## CREDITING DOCUMENTATION FOR PROCESSED FOOD ITEMS

Processed food items must have a **Child Nutrition (CN) Label** or a manufacturer's **Product Formulation Statement (PFS)** to demonstrate how the item contributes to the meal pattern requirements. Documentation must be obtained from the manufacturer prior to purchasing, serving, and claiming the food item.

### What are Processed Food Items?

Processed food items are commercially purchased items, such as:

- Combination foods like pizza, chicken nuggets, ravioli, soups, and breaded fish sticks.
- Processed meats/meat alternates like Salisbury steak, meatballs, summer sausage, Polish sausage, and plant-based items (ex. soy products, vegetarian patty).
- Other foods like smoothies, pasta salad containing vegetables, and other items that do not have a standard of identity, contain two or more meal components, and/or contain non-creditable ingredients.

To help determine if a food item requires a CN Label or PFS, look up the item in the [Crediting Handbook for CACFP](#) or in the Meats/Meat Alternates section of the [CACFP Creditable and Non-Creditable Foods Guide](#).

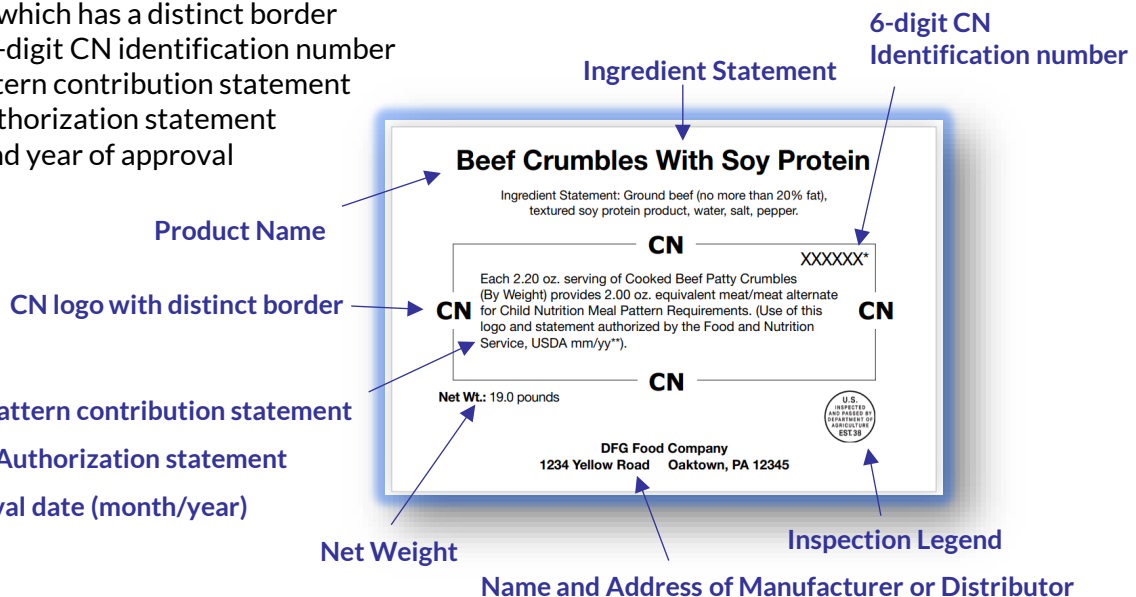
### Child Nutrition (CN) Label

A CN Label is an official label from the USDA found on a product that communicates how the product contributes to child nutrition program meal pattern requirements.

**A CN labeled product must contain the following on the product packaging:**

- Federally required label featuring the product name, inspection legend, ingredient statement, name and address of manufacturer or distributor, and net weight
- CN logo, which has a distinct border
- Unique 6-digit CN identification number
- Meal pattern contribution statement
- USDA authorization statement
- Month and year of approval

- Meal pattern contribution statement
- USDA Authorization statement
- Approval date (month/year)

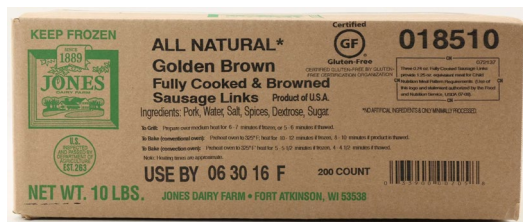




# What Is Acceptable Documentation for the CN Label?

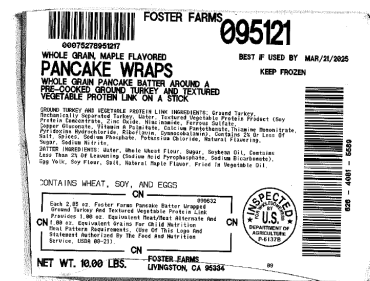
## 1 Original CN Label from the product package.

- Keep all required parts of the CN Label, as specified on the previous page, from the packaging the processed food item came in.



## 2 Photocopy or photograph of the CN Label shown attached to the original product package.

- Photocopy or photograph all required parts of the CN Label, as specified on the previous page, from the packaging the processed food came in.
- CN Labels that are photocopied or photographed must be visible and legible.



## 3 Watermarked CN label and the Bill of Lading (invoice).

- A CN Label is watermarked when it is not attached to the actual product. Manufacturers may provide program operators with a watermarked CN Label during the bidding process. They may also be provided on the manufacturer's website.
- Use of a watermarked CN Label is only acceptable when accompanied by the Bill of Lading (invoice) that contains the product name and CN number to show the item was purchased.





Chicken Wok Company  
1234 Kluck Street  
Poultry, PA, 12345  
123-456-7890

**Bill of Lading (Invoice)**

Invoice Number: 1234  
Date: December 22, 2022

Bill to:  
ABC School District  
1234 Anystreet  
Anytown, CT 01234

Ship to:  
ABC School District  
1234 Anystreet  
Anytown, CT 01234

| Item description and code number  | Unit | Quantity | Unit price | Amount          |
|-----------------------------------|------|----------|------------|-----------------|
| Chicken Stir-fry Bowl, CN #000000 | each | 200      | \$1.50     | \$300.00        |
| <b>Total:</b>                     |      |          |            | <b>\$300.00</b> |



## Product Formulation Statement (PFS)

A PFS is a signed certified document that demonstrates how a product contributes to child nutrition program meal pattern requirements. A PFS must be from the food product manufacturer. To obtain a PFS:

- If purchasing food from a foodservice distributor, ask your representative if they have a PFS for items that require crediting documentation.
- Call the product's manufacturer and request a PFS. Ask to speak to someone familiar with USDA child nutrition programs.

### A Product Formulation Statement must include:

- Manufacturer's name on letterhead
- Product name
- Product code number
- Serving/portion size
- Description of creditable ingredient(s)
- Total creditable amount of product per portion
- Crediting claim - how creditable ingredients contribute to the meal pattern requirements
- Signature (handwritten, stamped, or electronic)
- Date

**TASTY FOODS**  
Product Formulation Statement (Product Analysis) for Meat/Meat Alternate (MMA)

Product Name: WO Min Cheese Ranch  
Case/Package/Portion Size: 73 / 2.17 oz. servings per case  
Code No: 00040702

**I. Most Meat Alternate**

| Description of Creditable Ingredients per Food Buying Guide | Ounces per Portion of Creditable Ingredient | Multiply | Food Buying Guide Yield | Creditable Amount* |
|-------------------------------------------------------------|---------------------------------------------|----------|-------------------------|--------------------|
| Meat/Meat Alternate                                         | 0.000                                       | x        | 1.000                   | 0.000              |
| Meat/Meat Alternate                                         | 0.000                                       | x        | 0.000                   | 0.000              |
| Grains                                                      | 0.000                                       | x        | 1.125                   | 0.000              |
| Other                                                       | 0.000                                       | x        | 1.125                   | 0.000              |
| <b>A. Total Creditable MMA Amount</b>                       |                                             |          |                         | <b>0.000</b>       |

\* Creditable amount - Ounces per portion of creditable ingredient x FBS yield information

**II. Alternate Protein Product (APP)**

| Description of APP, manufacturer's name, & code number                 | On Dry: APP per Portion | Multiply | % of Protein As-is** | Divide by: 18*** | Creditable Amount*** |
|------------------------------------------------------------------------|-------------------------|----------|----------------------|------------------|----------------------|
| Other Protein Source                                                   | 0.000                   | x        | 85.32                | = by 18          | 0.000                |
| Grains                                                                 | 0.000                   | x        | 85.32                | = by 18          | 0.000                |
| <b>B. Total Creditable APP Amount</b>                                  |                         |          |                      |                  | <b>0.000</b>         |
| <b>TOTAL CREDITABLE AMOUNT (A + B rounded down to nearest 1/16 oz)</b> |                         |          |                      |                  | <b>0.000</b>         |

\*\*Percent protein as-is as provided on APP documentation  
\*\*\*18 is the percent protein when fully hydrated  
\*\*\*Creditable amount of APP is rounded dry APP x percent protein as-is divided by 18

Total number of servings purchased: 73 / 2.17 oz.  
Total oz of meat/meat alternate: 1.00 oz

I certify that the above is true and accurate when prepared according to instructions. I further certify that my APP used in this product conforms to Food and Nutrition Service Regulations (7 CFR Parts 210, 220, 225, 228, Appendix A)

**QA & Regulatory Manager:**  
Signature: [Signature]  
Title: QA & Regulatory Manager  
Date: 12/23/21  
Phone: 516-938-4188  
Print Name: [Name]

6800 Jericho Turnpike, Suite 200 East - Syosset, NY 11791 - 516-938-5888 Fax: 516-938-5825



Any crediting information received from a manufacturer other than a valid CN Label must be verified by the program operator for accuracy. Use the [Tips for Evaluating a Manufacturer's Product Formulation Statement](#).

## Using a CN Label or PFS to Determine How Much to Serve

The meal pattern contribution statement from this sample CN Label identifies:

- Serving size/portion: 5 chicken patty fritters
- Meal pattern contribution:
  - 2.00 oz eq meat/meat alternate (m/ma)
  - 1.00 oz eq grains

CN 092337

Five 0.66 oz. fully cooked whole grain chunk-shaped chicken patty fritters provide 2.00 oz. equivalent meat/meat alternate and 1.00 oz. equivalent grains for the Child Nutrition Meal Pattern Requirements. (Use of this logo and statement authorized by the Food and Nutrition Service, USDA 02/21).

CN

Compare this information to the CACFP meal pattern requirements and calculate how much to prepare and serve to each participant.

| Ages            | Meal Pattern Requirements     | Amounts to Serve at Lunch/Supper | Meal Pattern Contribution per Serving | Meets Meal Pattern Requirements |
|-----------------|-------------------------------|----------------------------------|---------------------------------------|---------------------------------|
| 1 & 2-year-olds | 1 oz M/MA<br>½ oz eq Grains   | 3 fritters                       | 1.2 oz eq M/MA<br>6/10 oz eq Grains   | ✓                               |
| 3-5-year-olds   | 1.5 oz M/MA<br>½ oz eq Grains | 4 fritters                       | 1.6 oz eq M/MA<br>4/5 oz eq Grains    | ✓                               |
| 6 years & older | 2 oz M/MA<br>1 oz eq Grains   | 5 fritters                       | 2 oz eq M/MA<br>1 oz eq Grains        | ✓                               |



## Crediting the Grains Component

When a processed food item contributes to the grains component, the CN Label or PFS will identify if the grain is whole grain-rich.

**CN Label:** When the product contributes to the grains component and the grains are whole grain-rich, the CN Label will specify the grains contribution as “oz. equivalent grains.” When grains are not whole grain-rich, the CN Label will specify the grains contribution as “oz. equivalent grains (enriched).”

**PFS:** When grains in the product are whole grain-rich, the PFS will indicate this by the selection of ‘Yes’ to the following statement, “Does this product meet the Whole Grain-Rich Criteria.” A selection of ‘No’ means the grains in the product are enriched grains.

## What Is Not a CN Label or PFS?

Nutrition Facts Label



| Nutrition Facts                |            |
|--------------------------------|------------|
| About 7 servings per container |            |
| Serving size 3 oz. (84g)       |            |
| Amount per serving             |            |
| <b>Calories</b>                | <b>180</b> |
| <b>Total Fat</b> 8g            | <b>10%</b> |
| Saturated Fat 1.5g             | <b>8%</b>  |
| Trans Fat 0g                   |            |
| Polysaturated Fat 0g           |            |
| Monounsaturated Fat 0g         |            |
| <b>Cholesterol</b> 0g          | <b>18%</b> |
| <b>Sodium</b> 340mg            | <b>15%</b> |
| <b>Total Carb</b> 1g           | <b>4%</b>  |
| Dietary Fiber 0g               | <b>0%</b>  |
| Total Sugar 0g                 |            |
| Includes 1g Added Sugars       | <b>2%</b>  |
| <b>Protein</b> 17g             | <b>34%</b> |
| Vitamin D 0mcg                 | <b>0%</b>  |
| Calcium 0mg                    | <b>0%</b>  |
| Iron 0.5mg                     | <b>2%</b>  |
| Potassium 540mg                | <b>10%</b> |

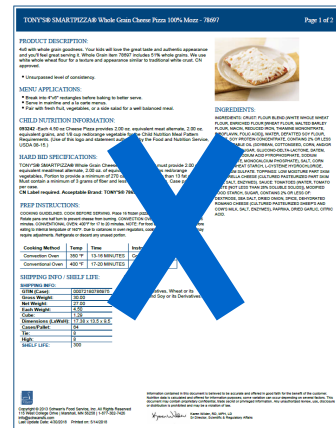
\*The % Daily Value (DV) tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.

Ingredients List



**Ingredients:** WHEAT FLOUR, WATER, SHREDDED LOW-MOISTURE PART-SKIM MOZZARELLA CHEESE (PART-SKIM MILK, CHEESE CULTURE, SALT, ENZYMES), TOMATO PASTE, SPINACH, MUSHROOMS, SALT. CONTAINS LESS THAN 2% OF WHEAT GLUTEN, VEGETABLE OIL (CANOLA OIL AND/OR CORN OIL), WHEAT MEAL, SALT, GARLIC, YEAST, BAKING SODA, SODIUM STEAROYL LACTATE, POTASSIUM ALUMINUM PHOSPHATE, DATEM, SPICE, ASCORBIC ACID, YELLOW CORN MEAL. CONTAINS: WHEAT, MILK.

Product Specification Sheet / Product Information Sheet



TONY'S SMARTZAR® Whole Grain Cheese Pizza 100% Meat - 16001

Page 1 of 1

**PRODUCT DESCRIPTION:**  
This pizza is made with a whole grain crust and is topped with mozzarella cheese, tomato sauce, and pepperoni. It is a delicious and healthy meal option.

**INGREDIENTS:**  
WHEAT FLOUR, WATER, SHREDDED LOW-MOISTURE PART-SKIM MOZZARELLA CHEESE (PART-SKIM MILK, CHEESE CULTURE, SALT, ENZYMES), TOMATO PASTE, SPINACH, MUSHROOMS, SALT. CONTAINS LESS THAN 2% OF WHEAT GLUTEN, VEGETABLE OIL (CANOLA OIL AND/OR CORN OIL), WHEAT MEAL, SALT, GARLIC, YEAST, BAKING SODA, SODIUM STEAROYL LACTATE, POTASSIUM ALUMINUM PHOSPHATE, DATEM, SPICE, ASCORBIC ACID, YELLOW CORN MEAL. CONTAINS: WHEAT, MILK.

**PREP INSTRUCTIONS:**  
Preheat oven to 350°F. Bake for 15 minutes. Serve hot.

**COOKING METHOD:**  
Bake in oven at 350°F for 15 minutes.

**STORAGE:**  
Store in a cool, dry place. Use within 6 months.

## What if a CN Label or PFS Is Not on File or Cannot Be Obtained?

- **Do not serve the food item as a CACFP meal component.** If served, these items can only be served as an extra food in addition to a reimbursable meal comprised of creditable meal components. These items are also not an allowable CACFP expense and must not be charged to CACFP reimbursement.
- **Purchase a different item that has a CN Label or PFS that can be obtained.**
- **Do not claim meals when a CN Label or PFS is not on file and these items are served as meal components.**



## Purchasing Local Meat, Poultry, and Game

**\*All meat, poultry, and game purchased and/or donated for CACFP meals must be from animals slaughtered and processed in Federal or State inspected facilities, regardless of whether or not they are purchased locally.**

- This includes wild and domesticated game and meats from animals raised by local groups (i.e. Future Farmers of America and 4H) and animals killed in the wild by hunters, such as deer.



## Identifying Properly Inspected Meat

The Federal or State inspection legends/ stamps will contain the establishment number and "Insp'd & P'S'D" or some form of "Inspected and Passed."



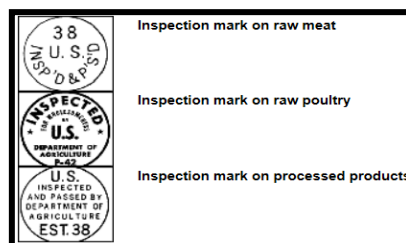
## Livestock and Domesticated Poultry

**Livestock:** cattle, sheep, pigs, goats, and rabbits.

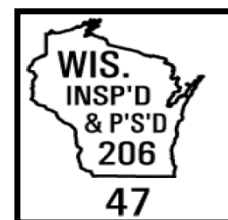
**Domesticated poultry:** chickens, farm-raised ducks, & geese

- Livestock and domesticated poultry will be stamped with the circular U.S. Federal mark of inspection when completed under Federal inspection or the WI Shaped Mark of Inspection when completed by the WI Department of Agriculture, Trade and Consumer Protection (DATCP).

### Circular U.S. Federal Mark of Inspection



### Wisconsin Shaped Mark of Inspection



## Exception for Traditional Foods

### What is a traditional food?

- Foods that have been prepared and consumed by an Native American tribe, including wild game meat, fish, seafood, marine animals, plants, and berries.
- USDA and the FDA allow the donation to and serving of traditional foods through food service programs at public and nonprofit facilities, including those operated by Native American tribes and tribal organizations that primarily serve Native Americans.
- In these cases, wild game may not have been slaughtered and processed within a USDA inspected facility but can still be part of a CACFP reimbursable meal. However, traditional foods are subject to specific safety and sanitation requirements when received, processed, stored and served as outlined in [USDA Policy Memorandum CACFP19-2015: Service of Traditional Foods in Public/Nonprofit facilities.](#)



## Identifying Uninspected Meat

- No stamp signifying Federal or State Inspection
- Packaging will have either no marking or labeled "Not for Sale" in 3/8 inch high block letters

NOT FOR SALE NOT FOR SALE  
XYZ Market WIS 000

- Meals serving meat without any marking or labeled "Not for Sale" cannot be claimed for CACFP reimbursement.



## Wild/Domesticated Game Animals & Birds

**Wild game animals and birds:** deer, bison, antelope, caribou, elk, alpaca, moose, reindeer, ostrich, and migratory water fowl such as pheasants, quail, turkey, geese, and ducks.

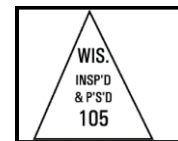
**Domesticated or "Farm-raised" game animals and birds:** typically raised on a farm or reservation, like alpaca, bison, deer, and ostriches.

- Wild and domesticated game animals and birds** will be stamped with the triangular U.S. Federal mark of inspection or triangular Wisconsin mark of inspection.

### Triangular U.S. Federal Mark of Inspection



### Triangular WI Mark of Inspection





**Poultry Exemptions****Licensed Child Care Facilities**

- The Department of Children and Families (DCF) **require all licensed child care facilities to purchase poultry that come from Federal or State inspected meat establishments**, per DCF 251 child care regulations.

**Non-licensed Programs**

- USDA advises all Programs to purchase poultry from only Federal or State inspected meat establishments. However, non-licensed Programs are allowed to claim for meals serving poultry purchased from farms that fall under “*poultry exemptions*” that are in-line with any State or local restrictions. *Poultry exemptions allow for the sale of poultry (chickens, turkeys, ducks, and geese) when they are not under Federal or State inspection when slaughtered and processed.*

**The Wisconsin DATCP allows the sale of poultry by uninspected farms under the following restrictions:**

- The person slaughters and processes no more than 1,000 poultry per year;
- The person produces all of those poultry on his or her farm;
- The person slaughters, processes, and sells the poultry at the farm where they are produced, or has them slaughtered and processed at a licensed meat establishment; and
- The person clearly and conspicuously labels each package or container of poultry meat with the person’s name and address and the words “NOT INSPECTED.”

**Before deciding whether to purchase poultry from uninspected farms, non-licensed Programs must consider the following:**

- The confidence level in the condition of the farm environment where the poultry are kept and fed, the farm’s slaughter and processing practices, and its food safety practices.
- DPI advises obtaining written permission from the parents/guardians of the enrolled children/youth prior to purchasing uninspected poultry.

**Eggs**

- **Shell eggs are not required to be pasteurized for use in the CACFP.** However, FDA recommends that these eggs meet at least grade B standards.
- Liquid, frozen, and dried whole egg products must be pasteurized and test negative for salmonella.

**Wisconsin Child Care Licensing Regulations**

- Licensing Regulations require child care centers serving home-raised or farm fresh eggs to obtain written permission from parents/guardians.

**Before deciding whether to purchase or accept farm fresh eggs, consider the following:**

- Your confidence level in the condition which the hens are kept and fed, the laying and egg collection practice, and the producer’s food safety practices in storing and transporting the eggs.
- The eggs may not be pasteurized.
- FDA warns that young children, pregnant women, the elderly, and those who have compromised immune systems should avoid eating unpasteurized eggs to avoid food borne illness.

**For More Information:**

- **USDA Policy Memorandum CACFP 01-2016:** [Procuring Local Meat, Poultry, Game, and Eggs for Child Nutrition Programs](#)
- **USDA Policy Memorandum CACFP19-2015:** [Service of Traditional Foods in Public/Non-profit Facilities](#)
- Wisconsin Department of Agriculture, Trade, and Consumer Protection (DATCP): [DATCP Wisconsin Administrative Code: Chapter 55](#)

## Meat / Meat Alternates Basics

### Meat

- Meat options include lean meat, poultry, or fish.
- The creditable quantity of meat/meat alternate must be the edible (cooked) portion.

### Meat Alternates

- Meat alternates, such as cheese, eggs, yogurt, and nut butters may be used to meet all or a portion of the meat/meat alternate component.

### Tofu and Soy Products

- Commercial tofu may be used to meet all or part of the meat/meat alternate component in accordance with CACFP requirements.
- Non-commercial and non-standardized tofu and soy products are not creditable.
- Commercial tofu must be easily recognized as a meat substitute. For example, tofu sausage (with a CN label) would credit as a meat substitute because it is easily recognized as a meat. However; tofu noodles would not credit as a meat substitute because it looks like a grain instead of a meat.
- Commercial tofu or soy products must contain 5 grams of protein per 2.2 ounces (1/4 cup) to equal 1 ounce of the meat/meat alternate.

### Yogurt

- Yogurt may be plain or flavored, unsweetened or sweetened.
- Yogurt must contain no more than 23 grams of total sugars per 6 ounces.
- Non-commercial or non-standardized yogurt products are not creditable food items. Some common examples include frozen yogurt, drinkable yogurt products, homemade yogurt, yogurt bars, and yogurt covered fruits or nuts.
- For adults, yogurt may be used as a meat alternate only when it is not being used to meet the milk component in the same meal.



## Beans and Peas (Legumes)

- Cooked dry beans and peas may be used to meet all or part of the meat/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 credited as either a meat alternate or as a vegetable, but not as both in the same meal.

## Nuts, Seeds, and Nut Butters

- For lunch and supper, nuts and seeds may be used to meet half ( $\frac{1}{2}$ ) of the meat/meat alternate component. They must be combined with other meat/meat alternates to meet the full requirement for a reimbursable meal.
- Nut and seed butters may be used to meet the entire meat/meat alternate requirement.
- Nut and seed meal or flour may be used only if they meet the requirements for alternate protein products.
- Acorns, chestnuts, and coconuts are non-creditable meat alternates because of their low protein and iron content.

## Vegetarian Meals in the CACFP

This handout provides information on vegetarian meals for programs that accommodate participants requesting a vegetarian diet and/or programs that want to incorporate vegetarian meals as part of the regular menu.



## Types of Vegetarian Diets

All vegetarian diets consume plant-based foods including grains, vegetables, fruits, legumes, nuts, and seeds. In addition, the following vegetarian diets consume additional foods:

- Ovo-vegetarian: Eggs
- Lacto-vegetarian: Dairy products
- Lacto-ovo vegetarian: Eggs and dairy products
- Pescatarian: Fish. May or may not consume eggs and dairy products
- Semi-vegetarian: Small amounts of meat, chicken, fish, dairy products, and eggs
- Vegan: Consume only plant-based foods. Animal products are not consumed.

## Menu Planning for Vegetarian Meals

Because all types of vegetarian diets eat foods from the vegetable, fruit, and grain components, only the milk and meats/meat alternates (m/ma) components may need adjustments.

- **Milk:** If cow's milk is not a part of the participant's vegetarian diet, a non-dairy beverage nutritionally equivalent to cow's milk can be served as a creditable substitute. Refer to the [Creditable Non-Dairy Beverages](#) handout for a list of creditable non-dairy beverages.
- **Meats/Meat Alternates:** Foods served as a meat alternate must be creditable to the CACFP meal pattern. Refer to the next page for list of creditable meat alternate options.
  - Plant-based, meatless substitutes made with alternate protein products, grain ingredients, vegetables, etc. are only creditable when accompanied by a Child Nutrition (CN) label or a Product Formulation Statement (PFS).





## Meat Alternate Options

The table below lists creditable meat alternate foods that contribute to the meat/meat alternate (m/ma) component of the CACFP meal pattern. Refer to the [CACFP Meal Pattern](#) or [CACFP Meal Pattern – ADC](#) for required serving sizes.

| Meat Alternate                                                                                                                                                                                                                       | Additional Information                                                                                                                                                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Alternate Protein Products (APP)</b><br>(added ingredients in processed m/ma products such as a vegetarian patty)                                                                                                                 | A Child Nutrition (CN) label or Product Formulation Statement (PFS) from the manufacturer is required for products with APP                                                                                                             |
| <b>Beans, Peas, and Lentils</b><br>Black Beans, Black Eyed Peas, Kidney Beans, Cannellini Beans, Chickpeas (Garbanzo Beans), Lentils, Lima Beans, Navy Beans, Northern Beans, Pinto Beans, Refried Beans, Soybeans, Split Peas       | One type of legume may not be served as both a meat alternate and vegetable in the same meal. If serving two different types of legumes, one may credit as a meat alternate and the other as a vegetable.                               |
| <b>Eggs</b>                                                                                                                                                                                                                          | Only whole eggs are creditable. Egg whites are not creditable without the yolks. Egg yolks are not creditable without the whites.<br><br>Liquid egg substitutes are not creditable.                                                     |
| <b>Cheese</b>                                                                                                                                                                                                                        | Refer to <a href="#">Creditable and Non-Creditable Cheeses</a> for a list of creditable and non-creditable cheeses and amounts of creditable cheese that must be served to credit towards the meat/meat alternate component.            |
| <b>Nuts and Seeds, and their Butters</b><br>Almonds, Peanuts, Cashews, Hazelnuts, Macadamia Nuts, Chestnuts, Pecans, Pine Nuts, Pistachios, Walnuts, Pumpkin Seeds, Sesame Seeds, Sunflower Seeds, Soy Nuts, Tahini (soy nut butter) | Some participants may have nut/seed allergies or intolerances which require meal accommodations to ensure participants are receiving a safe meal.<br><br>Nuts and seeds can pose a choking hazard for children under four years of age. |
| <b>Pasta made of 100% bean/legume flour(s)</b>                                                                                                                                                                                       | May not be served as both a meat alternate or vegetable in the same meal.<br><br>1/2 cup cooked bean/legume pasta = 2 oz m/ma. Must be served with another 0.25 oz of visible meat alternate (ex. cheese).                              |
| <b>Tempeh (Commercially Prepared)</b>                                                                                                                                                                                                | Tempeh with ingredients limited to soybeans or other legumes, water, tempeh culture 2 and for some varieties, vinegar, seasonings, and herbs. Tempeh with other ingredients requires a CN Label or PFS.                                 |
| <b>Tofu (Commercially Prepared)</b>                                                                                                                                                                                                  | 2.2 oz (¼ cup) of commercially prepared tofu must contain at least 5 grams of protein                                                                                                                                                   |
| <b>Yogurt (Dairy or Soy)<br/>(Commercially Prepared)</b>                                                                                                                                                                             | No more than 12 g of added sugars per 6 ounces                                                                                                                                                                                          |



## Meal and Snack Ideas

Meal and snack ideas incorporating meat alternate options are below and on the next 2 pages. Refer to the [CACFP Meal Pattern](#) or [CACFP Meal Pattern – ADC](#) for required amounts to serve.

## Breakfast Ideas and Standardized Recipes

A meat/meat alternate may be served in place of the grains component up to 3 times/week.

| Monday                                  | Tuesday                        | Wednesday                           | Thursday                   | Friday                                  |
|-----------------------------------------|--------------------------------|-------------------------------------|----------------------------|-----------------------------------------|
| Southwest Tofu Scramble<br>Kiwi<br>Milk | Oatmeal<br>Blueberries<br>Milk | Cottage cheese<br>Pineapple<br>Milk | Cheerios<br>Banana<br>Milk | Breakfast burrito<br>Hashbrowns<br>Milk |

### Southwest Tofu Scramble

**Makes 25 ( $\frac{3}{4}$  cup) servings**  
(see recipe for 50 servings)

#### **Crediting Information:**

A  $\frac{3}{4}$  cup serving (6 fl oz spoodle)  
provides 1 oz eq. meat alternate,  
1/8 cup vegetable and  
0.75 oz eq. grains.

#### **Ingredients:**

- 1 lbs and 9 oz of Quinoa
- 1 qt and 2 cups Water
- 1 Tbsp and 1 tsp Olive Oil
- 3 lbs and 8 oz Tofu (firm, crumbled)
- 2 Tbsp Garlic (minced)
- 1 Tbsp Cumin (ground)
- 1 tsp Red pepper flakes (crushed)
- 2 tsp Salt
- $\frac{1}{2}$  tsp Black pepper (ground)
- 2 Tbsp and  $\frac{1}{2}$  tsp Turmeric (ground)
- 3 cups Red bell pepper (diced)
- 1 cup and 3 oz Green Onion (diced)



#### **Instructions:**

1. Rinse quinoa.
2. Combine quinoa and water in a large, covered pot. Bring to a boil. Reduce heat to low.
3. Simmer uncovered for 10–15 minutes until water is completely absorbed. Fluff. Set aside for step 6.
4. In a large pot, add oil and crumbled tofu. Heat uncovered over medium heat for 2–3 minutes, stirring occasionally.
5. Add garlic, cumin, red pepper flakes, salt, pepper, turmeric, bell peppers, and onions. Heat uncovered over medium heat for 1–2 minutes, stirring constantly.
6. Pour vegetable mixture over quinoa. Stir well to combine.
7. Portion with 6 fl oz spoodle ( $\frac{3}{4}$  cup).

### **Additional Breakfast Recipes to Try:**

- Breakfast Burrito with Salsa ([25/50 servings](#))
- Mango Smoothie Bowl ([6 servings](#)) ([25/50 servings](#))
- Maple Baked French Toast Squares ([25/50 servings](#))





## Lunch/Supper Ideas and Standardized Recipes

| Monday                                                                    | Tuesday                                                                          | Wednesday                                                                       | Thursday                                                               | Friday                                                                                          |
|---------------------------------------------------------------------------|----------------------------------------------------------------------------------|---------------------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| Tofu stir-fry<br>(tofu and vegetables)<br>Brown rice<br>Pineapple<br>Milk | Bean Tostada<br>(tostada, beans, cheese, lettuce/tomato)<br>Grape halves<br>Milk | Greek Pita<br>(Hummus)<br>Pita<br>Cucumber and tomato<br>Fresh pea pods<br>Milk | Scrambled eggs<br>English muffin<br>Hash browns<br>Blueberries<br>Milk | Nut/seed butter sandwich on whole grain bread<br>Cheese stick<br>Watermelon<br>Broccoli<br>Milk |

### Bean Tostada

**Makes 25 (2 tostadas) servings**  
(see recipe for 50 servings)

#### **Crediting Information:**

2 tostadas provide 2 oz eq. meat alternate, ½ cup vegetable, and 1 oz. eq. grains.

#### **Ingredients:**

- 1 #10 can pinto beans, drained, rinsed
- 3 ¾ cup onions, chopped
- 1 ½ cups green bell pepper
- 1 Tablespoon chili powder
- 2 ¼ teaspoon ground cumin
- ¾ teaspoon paprika
- ½ teaspoon salt
- 2 ¼ teaspoon garlic powder
- 1 teaspoon ground black pepper
- 2 cups water
- ¾ cup tomato paste, canned
- 1 ¾ cups cilantro, chopped
- 1 lb. 4 oz. lettuce, shredded
- 1 ½ cups tomatoes, chopped
- 3 ¾ cups cheddar cheese, shredded
- 50 whole-grain yellow corn tostada shells

#### **Instructions:**

1. Pour beans, onions, peppers, and spices into a large food processor. Pour water slowly in processor while puréeing on medium speed for 1–2 min until beans have a smooth consistency.
2. Place puréed bean mixture and tomato paste in a large stock pot. Cook over medium heat covered for 15 minutes. Stir occasionally.
3. Heat to 165 °F for at least 15 seconds.
4. Remove from heat and fold in cilantro.
5. For topping: Combine lettuce and tomatoes. Toss lightly. Set mixture aside for step 10.
6. Assembly (2 tostadas per serving):
7. First layer: Using a No. 16 scoop, spread ¼ cup bean mixture on each tostada shell.
8. Second layer: Using a No. 10 scoop, divide equally between two tostadas, 3/8 cup (about 1½ oz) lettuce & tomato mixture on top of bean mixture.
9. Third layer: Using a rounded No. 30 scoop, divide equally between two tostadas, 2 Tbsp ½ tsp (about ½ oz) shredded cheese on top of lettuce and tomato mixture.



### **Additional Lunch/Supper Recipes to Try:**



- Bean Burrito Bowl ([6 servings](#)) ([25/50 servings](#))
- Chinese Style Vegetables with Tofu ([6 servings](#)) ([25/50 servings](#))
- Purple Power Bean Wrap ([6 servings](#)) ([25/50 servings](#))
- Sautéed Tempeh with Vegetables ([6 servings](#)) ([25/50 servings](#))
- Vegetable Chili ([6 servings](#)) ([25/50 servings](#))
- Recipes from DPI's [CACFP Tofu Recipe Guide](#)



## Snack Ideas and Standardized Recipes

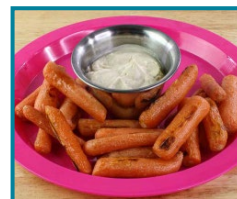
| Monday                        | Tuesday                         | Wednesday                        | Thursday                   | Friday                                    |
|-------------------------------|---------------------------------|----------------------------------|----------------------------|-------------------------------------------|
| Cheese cubes<br>Baby tomatoes | Nut/seed butter<br>Apple slices | Hard-boiled egg<br>Toasted bagel | Hummus<br>Baby carrots     | Yogurt<br>Strawberries                    |
| Pureed beans<br>Toasted pita  | Cottage cheese<br>Diced peaches | Baked tofu<br>Banana slices      | Grilled cheese<br>sandwich | Pancake topped<br>with nut/seed<br>butter |

### Baked Carrot Fries with Yogurt-Sunflower Seed Butter Dip

**Makes 25 (1/2 cup) servings\***  
(see recipe for 50 servings)  
([6 servings](#))

#### **Crediting Information:**

A ½ cup serving of carrots and  
2 tablespoons dip provides  
½ cup vegetable and  
½ oz equivalent meat alternate.



#### **Ingredients:**

- 3 ¼ cup and 2 Tbsp Greek yogurt (non-fat, plain)
- ¾ cup and 1Tbsp Sunflower seed butter
- 4 lbs and 7 oz Baby carrots (fresh)
- ½ tsp Salt
- 2 Tbsp Canola oil

#### **Instructions:**

1. Preheat oven to 400 °F.
2. In a small bowl, combine yogurt and sunflower seed butter. Use a fork or spatula to mix until smooth. Set aside. Keep cold at 40 °F or lower.
3. In a medium bowl combine carrots, salt, and oil. Toss.
4. Place carrots on a baking sheet in a single layer. Bake for 30 minutes or until lightly brown on the bottom.
5. Serve ½ cup carrot fries (about 6–10) and 2 Tbsp dip (#24 scoop).

### **Additional Snack Recipes to Try:**



- Apples and Almond Butter ([6 servings](#)) ([25/50 servings](#))
- Cheesy Bean Tostada ([6 servings](#)) ([25/50 servings](#))
- Mini Egg Salad Sandwiches ([6 servings](#)) ([25/50 servings](#))
- Mini Graham Crackers and Berry Nut Butter ([6 servings](#)) ([25/50 servings](#))
- Peach and Yogurt Smoothies ([6 servings](#)) ([25/50 servings](#))
- Savory Yogurt-Hummus Dip with Veggies ([6 servings](#)) ([25/50 servings](#))
- Very Berry Parfaits ([6 servings](#)) ([25/50 servings](#))

#### **From [DPI Snack Inspiration](#)**

- Cottage Cheese Dip
- Crispy Baked Tofu
- Fruity Dip
- Roasted Chickpeas
- Sheet Pan Eggs
- White Bean Ranch Dip



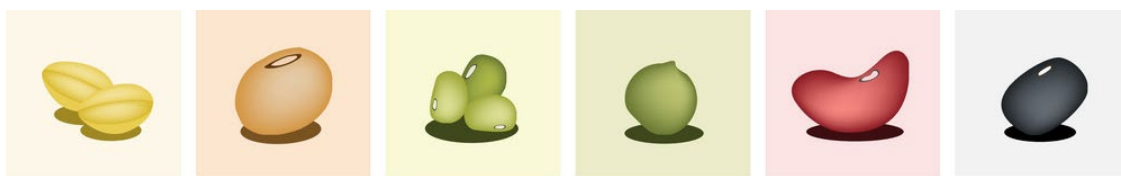
## Menu Planning for Vegetarian Meals

### Planning Menus For Participants Who Request A Vegetarian Diet

- Programs are not required but may choose to accommodate participants following a vegetarian diet. A vegetarian diet is generally considered to be a non-disability special dietary need request.
- Modify the regular menu with a few substitutions; an entirely different set of meals and snacks does not have to be prepared.
- Meal substitutions must be creditable to the CACFP meal pattern.
- Families may choose to provide one creditable component of a participant's meal. The program must provide all other meal components with creditable foods to claim the meal for reimbursement.

### Incorporate More Vegetarian Meals As Part Of The Regular Menu

- Plan a vegetarian meal once a week, once a day, or more for all participants!
- Do **Meatless Mondays!** Serve meat alternate foods as the meat/meat alternate component at all meals and snacks on Mondays.
- Serve meat alternates in place of the grain component at breakfast up to 3 days per week.
- Serve meat alternate foods at snack.
- Incorporate vegetarian recipes when menu planning.



Handouts in this CACFP Training Spotlight can be found under the following Guidance Memorandums (GM) on the [Guidance Memorandum webpage](https://dpi.wi.gov/community-nutrition/cacfp/guidance-memo) ([dpi.wi.gov/community-nutrition/cacfp/guidance-memo](https://dpi.wi.gov/community-nutrition/cacfp/guidance-memo)):

- [Creditable Non-Dairy Beverages](#): GM 12: Special Dietary Needs (GM L: Special Dietary Needs for FDCH Sponsors)
- [CACFP Meal Pattern](#): GM 12: Meal Requirements 1-18 Years (GM L: Meal Requirements 1-12 Years for FDCH Sponsors)
- [CACFP Meal Pattern – ADC](#): GM 12: Meal Requirements (Adult Care Component)



## Additional Creditable Fruits and Vegetables

The [Food Buying Guide](#) is a reference tool that contains commonly consumed items and is not an exclusive list of creditable items for the Child and Adult Care Food Program (CACFP). Below is a list of additional food items that are creditable in the CACFP.

- The food items listed below should be credited by volume.
- A serving of canned, cooked vegetable is considered to be drained.
- A serving of canned fruit may include the juice or syrup in which the fruit is packed.
- A serving of thawed frozen fruit consists of fruit plus the juice or syrup that accumulated during thawing.
- 1/4 cup of dried fruit or vegetable credits as 1/8 cup serving of fruit/vegetable.

| Food Item                                                                                                    | Amount Needed for ¼ Cup Serving     |
|--------------------------------------------------------------------------------------------------------------|-------------------------------------|
| Azuki beans - also known as adzuki beans                                                                     | ¼ cup cooked vegetable              |
| Bitter melon - also known as bitter gourd, bitter squash, balsam-pear, goya, and karela                      | ¼ cup cooked or raw vegetable       |
| Cherimoya - also known as custard apple                                                                      | ¼ cup fresh fruit                   |
| Choy sum - also known as Chinese flowering cabbage                                                           | ¼ cup cooked or raw vegetable       |
| Daikon radish - also known as white radish, winter radish, or oriental radish                                | ¼ cup cooked or raw vegetable       |
| Durian                                                                                                       | ¼ cup fresh fruit                   |
| Feijoa - also known as pineapple guava or guavasteen                                                         | ¼ cup fresh or canned fruit         |
| Gai choy - also known as oriental mustard, Chinese mustard, Indian mustard, mustard greens, or leaf mustard  | ¼ cup cooked or raw vegetable       |
| Gai lan - also known as Chinese broccoli, Chinese kale, or kai lan                                           | ¼ cup cooked or raw vegetable       |
| Jackfruit - also known as jack tree, jakfruit                                                                | ¼ cup fresh, canned or frozen fruit |
| Kumquat                                                                                                      | ¼ cup fresh or canned fruit         |
| Lychee - also known as litchi                                                                                | ¼ cup fresh or canned fruit         |
| Napa cabbage                                                                                                 | ¼ cup cooked or raw vegetable       |
| Pak choy - also known as bok choy, pak choi, bok choi                                                        | ¼ cup cooked or raw vegetable       |
| Purslane - also known as Mexican parsley                                                                     | ¼ cup cooked or raw vegetable       |
| Quince                                                                                                       | ¼ cup fresh or canned fruit         |
| Winter melon - also known as white gourd, winter gourd, tallow gourd, Chinese preserving melon, or ash gourd | ¼ cup cooked or raw vegetable       |
| Yard long beans - also known as bora, bodi, asparagus bean, pea bean, snake bean, and Chinese long bean      | ¼ cup cooked or raw vegetable       |

Please contact your [assigned consultant](#) with any questions.

# Fruit and Vegetable Serving Size Guide

This guide provides the amounts of whole fruits and vegetables needed to credit as  $\frac{1}{4}$  cup and  $\frac{1}{2}$  cup. The “count” number in the Size column is how many pieces of fruit or vegetable fit in a specific-sized box. The smaller the count number, the larger the piece of fruit or vegetable. Measurements in the Size column are the number of inches the fruit is in diameter.

| Fruit       | Size                                                        | 1 whole fruit is equal to amount below | Amount to credit as $\frac{1}{4}$ cup | Amount to credit as $\frac{1}{2}$ cup |
|-------------|-------------------------------------------------------------|----------------------------------------|---------------------------------------|---------------------------------------|
| Apple       | 100 count (3 $\frac{1}{8}$ inch), large                     | 1 $\frac{1}{4}$ cups                   | $\frac{1}{5}$ large apple             | $\frac{2}{5}$ large apple             |
|             | 125-138 count (2 $\frac{7}{8}$ - 2 $\frac{3}{4}$ inch), med | 1 cup                                  | $\frac{1}{4}$ medium apple            | $\frac{1}{2}$ medium apple            |
|             | 163 count (2 $\frac{1}{2}$ inch), small                     | $\frac{3}{4}$ cup                      | $\frac{2}{3}$ small apple             | $\frac{2}{3}$ small apple             |
| Apricot     | Fresh, medium                                               | $\frac{1}{4}$ cup                      | 1 apricot                             | 2 apricots                            |
| Banana      | 100-120 and 150 count                                       | $\frac{1}{2}$ cup                      | $\frac{1}{2}$ banana                  | 1 banana                              |
| Cantaloupe  | Whole, medium                                               | 2 $\frac{1}{2}$ cups                   | $\frac{1}{10}$ cantaloupe             | $\frac{1}{5}$ cantaloupe              |
| Cherries    | Whole                                                       |                                        | 7 cherries                            | 14 cherries                           |
| Clementine  | Whole                                                       | $\frac{3}{8}$ cup                      | $\frac{2}{3}$ clementine              | 1 $\frac{1}{3}$ clementine            |
| Dried Fruit |                                                             |                                        | $\frac{1}{8}$ cup                     | $\frac{1}{4}$ cup                     |
| Grapefruit  | 27-32 count                                                 | 1 cup                                  | $\frac{1}{4}$ grapefruit              | $\frac{1}{2}$ grapefruit              |
| Grapes      | Seedless, whole                                             |                                        | 7 grapes                              | 14 grapes                             |
|             | Whole, with seeds                                           |                                        | 6 grape halves                        | 12 grape halves                       |
| Kiwi        | 33-39 count                                                 |                                        | 1 kiwi                                | 2 kiwis                               |
| Nectarine   | 88-96 count (small, 2 $\frac{1}{4}$ inch)                   | $\frac{1}{2}$ cup                      | $\frac{1}{2}$ small nectarine         | 1 small nectarine                     |
|             | 56-64 count (medium, 2 $\frac{3}{4}$ inch)                  | $\frac{3}{4}$ cup                      | $\frac{1}{3}$ medium nectarine        | $\frac{2}{3}$ each medium nectarine   |
| Orange      | 113 and 125 count, large                                    | $\frac{5}{8}$ cup                      | $\frac{1}{2}$ large orange            | 1 large orange                        |
|             | 126 and 138 count, medium                                   | $\frac{1}{2}$ cup                      | $\frac{1}{2}$ medium orange           | 1 medium orange                       |
| Peach       | 88 or 84 count (small, 2 $\frac{1}{8}$ inch)                | $\frac{3}{8}$ cup                      | $\frac{2}{3}$ small peach             | 1 $\frac{1}{3}$ small peach           |
|             | 80 count                                                    | $\frac{1}{2}$ cup                      | $\frac{1}{2}$ peach                   | 1 peach                               |
|             | 64 or 60 count (medium, 2 $\frac{1}{2}$ inch)               | $\frac{2}{3}$ cup                      | $\frac{3}{8}$ medium peach            | $\frac{3}{4}$ medium peach            |
|             | 56 count (large)                                            | $\frac{3}{4}$ cup                      | $\frac{1}{3}$ large peach             | $\frac{2}{3}$ large peach             |
| Pear        | 150 count, small                                            | $\frac{1}{2}$ cup                      | $\frac{1}{2}$ small pear              | 1 small pear                          |
|             | 120 count, medium                                           | $\frac{3}{4}$ cup                      | $\frac{1}{3}$ medium pear             | $\frac{2}{3}$ medium pear             |
|             | 100 count, large                                            | 1 $\frac{1}{4}$ cups                   | $\frac{1}{4}$ large pear              | $\frac{1}{2}$ large pear              |
| Plums       | 1.5 x 2 inch, small                                         | $\frac{1}{5}$ cup                      | 1 $\frac{1}{4}$ small plum            | 2 $\frac{1}{2}$ small plum            |
|             | 2 x 2 inch, medium                                          | $\frac{1}{2}$ cup                      | $\frac{1}{2}$ medium plum             | 1 medium plum                         |
|             | 2.5 x 2.5 inch, large                                       | $\frac{5}{8}$ cup                      | $\frac{1}{2}$ large plum              | 1 large plum                          |
| Tangerine   | Medium                                                      | $\frac{3}{8}$ cup                      | $\frac{2}{3}$ medium tangerine        | 1 $\frac{1}{3}$ medium tangerine      |
|             | Large                                                       | $\frac{1}{2}$ cup                      | $\frac{1}{2}$ large tangerine         | 1 large tangerine                     |

| Vegetable                | Size                                                  | Amount to credit as $\frac{1}{4}$ cup | Amount to credit as $\frac{1}{2}$ cup |
|--------------------------|-------------------------------------------------------|---------------------------------------|---------------------------------------|
| Raw leafy greens         |                                                       | $\frac{1}{2}$ cup                     | 1 cup                                 |
| Cooked leafy greens      |                                                       | $\frac{1}{4}$ cup                     | $\frac{1}{2}$ cup                     |
| Carrots                  | 4 inch x $\frac{1}{2}$ inch sticks                    | 3 sticks                              | 6 sticks                              |
| Celery                   | 4 inch x $\frac{1}{2}$ inch sticks                    | 3 sticks                              | 6 sticks                              |
| Corn                     | Medium ear                                            | $\frac{1}{2}$ ear of corn             | 1 ear of corn                         |
| Cucumber                 | 3 inch x $\frac{3}{4}$ inch sticks (pared or unpared) | 3 sticks                              | 6 sticks                              |
| Potato                   | 120 count (6 ounces by weight)                        | $\frac{1}{2}$ (6 oz potato)           | 1 (6 oz potato)                       |
|                          | 100 count (8 ounces by weight)                        | $\frac{1}{3}$ (8 oz potato)           | $\frac{2}{3}$ (8 oz potato)           |
|                          | 80 count (10 ounces by weight)                        | $\frac{1}{4}$ (10 oz potato)          | $\frac{1}{2}$ (10 oz potato)          |
| Radish                   | Fresh, without tops, small                            | 7 radishes                            | 14 radishes                           |
| Tomato                   | Cherry, whole                                         | 3 cherry tomatoes                     | 6 cherry tomatoes                     |
|                          | Small or medium, $\frac{1}{8}$ inch thick slices      | 5 slices                              | 10 slices                             |
|                          | Large, $\frac{1}{8}$ inch thick slices                | 4 slices                              | 8 slices                              |
| Turnip                   | 2 inch x $\frac{1}{2}$ inch sticks                    | 7 sticks                              | 14 sticks                             |
| Zucchini (summer squash) | 3 inch x $\frac{1}{2}$ inch raw sticks                | 3 sticks                              | 6 sticks                              |



## Visual Portion Size Guide: Fruit

This handout is a visual tool to help estimate portion sizes. Refer to the CACFP Meal Pattern or the chart below for required minimum serving sizes. Print this document in actual size to retain true portion sizes. Select "Actual Size" when printing.



[Apple Slices](#)



[Blueberries](#)



[Fruit Cocktail](#)



[Grapes](#)



[Kiwi](#)



[Mandarin Oranges](#)



[Melon](#)



[Orange Smiles](#)



[Diced Peaches](#)



[Banana Slices](#)



[Pineapple](#)



[Strawberries](#)

Required Minimum Serving Sizes of Fruit

|                             | Breakfast | Lunch/Supper | Snack |
|-----------------------------|-----------|--------------|-------|
| 1-2 year olds               | ¼ cup     | 1/8 cup      | ½ cup |
| 3-5 year olds               | ½ cup     | ¼ cup        | ½ cup |
| 6-18 year olds              | ½ cup     | ¼ cup        | ¾ cup |
| Adult Day Care Participants | ½ cup     | ½ cup        | ½ cup |

*This resource was adapted from the Minnesota Department of Education*

## Apple Slices



$\frac{1}{4}$  cup



$\frac{1}{2}$  cup



$\frac{3}{4}$  cup



## Blueberries



$\frac{1}{4}$  cup



$\frac{1}{2}$  cup



$\frac{3}{4}$  cup

## Fruit Cocktail



$\frac{1}{4}$  cup



$\frac{1}{2}$  cup



$\frac{3}{4}$  cup

---



## Visual Portion Size Guide: Vegetables

This handout is a visual tool to help estimate portion sizes. Refer to the CACFP Meal Pattern or the chart below for required minimum serving sizes. Print this document in actual size to retain true portion sizes. Select "Actual Size" when printing.



**Baby Carrots**



**Baked Beans**



**Black Beans**



**Broccoli**



**Cauliflower**



**Celery**



**Cherry Tomatoes**



**Corn**



**Cucumber Slices**



**Diced Tomato**



**Garbanzo Beans**



**Green Beans**



**Jicama Sticks**



**Mixed Vegetables**



**Peas**



**Sliced Bell Peppers**



**Sugar Snap Peas**

**Required Minimum Serving Sizes of Vegetables**

|                             | Breakfast | Lunch/Supper | Snack |
|-----------------------------|-----------|--------------|-------|
| 1-2 year olds               | ¼ cup     | 1/8 cup      | ½ cup |
| 3-5 year olds               | ½ cup     | ¼ cup        | ½ cup |
| 6-18 year olds              | ½ cup     | ½ cup        | ¾ cup |
| Adult Day Care Participants | ½ cup     | ½ cup        | ½ cup |

*This resource was adapted from the Minnesota Department of Education*



## Baby Carrots



$\frac{1}{4}$  cup



$\frac{1}{2}$  cup



$\frac{3}{4}$  cup

## Baked Beans



$\frac{1}{4}$  cup



$\frac{1}{2}$  cup



$\frac{3}{4}$  cup



## Black Beans



$\frac{1}{4}$  cup



$\frac{1}{2}$  cup



$\frac{3}{4}$  cup

## Broccoli



$\frac{1}{4}$  cup



$\frac{1}{2}$  cup



$\frac{3}{4}$  cup



## Cauliflower



$\frac{1}{4}$  cup



$\frac{1}{2}$  cup



$\frac{3}{4}$  cup

## Celery



$\frac{1}{4}$  cup



$\frac{1}{2}$  cup



$\frac{3}{4}$  cup



## Cherry Tomatoes



$\frac{1}{4}$  cup



$\frac{1}{2}$  cup



$\frac{3}{4}$  cup

## Corn



$\frac{1}{4}$  cup



$\frac{1}{2}$  cup



$\frac{3}{4}$  cup



## Cucumber Slices



$\frac{1}{4}$  cup



$\frac{1}{2}$  cup



$\frac{3}{4}$  cup

## Diced Tomato



$\frac{1}{4}$  cup



$\frac{1}{2}$  cup



$\frac{3}{4}$  cup



## Garbanzo Beans



$\frac{1}{4}$  cup



$\frac{1}{2}$  cup



$\frac{3}{4}$  cup

## Green Beans



$\frac{1}{4}$  cup



$\frac{1}{2}$  cup



$\frac{3}{4}$  cup



## Jicama Sticks



$\frac{1}{4}$  cup



$\frac{1}{2}$  cup



$\frac{3}{4}$  cup

## Mixed Vegetables



$\frac{1}{4}$  cup



$\frac{1}{2}$  cup



$\frac{3}{4}$  cup



## Peas



$\frac{1}{4}$  cup



$\frac{1}{2}$  cup



$\frac{3}{4}$  cup

## Sliced Bell Peppers



$\frac{1}{4}$  cup



$\frac{1}{2}$  cup



$\frac{3}{4}$  cup



## Sugar Snap Peas



$\frac{1}{4}$  cup



$\frac{1}{2}$  cup



$\frac{3}{4}$  cup



# CACFP Grains Chart

The chart below is a guide for commonly served grain items. The amount listed under each age group must be served to meet the ounce equivalent (oz eq) grain requirement. Amounts are based on the weight of the grain item in grams (g). The required serving sizes are for breakfast, lunch, supper, and snack.

**Required Amounts:**  
1-5 year old = 1/2 oz eq  
6-18 year old = 1 oz eq

| Grain Item and Size                                    | 1-5 year old                                  | 6-18 year old                               |
|--------------------------------------------------------|-----------------------------------------------|---------------------------------------------|
|                                                        | Serve at least 1/2 oz eq<br>which is about... | Serve at least 1 oz eq<br>which is about... |
| Bagel (~ 4" diameter)                                  | 1/4 bagel or 14 g                             | 1/2 bagel or 28 g                           |
| Bagel, Mini                                            | 1/2 bagel or 14 g                             | 1 bagel or 28 g                             |
| Biscuit (~ 2 1/2" diameter)                            | 1/2 biscuit or 14 g                           | 1 biscuit or 28 g                           |
| Bread                                                  | 1/2 slice or 14 g                             | 1 slice or 28 g                             |
| Bread Stick, Hard (~ 7 3/4")                           | 2 sticks or 14 g                              | 3 sticks or 28 g                            |
| Buns, Hamburger, Hot Dog                               | 1/2 bun or 14 g                               | 1 bun or 28 g                               |
| Cereal, Ready-to-eat (dry, cold) Flakes or Rounds      | 1/2 cup or 14 g                               | 1 cup or 28 g                               |
| Cereal, Ready-to-eat (dry, cold) Puffed cereal)        | 3/4 cup or 14 g                               | 1 1/4 cup or 28 g                           |
| Cereal, Ready-to-eat (dry, cold) Granola               | 1/8 cup or 14 g                               | 1/4 cup or 28 g                             |
| Cornbread (2" x 2 1/2")                                | 1/2 piece or 17 g                             | 1 piece or 34 g                             |
| Corn Muffin                                            | 1/2 muffin or 17 g                            | 1 muffin or 34 g                            |
| Cracker, Animal (~1 1/2" x 1")                         | 8 crackers (1/4 cup) or 14 g                  | 15 crackers (1/2 cup) or 28 g               |
| Cracker, Bear-shaped, Sweet (~1" x 1/2")               | 12 crackers (1/4 cup) or 14 g                 | 24 crackers (1/2 cup) or 28 g               |
| Cracker, Cheese, Square, Savory (~1" x 1")             | 10 crackers or 11 g                           | 20 crackers or 22 g                         |
| Cracker, Fish-shaped or Similar, Savory (~3/4" x 1/2") | 21 crackers (1/4 cup) or 11 g                 | 41 crackers (1/2 cup) or 22 g               |
| Cracker, Graham (~2 1/2" x 5" full sheet)              | 1 full sheet or 14 g                          | 2 full sheets or 28 grams                   |
| Cracker, Oyster                                        | 27 crackers (1/4 cup) or 11 g                 | 54 crackers (1/2 cup) or 22 g               |
| Cracker, Round, Savory (1 3/4" across)                 | 4 crackers or 11 g                            | 7 crackers or 22 g                          |
| Cracker, Saltine (2"x2")                               | 4 crackers or 11 g                            | 8 crackers or 22 g                          |
| Cracker, Thin Wheat Square, Savory (1 1/4"x1 1/4")     | 6 crackers or 11 g                            | 12 crackers or 22 g                         |
| Cracker, Woven Whole Wheat (1 1/2" x 1 1/2")           | 3 crackers or 11 g                            | 5 crackers or 22 g                          |
| Cracker, Zwieback                                      | 2 crackers or 11 g                            | 3 crackers or 22 g                          |
| Croissant                                              | 1/2 croissant or 17 g                         | 1 croissant or 34 g                         |
| English Muffin (top and bottom)                        | 1/4 muffin or 14 g                            | 1/2 muffin or 28 g                          |
| French Toast                                           | 1/2 slice or 35 g                             | 1 slice or 69 g                             |
| French Toast Sticks                                    | 2 sticks or 35 g                              | 4 sticks or 69 g                            |
| Grains (barley, bulgur, quinoa, etc.)                  | 1/4 cup cooked or 14 g dry                    | 1/2 cup cooked or 28 g dry                  |
| Grits                                                  | 1/4 cup cooked or 14 g dry                    | 1/2 cup cooked or 28 g dry                  |

# CACFP Grains Chart

| Grain Item and Size*                           | 1-5 year old                                  | 6-18 year old                               |
|------------------------------------------------|-----------------------------------------------|---------------------------------------------|
|                                                | Serve at least 1/2 oz eq<br>which is about... | Serve at least 1 oz eq<br>which is about... |
| Melba Toast (3 ½" x 1 ½")                      | 2 pieces or 11 g                              | 5 pieces or 22 g                            |
| Muffin (all but corn muffins)                  | 1/2 muffin or 28 g                            | 1 muffin or 55 g                            |
| Oatmeal                                        | 1/4 cup cooked or 14 g dry                    | 1/2 cup cooked or 28 g dry                  |
| Pancake (~ 4" diameter)                        | 1/2 pancake or 17 g                           | 1 pancake or 34 g                           |
| Pasta (all shapes – macaroni, spaghetti, etc.) | 1/4 cup cooked or 14 g dry                    | 1/2 cup cooked or 28 g dry                  |
| Pita Bread/Round (6 ½ round)                   | 1/4 pita or 14 g                              | 1/2 pita or 28 g                            |
| Popcorn                                        | 1 1/2 cups or 14 g                            | 3 cups or 28 g                              |
| Pretzel, Hard Mini-Twist (1 ¼"x1 ½")           | 7 pretzels (1/3 cup) or 11 g                  | 14 pretzels (2/3 cup) or 22 g               |
| Pretzel, Hard, Thin-Stick (2 ½" long)          | 16 sticks or 11 g                             | 31 sticks or 22 g                           |
| Pretzel Chips                                  | 7 chips or 11 g                               | 14 chips or 22 g                            |
| Pretzel, Soft                                  | 1/4 pretzel or 14 g                           | 1/2 pretzel or 28 g                         |
| Quick Bread (banana, pumpkin, etc.)            | 1/2 slice or 28 g                             | 1 slice or 55 g                             |
| Rice (all types)                               | 1/4 cup cooked or 14 g dry                    | 1/2 cup cooked or 28 g dry                  |
| Rice Cake                                      | 1 1/2 cakes or 11 g                           | 3 cakes or 22 g                             |
| Rice Cake, Mini (1 ¾" across)                  | 7 cakes or 11 g                               | 13 cakes or 22 g                            |
| Roll (Dinner, White, WW, Potato)               | 1/2 roll or 14 g                              | 1 roll or 28 g                              |
| Taco or Tostado Shell, Hard                    | 1 shell or 14 g                               | 2 shells or 28 g                            |
| Tortilla, Soft, Corn (~5 ½")                   | 3/4 tortilla or 14 g                          | 1 1/4 tortillas or 28 g                     |
| Tortilla, Soft, Flour (~6")                    | 1/2 tortilla or 14 g                          | 1 tortilla or 28 g                          |
| Tortilla, Soft, Flour (~8")                    | 1/4 tortilla or 14 g                          | 1/2 tortilla or 28 g                        |
| Tortilla Chips, Round or Large                 | 6 chips (9 mini rounds)<br>or 14 g            | 12 chips (18 mini rounds)<br>or 28 g        |
| Wafers, Rye                                    | 2 wafers or 11 g                              | 4 wafers or 22 g                            |
| Waffles, Square or Round (~ 4")                | 1/2 waffle or 17 g                            | 1 waffle or 34 g                            |

## What If the Grain Is Different?

If the grain item you want to serve is smaller or lighter than the item in the chart or is not listed above, you will need to use another way to determine how much to serve to meet CACFP meal pattern requirements. Use the *Exhibit A Grains Tool* found on the [Food Buying Guide webpage](#) to determine how many oz eq of grains are in one serving by entering information from the Nutrition Facts Label on the product into the tool.

**Grain-Based Desserts (GBD)** are not creditable and cannot be served to meet the grains component

- Examples include granola bars, cookies, cake, cereal bars, and toaster pastries.
- For a more extensive list, refer to the [Is it a Grain-Based Dessert?](#) handout or GM 12.
- Even if the GBD is homemade with healthy ingredients, whole grains, or less sugar, it is not creditable.

## DOCUMENTATION FOR WHOLE GRAIN-RICH (WGR) FOODS

This handout provides information on documentation to keep on file to show that a grain item meets CACFP WGR criteria. The type of documentation required depends on the item and/or method used to determine the item as WGR.

For information on organizing documentation, refer to [Maintaining Product Labels or Other Acceptable Documentation for Certain Foods](#).

*This handout is not applicable to School Food Authorities operating At-Risk Afterschool using the NSLP meal pattern. Family day care home providers must maintain documentation for whole grain-rich foods as specified by their sponsor.*

### Bread, Buns, Rolls Labeled 'Whole Wheat,' 'Entire Wheat,' or 'Graham' and Pasta Labeled 'Whole Wheat' (macaroni product, macaroni, spaghetti, or vermicelli)

Only breads, buns, rolls, and pastas with these exact product names conform to an FDA Standard of Identity and can be considered whole grain-rich.



#### Keep the Following On File

Product label or picture/copy of label (front of the package) that includes the name and brand of product and shows:

- Bread, buns or rolls are labeled "Whole Wheat," "Entire Wheat," or "Graham"
- Pasta is labeled "Whole Wheat"

#### Products Without a Standard of Identity:

- This method may not be used on products such as crackers, tortillas, bagels, biscuits, and English muffins, etc., even when they are labeled 'whole wheat,' 'entire wheat,' or 'graham.'
- This method may not be used on breads, buns, rolls, and pasta or any other product labeled with other wording such as 'Whole Grain,' 'Contains whole grains,' 'Made with whole grains,' 'Made with whole wheat,' or 'Wheat.'

These items must be verified as WGR with other documentation.

### WIC-Approved Whole Grains (see [Wisconsin WIC Approved Whole Grains](#))

#### Keep the Following On File

Product label or picture/copy of label (front of the package) that includes the name and brand of product





## Grains With One of These FDA Health Claims:

- “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.”
- “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.”

### Keep the Following On File

Product label or picture/copy of label (front of the package) that includes the name and brand of product and the FDA Health Claim



## Grain Items That Do Not Meet the Above Criteria

- Breads, buns, rolls, and pasta that does not meet criteria above or on page 1
- Any grain items such as bagels, crackers, waffles, pancakes, muffins, pita bread, English muffins, etc., including those labeled ‘Whole Wheat,’ ‘Whole Grain,’ ‘Made with whole grains,’ ‘Made with whole wheat,’ or ‘Contains whole grains’

### Keep One of the Following On File

- Product label or picture/copy of label that includes:
  - Name and brand of product (front of the package)
  - Ingredients list (ingredients must meet the Rule of 3)
- Product specification sheet that includes the name and brand of item and the Ingredients list (ingredients must meet the Rule of 3)
- *Product Formulation Statement for Documenting Grains* from the manufacturer that includes the Product Name, Manufacturer, and indicates the product meets WGR criteria

### Ingredients List and Rule of 3



**INGREDIENTS:** WHOLE GRAIN WHEAT FLOUR, SUGAR, SOYBEAN OIL, CORNSTARCH, MALT SYRUP (FROM CORN AND BARLEY), SALT, INVERT SUGAR, LEAVENING (CALCIUM PHOSPHATE AND/OR BAKING SODA), VEGETABLE COLOR (ANNATTO EXTRACT, TURMERIC OIL/RESIN).

**BHT ADDED TO PACKAGING MATERIAL TO PRESERVE FRESHNESS**

**CONTAINS: WHEAT.**

**Rule of 3:** The first ingredient, or second after water, must be a whole grain/flour. Second and third grain ingredients, if any, must be a whole grain/flour, enriched grain/flour, bran, or germ.

See [Rule of 3 For Determining Whole Grain-Rich](#) and the [Grain Ingredients List](#).

### Product Formulation Statement for Documenting Grains

**CONAGRA**  
Formulation Statement for Documenting Grains in School Meals  
(Existing Standards Based on Revised Eligible Grains per or equivalent)

Subject Product Information: (SP) Attached include a copy of the label from the purchased product package in addition to the following information on label(s) signed by an official company representative. Grain products may be certified based on previous standards through SP 2016-2017. The new labeling provided for grains is outlined in Policy Statement SP 2016-2017. Please be used beginning SP 2016-2017. SPs have the option to choose the existing method but for the specific needs of the same plan(s).

Product Name: Wheat Thins Serving Size: 1.8oz (51g)  
Manufacturer: Conagra Brands Code No.: 00000000

1. Does the product meet the Whole Grain-Rich Criteria: Yes ☐ No ☐  
(Check in SP 2016-2017. Check Department for the National School Lunch Program and School Breakfast Program.)

2. Does the product contain any additional grains? Yes ☐ No ☐ How many grams: 0.00g  
(Checklist and any other SPs in a separate SP. If you are a manufacturer of a grain product, please use the appropriate SP to document the grain composition for your product.)

3. Fill in Policy Statement SP 2016-2017 Grain Requirements for the National School Lunch Program and School Breakfast Program. A table is included in the product label. See Grain-Rich Criteria. (Check policy statement for details.)

| Declaration of Product per Food Buying Guide | Portion Size of Product as Purchased | Weight of one ounce equivalent as listed in SP 2016-2017 |       | Creditable Amount |
|----------------------------------------------|--------------------------------------|----------------------------------------------------------|-------|-------------------|
|                                              |                                      | A                                                        | B     |                   |
| Wheat                                        | 1.8oz                                | 1.8oz                                                    | 1.8oz | 1.8oz             |
| <b>Total Creditable Amount:</b>              |                                      |                                                          |       | <b>1.8oz</b>      |

Total weight (per portion) of product as purchased: 1.8oz  
Total contribution of product (per portion): 1.8oz or, equivalent

David Schmitt MS RD, Sr. Nutritionist  
Signature: [Signature] Title: Sr. Nutritionist  
David Schmitt MS RD, 10001  
Printed Name: [Name] Phone Number: [Phone Number]

Does the product meet the Whole Grain-Rich Criteria: Yes ☒ No ☐



## Commercially Purchased Processed Food Items

Examples include combination foods like pizza, breaded chicken nuggets, ravioli, breaded fish sticks and corn dogs.

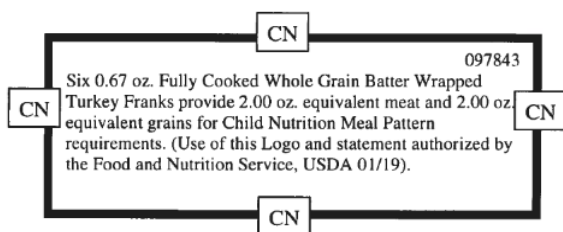
These items may credit towards the grains component and be counted as the WGR item when:

- Child Nutrition (CN) Label indicates the item provides an amount of oz. equivalent grains for Child Nutrition Meal Pattern requirements.
- Product Formulation Statement indicates the item meets WGR criteria.

### Keep One of the Following On File

- Child Nutrition (CN) Label stating “oz. eq. grains”
- Product Formulation Statement (PFS) from the manufacturer indicating the item meets WGR criteria

### Child Nutrition (CN) Label



### Product Formulation Statement

Formulation Statement for Determining Grains in School Meals

Regulation Beginning 07/2013

Crediting Standards Based on Grains of Creditable Grains

School Food Authorities (SFAs) should include a copy of the label from the purchased product package in addition to the following information on standard required by an official company representative. Grain products may be credited based on previous standards through 07/2013. The new crediting standards for grains (as outlined in Policy Memorandum SP 20-2012) must be used beginning 07/2013. SFAs have the option to choose the crediting method that best fits the specific needs of the menu plan.

Product Name: Early Rich Pasta Casserole Cook No.: 0322

Manufacturer: Ball-Peterson Corporation Serving Size: 2.00 (1/2 cup)

How much weight may be used to calculate grain amount?

I. Does the product meet the Whole Grain-Rich Criteria? Yes ☐ No ☒

II. Does the product contain non-creditable grains? Yes ☐ No ☒ How many grams 0.00

III. Use Policy Memorandum SP 20-2012 Grain Requirements for the National School Lunch Program and School Breakfast Program. Exhibit A is a description of the product. Groups A-C: Creditable grains. Group D: Creditable grains. Group E: Creditable grains. Group F: Creditable grains. Group G: Creditable grains. Group H: Creditable grains. Group I: Creditable grains. Group J: Creditable grains. Group K: Creditable grains. Group L: Creditable grains. Group M: Creditable grains. Group N: Creditable grains. Group O: Creditable grains. Group P: Creditable grains. Group Q: Creditable grains. Group R: Creditable grains. Group S: Creditable grains. Group T: Creditable grains. Group U: Creditable grains. Group V: Creditable grains. Group W: Creditable grains. Group X: Creditable grains. Group Y: Creditable grains. Group Z: Creditable grains.

| Description of Creditable Grain Ingredient | Grains of Creditable Grain per 1/2 cup equivalent (1/2 cup = 1/2 cup) | Grains of Creditable Grain per 1/2 cup equivalent (1/2 cup = 1/2 cup) | Creditable Amount |
|--------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------------------------------------|-------------------|
| Whole wheat flour                          | 12.14                                                                 | 12                                                                    | 2.00              |
| Enriched wheat flour                       | 1.00                                                                  | 1                                                                     | 0.00              |
| <b>Total Creditable Amount</b>             |                                                                       |                                                                       | <b>2.00</b>       |

Footnote: Grains on whole grain meal flour and enriched meal flour. Grains on 1/2 cup of creditable grain = 12.14 grams. Please to meet the serving sizes other than grains must be converted to grams.

Footnote: Grains of creditable grains from the corresponding Group in Exhibit A.

Footnote: Total Creditable Amount must be creditable down to the nearest quarter of 0.25 cup. Do not round up.

Total weight (per portion) of product is 2.00 oz.

Total creditable amount of product is 2.00 oz.

Locality that the grains information is true and correct and that 2.48 ounces portion of this product (total for serving) provides 2.00 oz equivalent grains. (Further certify that non-creditable grains are not above 0.24 oz per portion)

Does the product meet the Whole Grain-Rich Criteria: Yes ☒ No ☐

## Homemade Grain Items

Examples include homemade muffins, bread, pancakes, and waffles.

### Keep the Following On File

Recipe that identifies all ingredients and grain ingredient amounts by weight or volume. The recipe must show at least 50% of grains are whole grains and the remaining grains are enriched.

### Whole Wheat Muffins

#### Ingredients

- |                           |                       |
|---------------------------|-----------------------|
| 1 cup flour (all purpose) | 2 egg                 |
| 1 cup whole wheat flour   | 1 teaspoon vanilla    |
| 1/2 teaspoon salt         | 1/4 cup butter melted |
| 2 tsp baking powder       | 1 tablespoon sugar    |
| 1/4 cup brown sugar       | 1/2 teaspoon cinnamon |
| 1 cup milk, low-fat (1%)  |                       |





## Breakfast Cereals

Ready-to-eat breakfast cereals are WGR when the first ingredient is a whole grain, and the cereal is fortified (vitamins and minerals are listed at the end of the Ingredients list).

**Ingredients:** Whole Grain Oats, Corn Starch, Sugar, Salt, Tripotassium Phosphate. Vitamin E (mixed tocopherols) Added to Preserve Freshness. **Vitamins and Minerals:** Calcium Carbonate, Iron and Zinc (mineral nutrients), Vitamin C (sodium ascorbate), A B Vitamin (niacinamide), Vitamin B<sub>6</sub> (pyridoxine hydrochloride), Vitamin A (palmitate), Vitamin B<sub>1</sub> (thiamin mononitrate), A B Vitamin (folic acid), Vitamin B<sub>12</sub>, Vitamin D<sub>3</sub>.

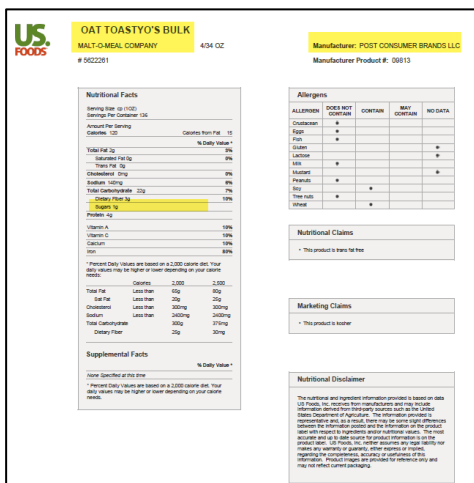
Ready-to-eat breakfast cereals that do not meet the above criteria and instant and hot cereals: The ingredients must meet the Rule of 3. See [Rule of 3 For Determining Whole Grain-Rich](#) and the [Grain Ingredients List](#).

## Documentation To Keep On File

Product label or picture/copy of label that includes:

- Name and brand of cereal
- Ingredients list (see 'Requirements' below for more info on determining cereal as WGR)

Other acceptable documentation includes a product specification sheet that includes the name and brand of cereal and the Ingredients list.



Resources linked in this document are posted under Guidance Memorandum 12 (Guidance Memorandum L for FDCH Sponsors) on the [Guidance Memorandum webpage](https://dpi.wi.gov/community-nutrition/cacfp/guidance-memo) ([dpi.wi.gov/community-nutrition/cacfp/guidance-memo](https://dpi.wi.gov/community-nutrition/cacfp/guidance-memo))

## RULE OF 3 FOR DETERMINING WHOLE GRAIN-RICH (WGR)

- Rule of 3 Flowchart
- Examples of Products that are WGR and are not WGR by the Rule of 3
- Flour Blend Ingredients and Nixtamalized Corn Ingredients

The Rule of 3 requires looking at a grain product's ingredient list. A grain is WGR when the:

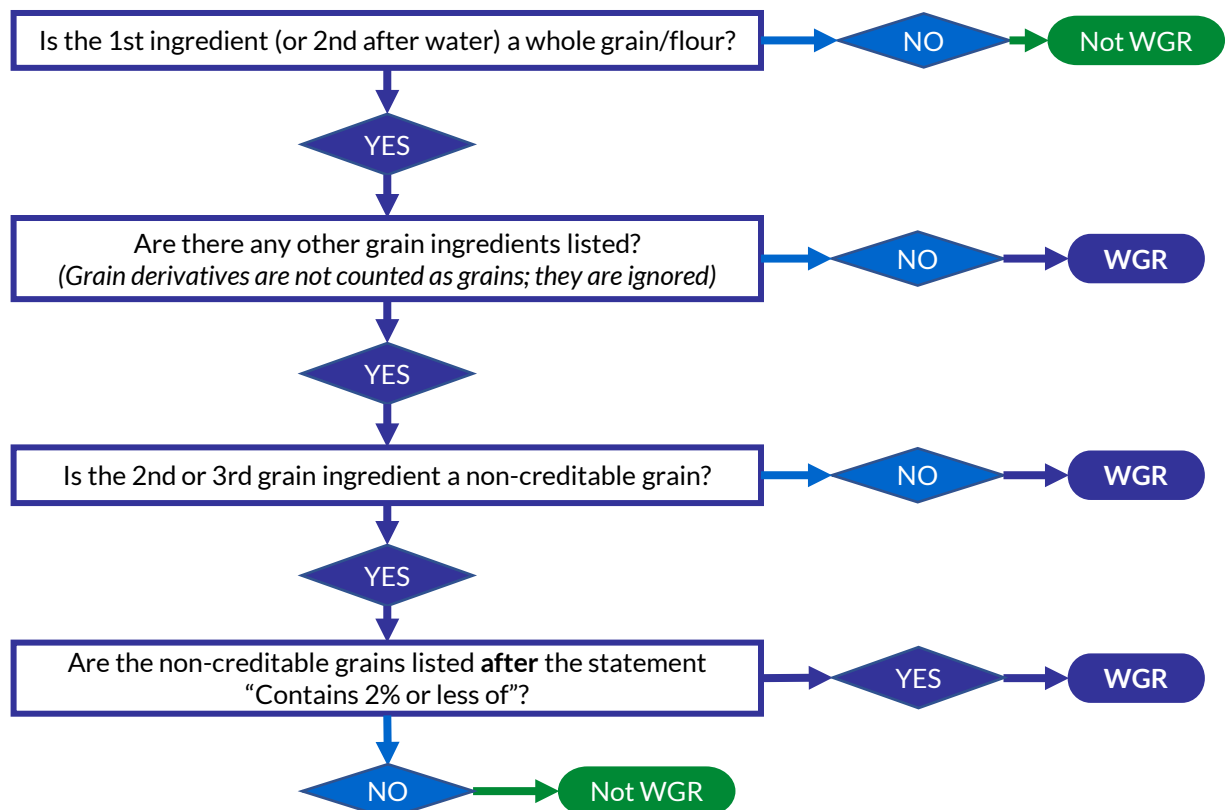
- 1<sup>st</sup> ingredient (or second after water) is a **whole grain/flour**
- 2<sup>nd</sup> and 3<sup>rd</sup> grain ingredients (if any) are a **whole grain/flour, enriched grain/flour, bran, or germ**

*A non-creditable grain cannot be one of the first three grain ingredients.*

*Grain derivatives and ingredients after the "Contains 2% or less of" statement are ignored.*

### Rule of 3 Flowchart

Use the Rule of 3 Flowchart to determine if a grain product is WGR or not WGR depending on the type of grain ingredients. For a list of grain ingredients, see the [Grain Ingredients List](#).





## Examples of Products that are WGR by the Rule of 3

This product is WGR because the 1<sup>st</sup> ingredient is a whole grain. There are no other grain ingredients.

**INGREDIENTS:** WHOLE GRAIN WHEAT FLOUR, CANOLA OIL, SUGAR, ~~CORNSTARCH~~, MALT SYRUP (FROM CORN AND BARLEY), REFINER'S SYRUP, SALT, LEAVENING (CALCIUM PHOSPHATE AND BAKING SODA), TOMATO POWDER, SUNDRIED TOMATO POWDER, PAPRIKA, GARLIC POWDER, SPICES (INCLUDES BASIL), ONION POWDER, DRIED RED AND GREEN BELL PEPPERS, YEAST EXTRACT, NATURAL FLAVOR (CONTAINS CELERY), SULFUR DIOXIDE (SULFITES) TO PRESERVE FRESHNESS.

1st ingredient: Whole Grain Wheat Flour (Whole Grain/Flour)  
Note: Cornstarch is a grain derivative (ignored)

This product is WGR because the 1<sup>st</sup> ingredient is a whole grain, the 2<sup>nd</sup> grain ingredient is a whole grain, and the 3<sup>rd</sup> grain ingredient is a bran.

**INGREDIENTS:** WHOLE WHEAT FLOUR, WATER, WHOLE WHEAT, SUGAR, WHEAT GLUTEN, YEAST, WHEAT BRAN, CORNMEAL, SALT, CALCIUM PROPIONATE AND SORBIC ACID (TO PRESERVE FRESHNESS), MONO- AND DIGLYCERIDES, DATEM, CELLULOSE GUM, CITRIC ACID, XANTHAN GUM, MALTODEXTRIN, CORNSTARCH, ALGIN, SOY LECITHIN. R18-121-300621

1st ingredient: Whole Wheat Flour (Whole Grain/Flour)  
2nd grain ingredient: Whole Wheat (Whole Grain/Flour)  
3rd grain ingredient: Wheat Bran (Bran)  
Note: Wheat gluten is a grain derivative (ignored)

This product is WGR because the 1<sup>st</sup> ingredient is a whole grain, and the 2<sup>nd</sup> grain ingredient is an enriched grain. There is not a 3<sup>rd</sup> grain ingredient.

**INGREDIENTS:** GRAHAM FLOUR (WHOLE GRAIN WHEAT FLOUR), ENRICHED UNBLEACHED FLOUR (WHEAT FLOUR, NIACIN, REDUCED IRON, THIAMINE MONONITRATE {VITAMIN B1}, RIBOFLAVIN {VITAMIN B2}, FOLIC ACID), SUGAR, CANOLA OIL, DEXTROSE, HONEY, CALCIUM CARBONATE (SOURCE OF CALCIUM), MALTODEXTRIN, BAKING SODA, SALT, SOY LECITHIN, NATURAL FLAVOR.

1st ingredient: Graham Flour (Whole Grain/Flour)  
2nd grain ingredient: Enriched Unbleached Flour (Enriched Grain/Flour)

This product is WGR because the 1<sup>st</sup> ingredient is a whole grain. There are no other grain ingredients.

**INGREDIENTS:** BROWN RICE FLOUR, ~~POTATO STARCH~~, SAFFLOWER OIL, SESAME SEEDS, SEA SALT, BLACK SESAME SEEDS, POPPY SEEDS, FLAX SEED.  
**CONTAINS: SESAME SEED.**

1st ingredient: Brown Rice Flour (Whole Grain/Flour)  
Note: Potato starch is a grain derivative (ignored)



## Examples of Products that are Not WGR by the Rule of 3

This product is not WGR because the 1<sup>st</sup> ingredient is not a whole grain/flour.

This product is creditable as an enriched grain.

**INGREDIENTS:** UNBLEACHED ENRICHED FLOUR (WHEAT FLOUR, NIACIN, REDUCED IRON, THIAMINE MONONITRATE {VITAMIN B1}, RIBOFLAVIN {VITAMIN B2}, FOLIC ACID), WHOLE GRAIN WHEAT FLOUR, CANOLA OIL, SUGAR, PALM OIL, LEAVENING (CALCIUM PHOSPHATE, BAKING SODA), SALT, HIGH FRUCTOSE CORN SYRUP, SOY LECITHIN.

1st ingredient: Unbleached Enriched Flour (Enriched grain/flour)

This product is not WGR because the 2nd grain ingredient is a non-creditable grain/flour.

This product is creditable as a grain because the first ingredient is whole wheat flour; however, it cannot count as WGR.

**INGREDIENTS:** WHOLE WHEAT FLOUR, WATER, FARINA, WHEAT GLUTEN, YEAST, SALT, CALCIUM PROPIONATE AND SORBIC ACID (TO PRESERVE FRESHNESS), SUGAR, GRAIN VINEGAR, SODIUM STEAROYL LACTYLATE, NATURAL FLAVOR (CONTAINS MILK), MONO- AND DIGLYCERIDES, ETHOXYLATED MONO- AND DIGLYCERIDES, SOY LECITHIN, SOY, SUCRALOSE, WHEY. R21-047-200045

1st ingredient: Whole Wheat Flour (Whole Grain/Flour)  
2nd grain ingredient: Farina (Non-Creditable Grain/Flour)

This product is not WGR because the 1<sup>st</sup> ingredient is not a whole grain/flour.

This product is not creditable in the CACFP because the corn is not enriched.

**Ingredients:** Corn, Vegetable Oil (Corn, Canola, and/or Sunflower Oil), and Salt.

1st ingredient: Corn (Non-Creditable Grain/Flour)

This product is not WGR because the 1<sup>st</sup> ingredient is not a whole grain/flour.

This product is creditable as an enriched grain because there is a sub-listing of nutrients used to enrich the semolina (wheat).

**INGREDIENTS:** SEMOLINA (WHEAT), NIACIN, FERROUS SULFATE (IRON), THIAMINE MONONITRATE, RIBOFLAVIN, FOLIC ACID.

1st ingredient: Semolina (Non-Creditable Grain/Flour)



## Flour Blend Ingredients

It is important to understand flour blends and how they apply to the Rule of 3. A flour blend is when a grain/flour ingredient is listed with parentheses next to it and in the parentheses is a list of ingredients. For example:

**Enriched Wheat Flour (Flour, Malted Barley Flour, Iron, Niacin, Thiamin, Riboflavin, Folic Acid)**

In the example above, the ingredients in the parentheses make up the enriched wheat flour, they are not separate ingredients.

**When applying the Rule of 3, treat flour blends as one ingredient;** i.e., the enriched wheat flour in the example is the grain ingredient, not the flour and malted barley in the parentheses.

### Flour Blends and the Rule of 3 for Whole Grain-Rich

**When a Flour Blend is the 1<sup>st</sup> Ingredient (or second after water):** all ingredients in the parentheses must be whole grains/flours. There cannot be any enriched grains/flours, bran, germ, or non-creditable grains. Here is an example of a whole grain flour blend:

**Whole grain flour (whole wheat flour, brown rice flour, whole grain oat flour)**

**When a Flour Blend is the 2<sup>nd</sup> and/or 3<sup>rd</sup> grain ingredient:** all ingredients in the parentheses must be creditable, meaning they are a whole grain/flour, enriched grain/flour, bran or germ; vitamins and minerals are allowed. Here is an example of a creditable flour blend:

**Flour blend (graham flour, enriched wheat flour, enriched corn flour, wheat bran)**

**If there are any non-creditable grains/flours, the entire flour blend is a non-creditable grain.** Here is an example of a non-creditable flour blend (soy flour and potato flour are non-creditable grains):

**Flour blend (graham flour, soy flour, potato flour)**

## Nixtamalized Corn Ingredients

Corn products, such as tortillas and tortilla chips, with corn ingredients that are nixtamalized are considered whole grain. These ingredients may be identified in the ingredients list as:

- Calcium hydroxide/hydrated lime
- Corn masa / corn masa flour
- Cooked with lime / lime water
- Ground corn treated with lime
- Ground corn with trace of lime
- Lime
- Masa harina
- Trace of lime
- Treated with hydrated lime
- Treated with lime



#### Ingredients

Organic Masa (Organic Corn, Water, Lime), Organic Sunflower Oil, Organic Corn Oil, Salt

*Products that have lime flavoring added are not nixtamalized. If a product has lime flavoring added, you might see words such as "hint of lime," "lime juice", "lime zest", or "lime oil" in the ingredients list.*



# Grain Ingredients List

Use this list when determining if a grain item is whole grain-rich by the Rule of Three. To meet the Rule of Three, the first ingredient (or second after water) must be a whole grain, and the next two grain ingredients, if any, must be a whole grain, enriched grain, bran, or germ. The first three grain ingredients cannot be a non-creditable grain/flour. Grain derivatives and ingredients listed after the “contains 2% or less” statement are to be ignored.

## Whole Grain Ingredients

**Must be the first ingredient, or second after water. May be the second and/or third grain ingredient.**

- |                                  |                                                                 |                                |
|----------------------------------|-----------------------------------------------------------------|--------------------------------|
| • Amaranth                       | • Oats                                                          | • Whole corn flour             |
| • Amaranth flour                 | • Oatmeal (old-fashioned, quick cooking, steel cut and instant) | • Whole corn meal              |
| • Bromated whole wheat flour     | • Oat groats                                                    | • Whole durum flour            |
| • Brown basmati rice             | • Oat flour                                                     | • Whole durum wheat flour      |
| • Brown jasmine rice             | • Popcorn                                                       | • Whole einkorn                |
| • Brown rice                     | • Quick cooking oats                                            | • Whole einkorn berries        |
| • Brown rice flour               | • Quinoa                                                        | • Whole grain barley           |
| • Buckwheat                      | • Rolled oats                                                   | • Whole grain brown rice       |
| • Buckwheat flour                | • Rye berries                                                   | • Whole grain corn             |
| • Buckwheat groats               | • Rye flakes                                                    | • Whole grain corn flour       |
| • Bulgur                         | • Rye groats                                                    | • Whole grain corn meal        |
| • Bulgar wheat                   | • Sorghum                                                       | • Whole grain einkorn flour    |
| • Corn masa                      | • Sorghum flour                                                 | • Whole grain grits            |
| • Corn masa flour                | • Spelt berries                                                 | • Whole grain Khorasan wheat   |
| • Corn treated with lime         | • Sprouted brown rice                                           | • Whole Khorasan wheat         |
| • Cracked buckwheat              | • Sprouted buckwheat                                            | • Whole grain oat flour        |
| • Cracked wheat                  | • Sprouted einkorn                                              | • Whole grain soft white wheat |
| • Crushed wheat                  | • Sprouted spelt                                                | • Whole grain spelt flour      |
| • Dehulled barley                | • Sprouted wheat                                                | • Whole grain wheat            |
| • Dehulled-barley flour          | • Sprouted wheat berries                                        | • Whole grain wheat flakes     |
| • Emmer (whole farro)            | • Sprouted whole rye                                            | • Whole grain wheat flour      |
| • Entire wheat flour             | • Sprouted whole wheat                                          | • Whole oat flour              |
| • Flaked rye                     | • Steel cut oats                                                | • Whole oats                   |
| • Flaked wheat                   | • Teff                                                          | • Whole rye                    |
| • Graham flour                   | • Teff flour                                                    | • Whole rye flour              |
| • Ground corn with trace of lime | • Triticale                                                     | • Whole rye flakes             |
| • Ground corn treated with lime  | • Triticale flour                                               | • Whole spelt                  |
| • Hominy                         | • Wheat berries                                                 | • Whole wheat flakes           |
| • Hominy grits                   | • Wheat groats                                                  | • Whole wheat flour            |
| • Instant oatmeal                | • White whole wheat flour                                       | • Whole white wheat            |
| • Masa harina                    | • Whole barley                                                  | • Whole white wheat flour      |
| • Millet                         | • Whole barley flakes                                           | • Wild rice                    |
| • Millet flour                   | • Whole buckwheat flour                                         | • Wild rice flour              |
| • Nixtamalized corn              | • Whole corn                                                    |                                |
| • Nixtamalized corn flour/meal   |                                                                 |                                |



### Nixtamalized Corn Ingredients

Corn ingredients that are nixtamalized are considered whole grain. These ingredients may be identified in the ingredients list as:

- |                          |                              |
|--------------------------|------------------------------|
| • Cooked with lime       | • Lime/Calcium Hydroxide     |
| • Cooked with lime water | • Trace of lime              |
| • Hydrated lime          | • Treated with hydrated lime |
| • Lime                   | • Treated with lime          |

**In addition to the ingredients listed above, if an ingredient has “whole” in front of it, then it is a whole grain ingredient.**

## Enriched Grain Ingredients

May be the second and/or third grain ingredient.

- Enriched bromated flour
- Enriched corn flour
- Enriched corn meal
- Enriched durum flour
- Enriched durum wheat flour
- Enriched farina
- Enriched grits
- Enriched rice
- Enriched rice flour
- Enriched rye flour
- Enriched wheat flour
- Enriched white flour
- Other grains with the word “enriched” in front of it

In addition to ingredients listed on the left:

- When nutrients (niacin, iron, riboflavin, folic acid, thiamin) appear at the end of the ingredient list, separate from the grains, the entire product is enriched.
- When nutrients (niacin, iron, riboflavin, folic acid, thiamin) appear after a grain or flour, the grain or flour is enriched.

## Bran or Germ Ingredients

May be the second and/or third grain ingredient.

- Corn bran
- Oat bran
- Rice bran
- Rye bran
- Wheat bran
- Wheat germ

## Non-Creditable Grains and Flours

Cannot be one of the first three grain ingredients.

- Barley
- Barley flakes
- Barley flour
- Barley grits
- Barley malt
- Basmati rice
- Bean/legume flour (such as chickpea, lentil, etc.)
- Bread flour
- Bromated flour
- Corn
- Corn fiber
- Corn flour
- Corn grits
- Corn meal
- Cultured wheat flour
- Degermed corn
- Degerminated corn meal
- Durum flour
- Durum grits
- Durum wheat flour
- Farina
- Flour
- Grits
- Ground corn
- Jasmine rice
- Malted barley
- Malted barley flour
- Nut or seed flour (any kind)
- Oat fiber
- Pearl(ed) barley
- Phosphate flour
- Pot barley
- Potato flour
- Rice flour
- Rye
- Rye flour
- Scotch barley
- Self-rising flour
- Self-rising wheat flour
- Semolina
- Soy flour
- Stone ground corn
- Stone ground wheat flour
- Tapioca flour
- Unbleached flour
- Vegetable flour (any kind)
- Wheat
- Wheat flour
- White flour
- Yellow corn flour
- Yellow corn meal

## Grain Derivatives

Do not count as ingredients; they are ignored.  
Cross them out when doing the Rule of Three.

- Cellulose fiber
- Corn dextrin
- Corn starch
- Modified food starch
- Potato starch
- Rice starch
- Tapioca starch
- Wheat dextrin
- Wheat gluten
- Wheat starch

## What about Flour Blends Ingredients?

Treat flour blends as one ingredient. A flour blend is when a grain/flour ingredient is listed with a parenthesis next to it and in the parentheses is a list of multiple ingredients.

- ✓ If a flour blend is the first grain ingredient, all ingredients in the blend must be whole grains/flours.
- ✓ If a flour blend is the second or third grain ingredient, all grain ingredients in the blend must be whole grains/flours, enriched grains/flours, bran, and/or germ; vitamins and minerals are allowed.
- ✓ If a flour blend includes any non-creditable grains/flours, the flour blend is a non-creditable grain.



# Wisconsin WIC Approved Whole Grains

Foods listed below meet CACFP whole grain rich (WGR) criteria.

## BREADS, BUNS, ROLLS

Any brand labeled “100% Whole Wheat” and lists whole wheat flour as the first ingredient.

### Allowed brands:

- Aunt Millie’s bread
- Beigel’s Windmill Farms bread
- Best Choice bread
- Bimbo bread
- Brownberry bread and buns
- Butternut bread
- Country Hearth bread
- Food Club bread
- Great Value bread and buns
- Hy-Vee bread
- IGA whole wheat bread
- Kroger bread and buns
- Lewis Bake Shop bread
- Our Family bread
- Pepperidge Farm bread and buns
- Private Selection bread
- S. Rosen bread
- Sara Lee bread
- Schnuck’s bread
- SunnyBrook bread
- Village Hearth bread and buns



## TORTILLAS / WRAPS WHOLE WHEAT

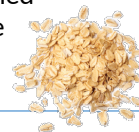
Only the following brands labeled “Whole Wheat” or “100% Whole Wheat” :

- Best Choice
- Bucky Badger
- Chi-Chi’s
- Don Pancho
- Essential Everyday
- Food Club
- Frescados
- Great Value
- Hy-Vee
- IGA
- Kroger
- La Bandertia
- Market Pantry
- Mission
- Ortega
- Our Family
- Tio Santi



## OATS/OATMEAL

- Plain, any brand
- Quick
- Old fashioned
- Gluten free



## BROWN RICE

- Any brand, dry
- Plain brown rice without added herbs, seasonings, or beans
- Regular, instant, and boil-in-bag type



## WHOLE WHEAT PASTA

Any shape pasta

Only the following brands labeled “Whole Wheat” or “100% Whole Wheat”:

- Barilla (Whole Grain)
- Essential Everyday
- Food Club
- Gia Russa
- Good and Gather
- Great Value
- Heartland
- Hy-Vee
- Kroger
- Our Family
- Racconto
- Ronzoni 100% Whole Grain



## TORTILLAS / WRAPS WHITE OR YELLOW SOFT CORN

Only the following brands labeled “White Corn” or “Yellow Corn”:

- Best Choice
- Bucky Badger
- Chi-Chi’s
- El Ray
- Essential Everyday
- Food Club
- Frescados
- Hy-Vee
- IGA
- La Bandertia
- La Burritia
- Mission
- Our Family



## New Whole Grain Rich Products for the CACFP.

The WIC whole grain list has been updated and it now includes bagels, and english muffins labeled 100% whole wheat. Below are some examples of WGR bagels and english muffins.

**WHOLE WHEAT  
BREAD PRODUCTS**

**BUY:**

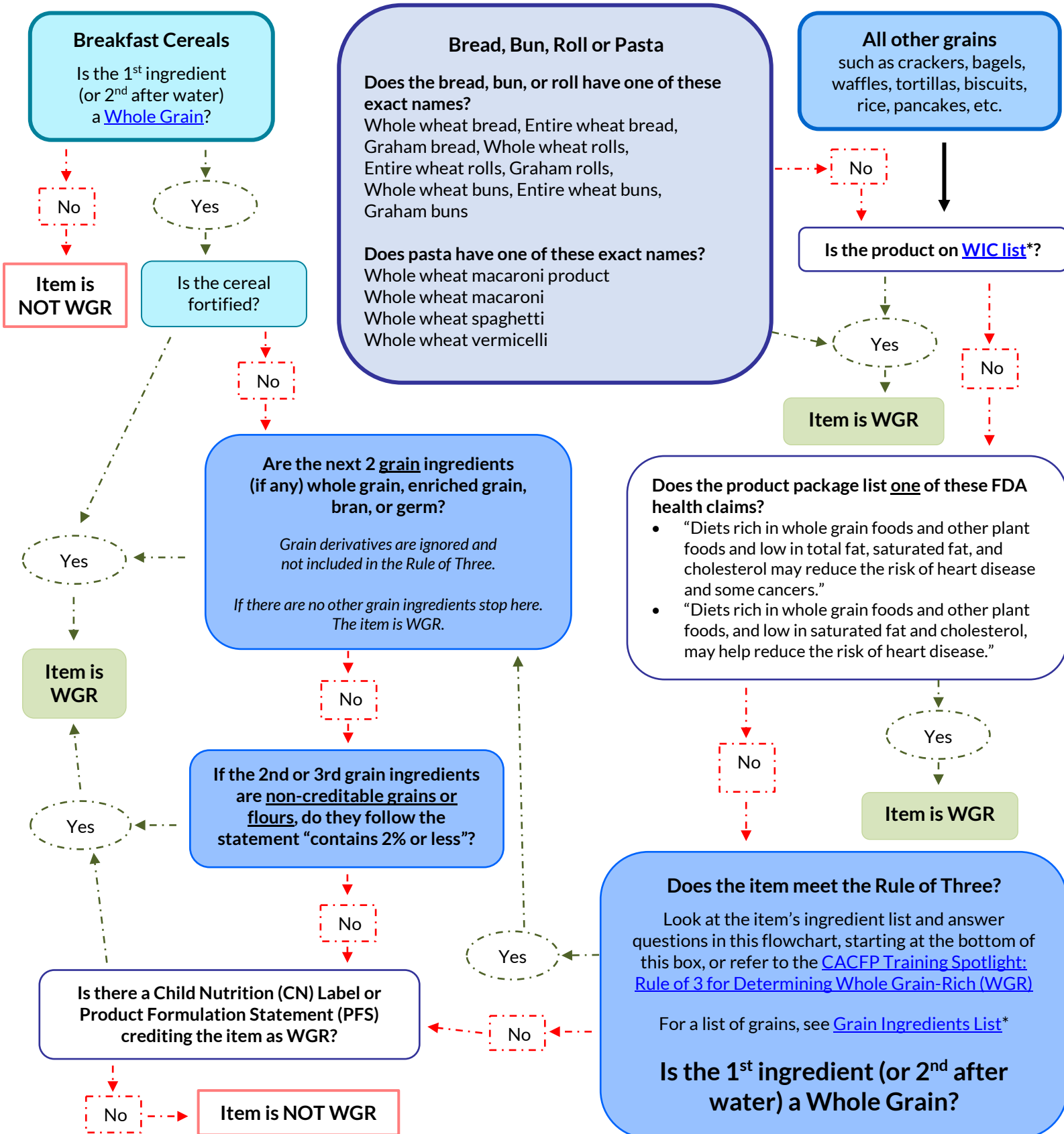
- Any brand labeled "100% whole wheat"
- 100% whole wheat bread, buns, rolls, bagels, English muffins, and pitas
- 12 – 24 oz packages

WHOLE GRAINS



## Is the Grain Item Whole Grain-Rich (WGR) in the CACFP?

Use this flowchart to determine if a grain item is WGR in the CACFP. Start with one of the three boxes at the top of the page, depending on the type of grain item you are determining. For a list of grain ingredients when looking at breakfast cereals and when using the Rule of Three, see the [Grain Ingredients List\\*](#).







# Cereal Added Sugar Limits

**Breakfast cereals** served in the CACFP must contain **no more than 6 grams of added sugars per dry ounce.**

- Use a cereal's Nutrition Facts label and the charts below to determine if a cereal meets this requirement and can be served.
- Cereals on any state's WIC list meet this requirement and can be served.



**Use the Nutrition Facts label and charts to find cereal that meets CACFP added sugar limits:**

1. On the Nutrition Facts label find the **Serving Size**, in grams (g).
2. Find the **Added Sugars** line. Look at the number of grams (g) next to Added Sugars.
3. In the tables below, under the "Serving Size" column, find the serving size identified in Step 1. Then, look at the number of grams in the "Added Sugar Limit" column for that serving size. This is the allowable amount of sugar in grams (g) for that serving size. **If the cereal has that amount of added sugar, or less, the cereal meets the added sugar limit and can be served in the CACFP.**

| Nutrition Facts                 |                   |
|---------------------------------|-------------------|
| about 14 servings per container |                   |
| Serving size                    | 1/4 cup dry (33g) |
| Amount per serving              |                   |
| <b>Calories</b>                 | <b>120</b>        |
| % Daily Value*                  |                   |
| Total Fat 1.5g                  | 2%                |
| Saturated Fat 0g                | 0%                |
| Trans Fat 0g                    |                   |
| Cholesterol 0mg                 | 0%                |
| Sodium 180mg                    | 8%                |
| Total Carbohydrate 22g          | 8%                |
| Dietary Fiber 2g                | 7%                |
| Total Sugars 2g                 |                   |
| Includes 2g Added Sugars        | 4%                |
| Protein 5g                      |                   |

| Serving Size<br>grams (g) | Added Sugar<br>Limit |
|---------------------------|----------------------|
| 0-2 g                     | 0 grams              |
| 3-7 g                     | 1 gram               |
| 8-11g                     | 2 grams              |
| 12-16 g                   | 3 grams              |
| 17-21 g                   | 4 grams              |
| 22-25 g                   | 5 grams              |
| 26-30 g                   | 6 grams              |

| Serving Size<br>grams (g) | Added Sugar<br>Limit |
|---------------------------|----------------------|
| 31-35 g                   | 7 grams              |
| 36-40 g                   | 8 grams              |
| 41-44 g                   | 9 grams              |
| 45-49 g                   | 10 grams             |
| 50-54 g                   | 11 grams             |
| 55-58 g                   | 12 grams             |
| 59-63 g                   | 13 grams             |

| Serving Size<br>grams (g) | Added Sugar<br>Limit |
|---------------------------|----------------------|
| 64-68 g                   | 14 grams             |
| 69-73 g                   | 15 grams             |
| 74-77 g                   | 16 grams             |
| 78-82 g                   | 17 grams             |
| 83-87 g                   | 18 grams             |
| 88-91 g                   | 19 grams             |
| 92-96 g                   | 20 grams             |
| 97-100 g                  | 21 grams             |

## Wisconsin WIC-Approved Cereals

Cereals below and on the next page meet CACFP added sugar limits. Cereals noted with this grain symbol  are whole grain-rich (WGR). Cereals are also WGR when the first ingredient is a whole grain and the cereal is fortified.

## COLD CEREAL: STORE BRANDS / CEREAL TYPES

Only the following store brands: Always Save, Best Choice, Best Yet, Essential Everyday, Food Club, Freedom's Choice, Great Value, Hy-Vee, IGA, Kiggins, Kroger, Market Pantry, Meijer, Our Family, Shoppers Value, That's Smart



## Wisconsin WIC-Approved Cereals

Cereals below meet CACFP added sugar limits. Cereals noted with this grain symbol  are whole grain-rich (WGR). Cereals are also WGR when the first ingredient is a whole grain and the cereal is fortified.

### COLD CEREALS



### HOT CEREALS



### STORE BRANDS / INSTANT OATMEAL PLAIN IN PACKETS ONLY

Only the following store brands:  
Best Choice, Best Yet, Essential Everyday, Food Club,  
Great Value, Hy-Vee, IGA, Kroger, Meijer, Our Family





# CACFP TRAINING Spotlight

DPI COMMUNITY NUTRITION

## DOCUMENTATION FOR CEREAL AND YOGURT ADDED SUGAR LIMITS

This handout provides information on the documentation required to be on file to show cereal and yogurt served meet CACFP added sugar limits.

For information on organizing documentation, refer to [Maintaining Product Labels or Other Acceptable Documentation for Certain Foods](#).

*Family day care home providers must maintain documentation for cereal and yogurt as specified by their sponsor.*

### Cereals

Cereals served in the CACFP must contain no more than 6 grams of added sugars per dry ounce. This is for ready-to-eat cereals, instant, and hot cereals.

See the [Cereal Added Sugar Limits](#) handout to determine if a cereal meets CACFP added sugar limits.

### Yogurt (Dairy and Soy)

Yogurt served in the CACFP must contain no more than 12 grams of added sugars per 6 ounces.

See the [Yogurt Added Sugar Limits](#) handout to determine if a yogurt meets CACFP added sugar limits.

To show that cereal and yogurt served meet CACFP added sugar limits, including cereals on a state agency's WIC list, keep one of the following on file:

- 1 Original product label or picture or copy of the label that includes:
  - Name and brand of the cereal or yogurt
  - Nutrition Facts
- 2 Product specification/information sheet from the manufacturer that includes:
  - Name and brand of the cereal or yogurt
  - Nutrition Facts



## Cereal Types

### Flakes, Rounds, Puffed, or Granola

The Child and Adult Food Program (CACFP) meal pattern categorizes ready-to-eat breakfast cereals (dry, cold) as flakes, rounds, puffed, and granola. The minimum serving sizes in the CACFP Meal Pattern are different depending on the category of cereal.

The following is a list of cereals categorized as flakes, rounds, puffed, or granola, and the amounts that must be served. See the [CACFP Reference Guide](#) for the list of WI WIC approved cereals, including additional flavors of cereals listed below and those that are whole grain rich.

|                      | Cereals                                                                                                                                                                                                                                                                                                                                                                     | 1-5 year olds                                    | 6-18 year olds                                 |
|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|------------------------------------------------|
|                      |                                                                                                                                                                                                                                                                                                                                                                             | Serve at least<br>1/2 oz eq<br>which is about... | Serve at least<br>1 oz eq<br>which is about... |
| <b>Flakes</b>        | <ul style="list-style-type: none"> <li>• Bran Flakes</li> <li>• Corn Flakes</li> <li>• Fiber One</li> <li>• Grape Nuts Flakes</li> <li>• Great Grains Banana Nut</li> <li>• Honey Bunches of Oats</li> <li>• Mini Spooners</li> <li>• Mini Wheats</li> <li>• Oatmeal Squares</li> <li>• Shredded Wheat</li> <li>• Special K</li> <li>• Total</li> <li>• Wheaties</li> </ul> | 1/2 cup                                          | 1 cup                                          |
| <b>Rounds</b>        | <ul style="list-style-type: none"> <li>• Cheerios</li> <li>• Crispy Oats</li> <li>• Tasteeos</li> <li>• Toasted Oats</li> </ul>                                                                                                                                                                                                                                             | 1/2 cup                                          | 1 cup                                          |
| <b>Puffed Cereal</b> | <ul style="list-style-type: none"> <li>• Chex Cereal (Corn, Rice, Wheat)</li> <li>• Crispix</li> <li>• Crispy Rice</li> <li>• Kix</li> <li>• Life</li> <li>• Rice Krispies</li> </ul>                                                                                                                                                                                       | 3/4 cup                                          | 1 ¼ cup                                        |
| <b>Granola</b>       | <ul style="list-style-type: none"> <li>• Granola</li> <li>• Grape Nuts Original</li> </ul>                                                                                                                                                                                                                                                                                  | 1/8 cup                                          | 1/4 cup                                        |



## Tortilla Chips and Corn Chips

Tortilla chips and corn chips must meet certain criteria to be creditable in the Child and Adult Care Food Program (CACFP). They may be whole grain-rich (WGR) or enriched. This handout explains this criteria and includes examples of creditable chips (WGR and enriched) and non-creditable chips.



### Whole Grain-Rich Tortilla Chips and Corn Chips

Tortilla chips and corn chips are creditable and whole grain-rich when one of the below are met. Examples of whole grain-rich tortilla chips and corn chips are on page 2.

- 1<sup>st</sup> ingredient is a **whole grain** (ex. whole corn, whole ground corn) and there are no other grain ingredients.

INGREDIENTS: ORGANIC **WHOLE GROUND CORN**, ORGANIC SUNFLOWER OIL, SEA SALT.

- 1<sup>st</sup> ingredient is a **whole grain**, and the 2<sup>nd</sup> and 3<sup>rd</sup> grain ingredient(s) are **whole** or **enriched**.

INGREDIENTS: **WHOLE CORN**, OIL, **WHOLE WHEAT, BROWN RICE FLOUR**, WHOLE OAT FLOUR, SALT.

- Product is made with **nixtamalized corn (corn treated with lime)**. Look for the following in the ingredients list:

- Calcium hydroxide/hydrated lime
- Corn masa / corn masa flour
- Cooked with lime / lime water
- Ground corn treated with lime
- Ground corn with trace of lime
- Lime
- Masa harina
- Trace of lime
- Treated with hydrated lime
- Treated with lime

INGREDIENTS: **CORN MASA FLOUR**, WATER, VEGETABLE OIL, SEA SALT.

INGREDIENTS: **CORN**, SOYBEAN OIL, SEA SALT, AND **CALCIUM HYDROXIDE (HYDRATED LIME)**.

*Products that have lime flavoring added are not nixtamalized. If a product has lime flavoring added, you might see words such as "hint of lime," "lime juice", "lime zest", or "lime oil" in the ingredients list.*

- Product is made with corn and includes one of the following **FDA approved whole grain health claims on its packaging**:

- *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.*
- *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.*



## Whole Grain-Rich (WGR) Tortilla Chips and Corn Chips

Products on this page are whole grain-rich\*. This is not an exhaustive list. Prior to purchasing any product, verify it is creditable using information in this handout.



**CALIDAD:** CORN TORTILLA CHIPS, ROUND TORTILLA CHIPS, WHITE CORN TORTILLA CHIPS



**CHI CHI'S:** STRIPS, ROUNDS, CLASSIC



**MISSION:** TORTILLA STRIPS, TORTILLA TRIANGLES, TORTILLA ROUNDS, RESTAURANT STYLE THIN & CRISPY, ORGANIC BLUE CORN TORTILLA CHIPS



**DONKEY CHIPS:** SALTED & UNSALTED



**SUN CHIPS:** ORIGINAL, CHILI LIME, HARVEST CHEDDAR, FRENCH ONION, GARDEN SALSA



**KIRKLAND**  
TORTILLA STRIPS



**LATE JULY:** SEA SALT, BLUE CORN, MULTIGRAIN, CHIA & QUINOA, SEA SALT & LIME

Products purchased from a food distributor with brand names Tostitos, Fritos, Aztec, etc. may be WGR. Prior to purchasing a product, verify it is creditable using information in this handout.





## Enriched Tortilla Chips and Corn Chips (Can count as the grain component but not whole-grain rich)

Tortilla chips and corn chips are creditable and enriched, not whole-grain rich, when one of the below are met. An example of an enriched tortilla chip is below.

- 1<sup>st</sup> ingredient is a **whole grain** (ex. whole corn), and the 2<sup>nd</sup> and 3<sup>rd</sup> grain ingredient(s) are **non-creditable grains** (ex. corn or corn meal).

INGREDIENTS: WHOLE CORN, CORN, VEGETABLE OIL, SALT

- 1<sup>st</sup> ingredient is an **enriched corn ingredient**, such as *enriched corn* or *enriched corn flour*.

INGREDIENTS: ENRICHED YELLOW CORN, CORN, VEGETABLE OIL, SALT

- 1<sup>st</sup> ingredient is a **corn ingredient**, and **nutrients are sub-listed after the corn ingredient**, such as *corn flour (folic acid, riboflavin, niacin, and thiamine)*.

INGREDIENTS: BLUE CORN (FOLIC ACID, RIBOFLAVIN, NIACIN, AND THIAMINE), CANOLA OIL, SALT

This product is enriched. Prior to purchasing any product, verify it is creditable using information in this handout.



TOSTITOS  
BAKED



## Non-Creditable Tortilla Chips and Corn Chips (Cannot count as the grain component)

Tortilla chips, corn chips or any other snack-type products are not creditable when one of the below are met. Examples of non-creditable tortilla chips, corn chips, and snack-type products are on page 4.

- 1<sup>st</sup> ingredient is **corn that is not whole, enriched, or nixtamalized**, including corn, blue corn, yellow corn, ground white corn, stone ground corn, organic corn, cornmeal.

INGREDIENTS: GROUND WHITE CORN, VEGETABLE OIL, SEA SALT

INGREDIENTS: CORN, VEGETABLE OIL, SALT

- 1<sup>st</sup> ingredient is a **non-creditable grain or flour** such as cassava flour, almond flour, tapioca flour, coconut flour, potato starch, potato flour, potato.

INGREDIENTS: CASSAVA BLEND (CASSAVA FLOUR, CASSAVA STARCH), AVOCADO OIL, TAPIOCA FLOUR, COCONUT FLOUR, SALT

INGREDIENTS: POTATO STARCH, POTATO FLOUR, CANOLA OIL, CORN STARCH, SALT





## Non-Creditable Tortilla Chips and Corn Chips

Products/brands on this page are not creditable as a grain in the CACFP. If these products are served, they may only be served as an EXTRA item alongside a creditable meal or snack and the cost cannot be charged to the CACFP. This is not an exhaustive list. Prior to purchasing a product, verify it is creditable using information in this handout.



**ON THE BORDER:** CAFÉ STYLE, CANTINA THINS FIESTA SIZE, FIESTA DIPPIN' CHIPS, HOMESTYLE, ORGANIC TORTILLA ROUNDS BLUE CORN

**KIRKLAND**  
ORGANIC TORTILLA CHIPS



**GREAT VALUE:** RESTAURANT STYLE WHITE CORN, THIN & CRISPY CANTINA STYLE, BITE SIZE CRISPY ROUNDS (AND MANY OTHER FLAVORS AND STYLES)

**SIETE**

**SANTITAS**



**GARDEN OF EATIN'**

**PUFF CORN/CHEESE BALLS:** MADE WITH CORNMEAL

**VEGGIE STRAWS**



**TOSTITOS\*:** BITE SIZE, SCOOPS, CRISPY ROUNDS, SCOOPS MULTIGRAIN, HINT OF LIME

**FRITOS\***

\*Products purchased from a food distributor with brand names Tostitos, Fritos, Aztec, etc. may be WGR. Prior to purchasing a product, verify it is creditable using information in this handout.

# Is it a Grain-Based Dessert? Perception Counts!



Grain-based desserts are not creditable in the CACFP and cannot be served as the grain component of a meal or snack. This includes store-bought grain-based desserts, homemade grain-based desserts including those made with healthy ingredients (i.e., whole grains or with less sugar, butter, oil, etc.), and whole grain-rich grain-based desserts. Items in the chart below are common grain-based desserts.

## Grain-Based Desserts: NOT CREDITABLE IN THE CACFP

|                                                           |                                                    |
|-----------------------------------------------------------|----------------------------------------------------|
| Biscotti, sweet, made with fruits, chocolate, icing       | Doughnuts                                          |
| Bread/breadstick with sweet filling (such as pie filling) | Fig or fruit-filled bars/rolls/cookies             |
| Bread pudding, sweet                                      | Gingerbread                                        |
| Brownies                                                  | Granola bars, grain-fruit bars                     |
| Cake (including coffee cake, pound cake, cupcakes)        | Ice cream cones                                    |
| Caramel popcorn and kettle corn                           | Pita chips, sweet, such as cinnamon-sugar flavored |
| Cereal bars, breakfast bars, marshmallow cereal treats    | Puppy chow                                         |
| Churros                                                   | Rice pudding, sweet                                |
| Cinnamon rolls                                            | Scones, sweet, made with fruits, chocolate, icing  |
| Cookies                                                   | Sopapillas                                         |
| Croissants, sweet, such as chocolate-filled               | Sweet rolls/buns                                   |
| Crusts of dessert pies, cobblers, fruit turnovers         | Toaster pastries, Pop-tarts®                       |
| Danish pastries (Danishes), sweet pastries                | Vanilla wafers                                     |

### Not sure if an item is a Grain-Based Dessert?

How a food item is perceived plays a role in determining if it is a grain-based dessert.

Before adding an item to menus ask is the item:

- Commonly thought of as a dessert or sweet treat?
- Shaped like a grain-based dessert listed in the chart above (such as a cookie or granola bar)? Grain-based desserts may be labeled with a different name, i.e., breakfast flat instead of granola bar or breakfast round instead of cookie.



If you answered yes to either question above the item is a grain-based dessert and must not be served. Choose another option. Not sure if an item is a grain-based dessert? Contact your assigned [Consultant](#).

## Sweet Ingredients

Programs are discouraged from serving creditable foods that contain sweet ingredients, such as chocolate chips in muffins. Instead, purchase or prepare healthier alternatives to promote healthy eating habits.

### Things to Consider When Selecting Foods for Your Menu.

If the answer to the questions below is yes, choose a healthier option.

|                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Does the food item contain:</b> | <ul style="list-style-type: none"> <li>• Candy pieces?</li> <li>• Jam, fruit puree, or custard fillings?</li> <li>• Marshmallows?</li> <li>• Flavored chips (chocolate, caramel, white chocolate, strawberry, butterscotch)?</li> </ul>                                                                                                                                                                                                  |
| <b>Is the food item:</b>           | <ul style="list-style-type: none"> <li>• Dessert-flavored (chocolate, caramel, butterscotch, etc.)?</li> <li>• Coated with dessert-flavored coatings or toppings (cocoa, caramel, cinnamon-sugar, powdered sugar, glazes, etc.)?</li> <li>• Iced or frosted?</li> <li>• Covered with sprinkles, jimmies, or other sweet garnishes?</li> <li>• A cereal/trail mix with sweet ingredients such as marshmallows or candy pieces?</li> </ul> |



## Tips for Incorporating Whole Grain-Rich Grains

---

- Sandwich (on whole wheat bread, pita, sandwich bun, or roll)
- Corn Bread (made with whole wheat cornmeal)
- Kangaroo Pocket (veggies and fillings in a whole wheat pita pocket)
- Veggie Roll-Up (veggies wrapped in a whole wheat tortilla with ranch dressing)
- Burrito or Quesadilla (using a whole wheat flour or whole-corn tortilla)
- Stir-Fry (with brown rice)
- Hot Pasta Meal (using whole wheat noodles)
- Pasta Salad (using whole wheat pasta)
- Mexican Brown Rice Salad
- Casserole (with wild rice)
- Soup, Chili, or Stew (with whole wheat macaroni or barley)
- Snack (featuring whole wheat crackers and cheese)
- Side Dish (featuring quinoa or whole wheat dinner roll)
- Breakfast (featuring oatmeal or whole grain ready-to-eat breakfast cereals, such as whole grain cereal flakes or muesli)
- Vegetarian Meal (featuring beans and brown rice)
- One Pot Meal (featuring barley, veggies, and beans or meat in a slow cooker)

*Adapted Source: USDA. (2013). Nutrition and wellness tips: Build a healthy plate with whole grains. Retrieved from <http://bit.ly/2kYAavG>.*





# New Foods on the CACFP

## SHELF-STABLE, DRIED AND SEMI-DRIED MEAT, POULTRY, AND SEAFOOD PRODUCTS

Shelf-stable, dried and semi-dried meat, poultry, and seafood, such as beef jerky or summer sausage are creditable as **meat**.

- To credit these products, programs must obtain and use Child Nutrition (CN) labels or Product Formulation Statements (PFS) from the manufacturer.

## TEMPEH

Tempeh is a fermented soybean cake made from whole soybeans or other beans/legumes and grains and is creditable as a **meat alternate**.

- **1 oz. of tempeh credits as 1 oz. meat alternate** for tempeh with ingredients limited to soybeans (or other legumes), water, tempeh culture,\* vinegar, seasonings, and herbs
- Varieties of tempeh that include other creditable foods as ingredients, such as brown rice, sunflower seeds, sesame seeds, flax seed, and/or vegetables, may also credit as meat alternates, grains, and/or vegetables using a PFS or CN label.
- A vegetarian option that can be used in recipes including stir-fries, sandwiches, and salads.

## CORN MASA, MASA HARINA, NIXTAMALIZED CORN FLOUR/ CORNMEAL

- Corn masa and masa harina are creditable as wholegrain rich (WGR).
- Nixtamalized corn flour and nixtamalized cornmeal are creditable as whole grain rich (WGR).
  - Nixtamalization is a process in which dried corn is soaked and cooked in an alkaline (slacked lime) solution.
  - If the ingredients statement indicate the corn is treated with lime (for example, “ground corn with a trace of lime) or ground corn treated with lime”), then the corn is nixtamalized and the corn ingredient credits as a whole grain.

## COCONUT

Fresh or frozen coconut credits as a **fruit** based on volume served.

- At least 1/8 cup must be served (with additional fruit served to meet the minimum requirement).
- Can be used to enhance the taste and presentation of salads, smoothies, and other dishes served with meals or as snacks.
- 100% juice that includes coconut water as an ingredient credits toward the fruit component per volume served.
- Dried coconut, coconut flour, and oil are not creditable.

## HOMINY

Traditional food in Mexican and Native American cultures. Credits as a **vegetable** or **whole grain** (depending on how it is offered).

| Type of Hominy               | Serving Size                 | Creditable Component  |
|------------------------------|------------------------------|-----------------------|
| Whole form (canned, drained) | ¼ cup                        | ¼ cup Vegetable       |
| Cooked dry form (grits)      | ½ cup cooked or 1 oz. (28 g) | 1 oz. eq. Grain (WGR) |

## POPCORN

Popcorn is creditable as a **WGR** food.

- The amount of popcorn required may be too much for young children; therefore, programs may want to serve popcorn with another creditable grain. For example, include popcorn in a trail mix with pretzels and cereal.
- Popcorn may be used as an ingredient in store-bought foods or foods prepared by programs.
  - o Popcorn must be present in the minimum creditable quantity, which is  $\frac{3}{4}$  cup or  $\frac{1}{4}$  oz. eq.
  - o To credit in store-bought foods, programs must obtain and use a PFS or CN label.
- Toppings such as salt, cheese, and butter may be used, but programs are encouraged to limit the use of toppings. Encourage healthier toppings such as herb blends or serve fresh, plain popcorn.
  - o Caramel and kettle corn are considered grain-based desserts and cannot be served as a creditable component.
- Prevent choking risks: Consider the developmental readiness of children and the ability of disabled or older adults to swallow safely when deciding whether to offer popcorn.

| Ages           | Popped Popcorn                    | Whole Grain           |
|----------------|-----------------------------------|-----------------------|
| 1-5 year olds  | 1 $\frac{1}{2}$ cups (or 0.5 oz.) | $\frac{1}{2}$ oz. eq. |
| 6-12 year olds | 3 cups (1.0 oz.)                  | 1 oz. eq.             |

## PASTA PRODUCTS MADE OF VEGETABLE FLOUR

- Pasta made of 100% vegetable flour(s) credits as a **vegetable**.
  - o Whole vegetables cut into “noodles” or spirals, such as spiralized zucchini or sweet potatoes, continue to credit as a vegetable based on the volume served.
- Pasta made of 100% legume flour(s) may credit as a **vegetable or meat/meat alternate**, but not as both in the same meal.
- Grain-based pasta products that contain small amounts of vegetable powder for color (e.g. spinach, sun-dried tomato) continue to credit as a grain.
- Programs must indicate that pasta made of vegetable flour is a ‘vegetable’ and not a grain. For example, pasta made of chickpea flour could be labeled on menus as ‘Chickpea Pasta’ and indicated as the vegetable component. Programs can also use signs or other nutrition education materials.

| Type of Pasta                                                         | Serving Size                                              | Creditable Component                                   |
|-----------------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------|
| <b>Made of 100% vegetable flour(s)</b>                                | $\frac{1}{2}$ cup cooked pasta                            | $\frac{1}{2}$ cup Vegetable                            |
| <b>Made of 100% legume flour(s)</b>                                   | $\frac{1}{2}$ cup cooked pasta                            | $\frac{1}{2}$ cup Vegetable                            |
|                                                                       |                                                           | OR                                                     |
|                                                                       |                                                           | 2 oz. eq. of Meat Alternate                            |
|                                                                       |                                                           | <i>Must be offered with an additional</i>              |
|                                                                       |                                                           | <i>0.25 oz eq of m/ma</i> (e.g. tofu, cheese, or meat) |
| <b>Made of vegetable flour(s) and other non-vegetable ingredients</b> | CN Label or PFS required to credit to vegetable component |                                                        |

## SURIMI SEAFOOD

Surimi seafood is a pasteurized, ready-to-eat, restructured seafood usually made from pollock (fish) that credits as a **meat/meat alternate**. The crediting information is in the chart below:

| Surimi Seafood | Meat/Meat Alternate |
|----------------|---------------------|
| 4.4 ounces     | 1.5 ounce m/ma      |
| 3.0 ounces     | 1.0 ounce m/ma      |
| 1.0 ounces     | 0.25 ounce m/ma     |

# Methods for Healthy Cooking

How a food is cooked can make a difference in how healthy it is. Try some of the cooking methods below instead of deep-fat frying. Cooking with oils instead of butter or lard can be better for heart health.



## **Roast, Bake, or Broil:**

Cooking foods, usually at high heat, in the oven.



## **Sauté, Pan Fry, and Stir-Fry:**

Cooking foods with a small amount of hot oil over medium or high heat.



**Grill:** Cooking foods by placing them on a pre-heated metal grill, or grill pan, with high heat coming from below the food.



Oven-Fried Chicken gives the crunch kids love, but in a healthier way.

**As of October 1, 2017,**  
foods that are deep-fat fried onsite cannot count toward a reimbursable meal in the Child and Adult Care Food Program (CACFP).

- Deep-fat frying means cooking by fully covering (submerging) food in hot oil or other fat.
- “Onsite” means at your child care center, family child care home, or your child care center’s central or satellite kitchen.







# Offering Water in the USDA Child and Adult Care Food Program

In the Child and Adult Care Food Program (CACFP), centers and homes are required to offer water to children throughout the day. As a best practice, sites are encouraged to make water available to adult participants as well. Water is not a meal component in the CACFP. There is no minimum serving amount for water. However, water may be served:

- Together with meals and snacks
- In between meals and snack
- As requested by the adult or child.



## Water and Health

Drinking enough water is important for good health. Drinking water can prevent dehydration, a condition that can cause the body to overheat. It can also help prevent constipation. If fluoridated, drinking water can help prevent dental caries (cavities).

There is no recommendation from the *Dietary Guidelines for Americans* on the amount of plain water children and adults need each day. Children and adults can meet their needs for water through foods and drinks. People may need to drink more water during hot or cold weather and when exercising.



## A Note About Infants

Infants usually do not need to drink plain water until they are at least 6 months old. Once an infant has started eating solid foods, small amounts of plain, fluoridated water may be offered to the infant in a cup. Consult with the parents or guardians of older infants regarding whether small amounts of water should be offered.



## Meal Planning and Water

In the CACFP, milk is an important meal component. Milk provides important nutrition for both children and adults.



Under the CACFP meal pattern for children, you may not serve water instead of milk at meals. However, water may be served at the table along with the milk.



Under the CACFP meal patterns for children and adults, only two meal components are required at snack. If milk is not offered as one of the two required components, consider offering water with the snack.



Under the CACFP meal pattern for adults, you may serve yogurt in place of milk once per day. In addition, a serving of milk is optional at supper. It is not required that you offer water on these occasions, but you are encouraged to do so.

## Making Water Available

You can make water available throughout the day by:

- Placing closed pitchers of water and cups where program participants can reach them. Use pitchers that are small enough for children to lift and pour.
- Putting cups beside a sink, water fountain, or other source of drinking water. Or, pour and offer cups of water to children throughout the day.
- If drinking fountains are too tall for children, use a sturdy stool to allow children to reach them.
- Making class trips to the water fountain after active play.



*Note: When self-serve water stations are not recommended, such as during a public health emergency or pandemic, try offering cups of water to children regularly throughout the day. Always follow local health department safety guidelines.*



## Getting Children Involved

When children help serve water, they can learn about the importance of drinking it. Ask children to wash their hands and then let them:

- Carry cups to tables.
- Pour water into cups (with the help of an adult, for younger children).
- Decorate their own water cups or water bottles.



*Note: Some of these activities may not be recommended during a public health emergency or pandemic. Always follow local health department safety guidelines.*

Also, consider sharing the Nibbles for Health Newsletter on “Water: It’s a Great Choice” with parents of young children ([fns.usda.gov/tn/nibbles](https://fns.usda.gov/tn/nibbles)). It contains an activity families can do together.



**Tip** Drink water and kids will too.

See Team Nutrition’s “Summer Foods, Summer Moves” materials for more resources on water ([fns.usda.gov/tn/summer-food-summer-moves](https://fns.usda.gov/tn/summer-food-summer-moves)).



## Offer Water Safely

Keep children healthy and safe by:

- Regularly sanitizing water fountains and keeping drinking areas clean.
- Teaching children not to place their mouths on water fountain spouts. Have kids wash their hands after touching the water fountain.
- Cleaning and sanitizing water pitchers, dispensers, and reusable drinking cups after use.
- Keeping clean towels nearby when serving or pouring water.
- Placing rubber mats under spaces where water is offered.



*Note: If safe drinking water is not available at your center or child care home, bottled water may be purchased with CACFP funds. Check with your State agency or sponsoring organization for more information.*





## Common Foods That Cause Choking in Infants and Young Children and How to Modify

Infants and children under the age of 4 are at a high risk of choking while eating. Be familiar with foods that pose higher choking risks and know how to prepare proper foods in the appropriate size, consistency, texture, and shape that will allow infants and young children to eat and swallow easily.

| Meal Component                                                                                 | Food Items                                                                                                                                                                                                                                                                                                                                                                                                                      | How to Modify                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Vegetables</b>                                                                              | <ul style="list-style-type: none"> <li>Small pieces of raw vegetable (raw carrot rounds, baby carrots, string beans, or celery)</li> <li>Raw green peas, cooked or raw whole corn kernels</li> <li>Large, hard pieces of uncooked dried vegetables</li> <li>Whole round or tube-shaped vegetables such as cherry and grape tomatoes</li> </ul>                                                                                  | <ul style="list-style-type: none"> <li>Remove tough skins or peels</li> <li>Cook or steam hard vegetables until soft, then slice lengthwise</li> <li>Cut raw vegetables into small, thin strips or slices</li> <li>Cut cherry and grape tomatoes into lengthwise quarters/halves</li> </ul>                                                                                                                                                                  |
| <b>Fruits</b>                                                                                  | <ul style="list-style-type: none"> <li>Apples or other hard pieces of raw fruit, especially those with hard pits or seeds</li> <li>Large, hard pieces of uncooked dried fruits</li> <li>Whole pieces of canned fruit</li> <li>Whole round or tube-shaped fruits such as grapes, cherries, berries, melon balls</li> <li>Dried fruit, such as raisins</li> </ul>                                                                 | <ul style="list-style-type: none"> <li>Remove tough skins or peels</li> <li>Cut into small, thin strips or slices</li> <li>Remove large seeds and pits</li> <li>Choose ripe berries, which are softer and can flatten with a fork</li> <li>Remove membrane from oranges, cut up canned mandarin oranges</li> <li>Cut grapes /cherries lengthwise, then into smaller pieces no larger than ½ inch</li> </ul>                                                  |
| <b>Meats/Meat Alternates</b>                                                                   | <ul style="list-style-type: none"> <li>Tough or large chunks of meat</li> <li>Hot dogs, meat sticks, or sausages (even when cut into round slices)</li> <li>Meat and fish with bones</li> <li>Large chunks of cheese or string cheese</li> <li>Peanuts, tree nuts, or seeds (like sunflower seeds or pumpkin seeds)</li> <li>Chunks or spoonfuls of peanut butter or other nut and seed butters</li> <li>Whole beans</li> </ul> | <ul style="list-style-type: none"> <li>Serve ground meat, poultry, or fish in pieces no more than ½ inch</li> <li>Shred tough or dry meat</li> <li>Remove bones from poultry, meat, and fish</li> <li>Cut cheese into thin slices or short strips, shred, or grate</li> <li>Finely grind peanuts, tree nuts, and seeds</li> <li>Spread a thin layer of nut/seed butters on toast or crackers</li> <li>Cook whole beans well and smash with a fork</li> </ul> |
| <b>Grains</b>                                                                                  | <ul style="list-style-type: none"> <li>Plain wheat germ</li> <li>Whole kernels of cooked rice, barley, wheat</li> <li>Hard crackers that break into sharp pieces</li> <li>Large pieces of soft bread</li> <li>Crackers or breads with nuts and seeds</li> <li>Hard pretzels, pretzel chips</li> <li>Popcorn or tortilla/ corn chips</li> </ul>                                                                                  | <ul style="list-style-type: none"> <li>Grind or mash whole kernels</li> <li>Choose crackers that easily dissolve</li> <li>Cut bread, pita bread, tortillas into thin strips</li> <li>Offer lightly toasted bread to decrease the 'stickiness'</li> <li>Choose items without seeds, nuts, or whole grain kernels</li> </ul>                                                                                                                                   |
| <b>Other Foods and Snacks</b><br><br><i>Items in this row are not creditable in the CACFP.</i> | <ul style="list-style-type: none"> <li>Hard or round candy, lollipops</li> <li>Jelly beans, caramels</li> <li>Gummy candies, gooey/sticky candy</li> <li>Chewy fruit snacks, marshmallows</li> <li>Potato chips or similar snack foods</li> <li>Cookies and granola bars</li> </ul>                                                                                                                                             | <ul style="list-style-type: none"> <li>Do not serve these items</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                   |



**Sources:**

CDC, Choking Hazards <https://www.cdc.gov/infant-toddler-nutrition/foods-and-drinks/choking-hazards.html>

Institute of Child Nutrition, Choking Prevention Grab and Go Lesson [https://theicn.org/wpfd\\_file/choking-prevention/](https://theicn.org/wpfd_file/choking-prevention/)

Institute of Child Nutrition, Mealtime Memo <https://theicn.org/december-2022/>

USDA, Infant Nutrition and Feeding, a Guide for WIC

<https://wicworks.fns.usda.gov/sites/default/files/media/document/infant-feeding-guide.pdf>

USDA, Reducing the Risk of Choking in Young Children at Mealtimes [https://fns-](https://fns-prod.azureedge.us/sites/default/files/resource-files/ReducingRiskofChokinginYoungChildren.pdf)

[prod.azureedge.us/sites/default/files/resource-files/ReducingRiskofChokinginYoungChildren.pdf](https://fns-prod.azureedge.us/sites/default/files/resource-files/ReducingRiskofChokinginYoungChildren.pdf)

# GRAB AND GO LESSON

## Choking Prevention

### Health and Safety

**Purpose:** This handout provides choking prevention strategies for child care settings.

Each year, food-related choking incidents account for over 50% of the fatalities in infants and young children (4 years and below) in the United States. Choking occurs when a foreign object is lodged in the throat or airways, blocking airflow.

Infants and young children are at a higher risk of choking because they have underdeveloped airways. Their airways are not fully able to prevent foods from entering the airway when swallowing. Infants and young children are also at a higher risk because they are learning how to chew and swallow. It is vital to prepare and serve foods in the appropriate sizes, shapes, and textures to reduce choking risks.

### High-Risk Foods and Characteristics

Any food can be a choking hazard. However, some foods pose a higher risk. Some examples include those with the following characteristics:

- Firm, smooth, or slippery foods that may slide down the throat before chewing:
  - Whole grapes, cherries, berries, melon balls, or cherry or grape tomatoes
  - Whole pieces of canned fruit
  - Hot dog-shaped foods, including sausages, meat sticks, cheese sticks, or miniature hot dogs
  - Peanuts, nuts, and seeds
  - Whole beans
  - Hard or round candy, such as jelly beans (not creditable in the CACFP)
- Large or small, dry, or hard foods that are difficult to chew and easy to swallow whole:
  - Popcorn
  - Hard pretzels
  - Chips or other similar snack foods
  - Small pieces of raw vegetables such as raw carrot rounds, baby carrots, string beans, or celery
  - Apples or other hard pieces of fruit, especially those with hard pits or seeds
  - Cooked or raw whole-kernel corn
  - Raw green peas
  - Plain wheat germ
  - Whole grain kernels such as rice and wheat berries
  - Crackers or breads with seeds, nut pieces, or whole grain kernels
- Sticky or tough foods that do not break apart easily:
  - Peanut butter
  - Dried fruits or vegetables
  - Tough or large pieces of meat
  - Large pieces of cheese or string cheese
  - Marshmallows, chewing gum, chewy fruit snacks, caramels, and gumdrops (not creditable in the CACFP)

# GRAB AND GO LESSON

## Choking Prevention

### Health and Safety

#### Make Foods Easier to Chew

Changing the shape, size, or texture of some foods will reduce the risk of choking. Most children four years and younger can eat the same foods as older children as long as it is prepared in a way that is easy to chew and swallow.

For example, cut foods for infants into  $\frac{1}{4}$  inch pieces or smaller and  $\frac{1}{2}$  inch or smaller for toddlers. Other examples:

- Cook foods until they are soft enough to pierce easily with a fork.
- Cut soft food into thick slices or small pieces, no larger than  $\frac{1}{2}$  inch.
- Cut soft round foods, like hot dogs or string cheese, into short strips rather than round pieces.
- Remove all bones from fish, chicken, and meat before cooking.
- Grind meat or other foods that could be tough.
- Cook foods such as carrots and celery until slightly soft, then cut into sticks.
- Mash or puree food.
- Remove seeds and hard pits from fruit.
- Cut grapes, cherries, berries, or melon balls in half lengthwise, then cut even smaller.
- Grate or thinly slice cheese.
- Chop or grind peanuts, nuts, and seeds.
- Use creamy nut butters instead of chunky nut butters.
- Avoid serving foods that are as wide around as a nickel.

#### Minimize Choking Risk and Increase Safety

During mealtimes, there are several strategies for minimizing the risk of choking in infants and children.

##### Infants

- Ensure infants are developmentally ready for solid foods.
- Make sure the environment is calm.
- Hold infants when serving a bottle; never prop a bottle in an infant's mouth.
- Avoid applying any teething pain-related medicine around mealtimes as they can pose chewing issues.
- Feed infants at their own pace so that they are not fed too quickly.
- Never leave an infant unattended when eating.
- Avoid feeding an infant when they are laughing, crying, walking, or playing.

##### Young Children

- Ensure children are sitting upright when eating and are not distracted.
- Sit with children and actively supervise them while they are eating. A choking child may not make any noise, so adults must keep their eyes on them while they are eating.
- Encourage children to eat slowly.
- Serve foods that are age-appropriate for the children in your care. For example, serve shredded carrots and chopped tomatoes instead of baby carrots and cherry tomatoes.
- Do not allow children to eat while walking or running, or during other active times.
- Do not encourage activities in which a child must catch or stuff food in his or her mouth.

# GRAB AND GO LESSON

## Choking Prevention

### Health and Safety

Taking the proper precautions can greatly reduce the risk of choking. Although any food item can be a choking hazard, these strategies can make mealtime a safe time for children. Do your part by serving age-appropriate foods and supervising children while they are eating. For additional information on choking prevention or first aid for choking situations, refer to the USDA's *Infant Feeding Nutrition Guide*.

### References

- American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. (2019). 4.5.0.10: Foods that Are Choking Hazards. In Chapter 4: Nutrition and Food Service: 4.5 Meal Service, Seating, and Supervision, *Caring for our children: National health and safety performance standards; guidelines for early care and education programs*. (pp. 192-193). Elk Grove Village, IL: American Academy of Pediatrics; Washington, DC: American Public Health Association.
- Healthy Children.org. (2015, November 15). *Responding to a choking emergency*. <https://www.healthychildren.org/English/health-issues/injuries-emergencies/Pages/Responding-to-a-Choking-Emergency.aspx>
- Healthy Children.org. (2019, September 30). *Choking prevention*. <https://www.healthychildren.org/English/health-issues/injuries-emergencies/Pages/Choking-Prevention.aspx>
- U.S. Department of Agriculture. (2019). *Infant feeding nutrition guide: A guide for use in the Special Supplemental Nutrition Program for Women, Infants, and Children*. <https://wicworks.fns.usda.gov/resources/infant-nutrition-and-feeding-guide>

This project was funded using U.S. Department of Agriculture grant funds. This institution is an equal opportunity provider. USDA is an equal opportunity provider, employer, and lender.

The University of Mississippi is an EEO/AA/Title VI/Title IX/Section 504/ADA/ADEA employer.

For more information and the nondiscrimination statement in other languages: <https://www.usda.gov/non-discrimination-statement>

Except as provided below, the text and information in this document may be used freely for non-profit or educational purposes with no cost to the participant for the training, provided the following citation is included. Incorporating these materials into other websites or textbooks or selling them is not permitted.

Suggested Reference Citation:

Institute of Child Nutrition. (2025). *Grab and go lesson: Choking prevention*. University, MS: Author.

The photographs and images in this document may be owned by third parties and used by the University of Mississippi under a licensing agreement. The University cannot, therefore, grant permission to use these images. Please contact [helpdesk@theicn.org](mailto:helpdesk@theicn.org) for more information.







# Reducing the Risk of Choking in Young Children at Mealtimes

Children **under the age of 4** are at a high risk of choking while eating. Young children are still learning how to chew food properly, and they often swallow the food whole. Their small airways can become easily blocked.

You can help reduce children's risk of choking when eating by preparing food in certain ways, such as cutting food into small pieces and cooking hard food, like carrots, until it is soft enough to pierce with a fork. **Remember, always supervise children during meals and snacks.**



## Prepare Foods So They Are Easy to Chew

You can make eating safer for young children by following the tips below:

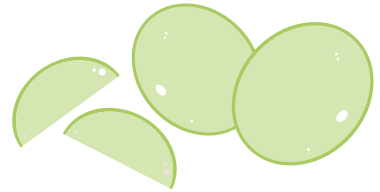
- Cook or steam hard food, like carrots, until it is soft enough to pierce with a fork.
- Remove seeds, pits, and tough skins/peels from fruits and vegetables.
- Finely chop foods into thin slices, strips, or small pieces (no larger than ½ inch), or grate, mash, or puree foods. This is especially important when serving raw fruits and vegetables, as those items may be harder to chew.
- Remove all bones from fish, chicken, and meat before cooking or serving.
- Grind up tough meats and poultry.

### Cut Round Foods Into Smaller Pieces

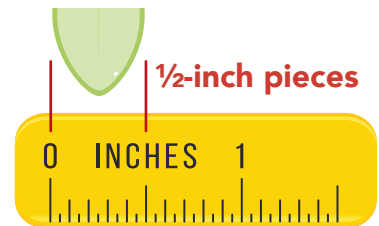
Small round foods such as grapes, cherries, cherry tomatoes, and melon balls are common causes of choking.



Slice these items in half lengthwise.



Then slice into smaller pieces (**no larger than ½ inch**) when serving them to young children.



## Avoid Choking Hazards

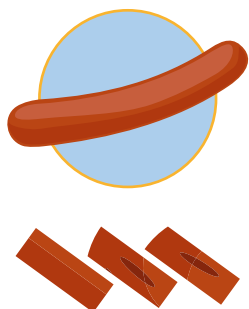
To help prevent choking, do not serve small (marble-sized), sticky, or hard foods that are difficult to chew and easy to swallow whole, including:

- Cheese cubes or blocks. Grate or thinly slice cheese before serving.
- Chewing gum\*
- Dried fruit
- Gummy fruit snacks\*
- Hard candy, including caramels, cough drops, jelly beans, lollipops, etc.\*
- Hard pretzels and pretzel chips
- Ice cubes\*
- Marshmallows\*
- Nuts and seeds, including breads, crackers, and cereals that contain nuts and seeds
- Popcorn
- Spoonfuls of peanut butter or other nut butters. Spread nut butters thinly on other foods (e.g., toast, crackers, etc.). Serve only creamy, not chunky, nut butters.
- Whole round or tube-shaped foods such as grapes, cherry tomatoes, cherries, raw carrots, sausages, and hot dogs

\*Not creditable in the Child Nutrition Programs, including the Child and Adult Care Food Program (CACFP), National School Lunch Program and School Breakfast Program, and Summer Food Service Program.

## Cut Tube-shaped Foods Into Smaller Pieces

Cut tube-shaped foods, such as baby carrots, string cheese, hot dogs, etc., into short strips rather than round pieces.



In addition to the foods listed, **avoid serving foods that are as wide around as a nickel**, which is about the size of a young child's throat.



## Teach Good Eating Habits

Sit and eat with children at meals and snacks. Remind children to take small bites of food and swallow between bites. Eating together may help you quickly spot a child who might be choking. Other tips to help prevent choking while eating include:

- Only providing foods as part of meals and snacks served at a dining table or high chair. When serving infants, do not prop the bottle up on a pillow or other item for the baby to feed him or herself.
- Allowing plenty of time for meals and snacks.
- Making sure children are sitting upright while eating.
- Reminding children to swallow their food before talking or laughing.
- Modeling safe behavior for children to follow, including eating slowly, taking small bites, and chewing food completely before swallowing.
- Encouraging older children to serve as role models for younger children as well. All children should avoid playing games with food, as that may lead to an increased risk of choking.



For more information, see [FNS.USDA.gov](https://www.fns.usda.gov).





# Food Safety and Sanitation

CACFP Federal Regulations require that CACFP participants follow state and local health and sanitation requirements:

- Licensed Programs follow state requirements outlined in *DCF 251 Licensing Rules for Group Child Care Centers*.
- Non-licensed Programs submit Health and Safety Documents, which may include an annual inspection by the city or county health department. For these programs, state requirements in *DCF 251 Licensing Rules for Group Child Care Centers* are best practice.

Additional Safety and Sanitation Tips on page 71 of *Crediting Handbook for CACFP*.

- ✓ **DPI CACFP defers to DCF licensing requirements for food safety and sanitation, and checks these requirements during a review.**
- ✓ **Refer to the *DCF Safe Food Storage* resource (attached) for information on package dates, and storage and use of used food.**

## Kitchen Requirements:



Keep refrigerators at or below 40° F and freezers at or below 0° F

Store dry foods in clean, dry, ventilated areas protected from sewage, condensation, leakage or vermin

Wash hands before starting work, after handling food and after using the bathroom

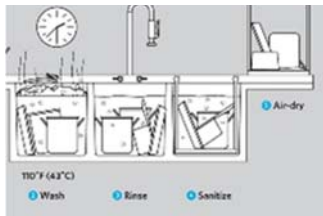
Food preparers must use a hair net or cap to keep hair from coming in contact with food during preparation

Thaw foods in the refrigerator, under cold running water or on the defrost setting in microwave  
**DO NOT THAW ON COUNTER**

## Dishwashing:

### Three-Step Process

- Wash, Rinse, Sanitize
- Sanitize for at least 2 minutes in bleach solution



### Commercial Dishwasher

- Chemical sanitizer in rinse cycle
- Heat sanitize
  - Must have visible temp gauge to see that rinse and sanitize step reaches at least 180°F



### Home-Type Dishwasher

- Need a sanitizing step
  - *Sanicycles* do not meet sanitize requirement unless it can be documented that the hot water temp is at least 180° F for at least 10 seconds
- Submerge dishes for at least 2 minutes in bleach solution / other sanitizing solution





# Food Storage:



## STORAGE CONTAINERS:

Bags with zip-type closures or metal, glass or food-grade plastic containers with tight-fitting covers.



## FOOD IDENTIFICATION:

Containers must be labeled unless they hold food that can be reliably and unmistakably identified, such as dry pasta.



## DATE FOOD:

Label foods with date placed in container. If original label on food package indicates EXPIRATION, USE BY, BEST BY or SELL BY date, that date must be on the label.

## Cleaning Before & After Meals:

### Wash & Sanitize Eating Surfaces

- Before and after each use
- Tables and high chairs
- Two-step process
- 2-in-1 cleaner/ sanitizer products must be used two times

### Infant & Child Hand Washing

- Before meals: Hands
- After meals: Hands and face

### How to Wash Hands

- Age 1+: Use soap & running water
- Infants: Wash with a single-use fabric, cloth, or paper wipe with soap and water

## Serving Food:



### Cover foods until served

- During transit
- At table

### Do not touch food with bare hands

- Use single-use gloves; do not touch anything besides food with gloves
- Throw away/change gloves after using or touching anything other than food



### Use utensils

- Spoons, spatulas and tongs, etc.
- Kids can serve themselves with measuring cups, small serving spoons

## Leftover Food:



Leftover prepared food which has not been served shall be labeled, dated, refrigerated promptly and used within 36 hours, or frozen immediately for later use.



Food removed from the kitchen is considered served and may not be reused. It must be thrown away.



Milk served from the original container may be reused.



## Cleaning, Sanitizing and Disinfecting in Child Care Settings

Proper cleaning and sanitation are important to insuring that children attending a child care program remain healthy by reducing the risk of illness be decreasing bacteria, viruses, fungi and mold. Young children sneeze, cough, drool, and regularly need diapers or assistance with toileting. They hug, kiss, touch everything, put things in their mouths and spread germs. Young children's immune systems are immature and as a result children tend to experience colds and other illnesses more frequently than older children and adults, especially when they spend time in child care. The Wisconsin Child Care Certification and Licensing Rules (DCF 202, 250 and 251) require that diaper changing surfaces be cleaned and disinfected between diaper changes. The Group Child Care Licensing Rules (DCF 251) require that dishes and utensils be cleaned and sanitized after use.

**Note Some bleach is now being sold with a higher concentration of sodium hypochlorite. Please see section on bleach solutions for more information.**

| <b>What is the difference between cleaning, sanitizing and disinfecting?</b>                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                              |                                                                                                                                                                                                                                                      |                                                                                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                              | Process                                                                                                                                                      | Solution/Product Necessary                                                                                                                                                                                                                           | Result                                                                                                                                       |
| <b>Cleaning</b>                                                                                                                                                                                                                                                                                                                                                                                              | <b>ALWAYS CLEAN BEFORE SANITIZING or DISINFECTING</b><br>Scrub, wash, and rinse surface. Dirt can prevent sanitizers/disinfectants from working effectively. | Mild detergent & Water                                                                                                                                                                                                                               | Removal of visible dirt soil, and debris from surface.                                                                                       |
| <b>Sanitizing</b><br>Dishes, food contact surfaces, toys a child may mouth, etc                                                                                                                                                                                                                                                                                                                              | Cover the cleaned area with <i>sanitizing</i> solution. Leave the solution to air dry or follow the manufacturer's recommendation before wiping off.         | In Wisconsin, only bleach or a sanitizer that has an EPA registration label and an indication that it has been approved for use as a food contact sanitizer may be used to sanitize dishes and food surfaces in group child care centers.            | Reduction of the number of bacterial contaminants to safe levels in 1 test.                                                                  |
| <b>Disinfecting</b><br>Diapering areas, bathrooms, and all bodily fluids.                                                                                                                                                                                                                                                                                                                                    | Cover the cleaned area with <i>disinfecting</i> solution. Leave the solution to air dry or follow the manufacturer's recommendation before wiping off.       | In Wisconsin, licensing rules require bleach or a quaternary ammonia product to be used to disinfect diaper changing surfaces. A products that has an EPA registration label and an indication that it is a hospital-grade disinfectant may be used. | Disinfecting is a higher level of germ-killing. It is the destruction of pathogenic and other micro-organisms on surfaces in multiple tests. |
| <b>All disinfectants sanitize, but not all sanitizers are capable of disinfecting.</b><br>Any product that carries food contact sanitizing information as well as an indication that it is a hospital-grade disinfectant on the label may be used for <b>both</b> sanitizing dishes and disinfecting diaper changing surfaces if it has been mixed to the correct ratio per the manufacturer's instructions. |                                                                                                                                                              |                                                                                                                                                                                                                                                      |                                                                                                                                              |

### **What can be used to sanitize and disinfect?**

- Sanitizing and disinfecting are usually done using products called *antimicrobials* that kill bacteria, viruses, fungi and mold on hard surfaces.
- Because antimicrobials are intended to kill germs, they are pesticides.
- All products used to sanitize or disinfect must be registered by the Environmental Protection Agency (EPA).
- ***Bleach is the most commonly used product for sanitizing and disinfecting in early childhood settings.***

### **How should sanitizers and disinfectants be stored?**

- Working containers of sanitizers or disinfectants (such as spray bottles) must be labeled as sanitizing or disinfecting solutions.
- Working containers of disinfecting solutions must be prepared each day and kept out of the reach of children.
- Bulk containers of sanitizers or disinfectants must be labeled with the contents and must be kept out of the reach of children.
- Sinks or dishpans of sanitizers used to sanitize clean dishes or toys must be prepared prior to use. The open container used to sanitize dishes or toys must also be used out of the reach of children.

### **Can soft surfaces or linens or linens be sanitized?**

Yes, soft furnishings, removable coverings, clothing, linens and cloth toys should be washed and sanitized when soiled **or** disinfected when contaminated with bodily secretions. To sanitize or disinfect these types of items:

- Wash materials with hot water measured at a temperature of at least 140° F. or with an approved laundry sanitizer or disinfectant.
- Linens and toys should be dried completely in a clothes dryer on the highest heat setting possible.



# BLEACH

## Why do so many child care programs choose bleach as a sanitizer and disinfectant?

- It is Wisconsin Licensing/Certification-Approved.
- It's readily available, and fairly inexpensive
- Bleach is easy to use.
- If used correctly, a low concentration of bleach reliably sanitizes and disinfects non-porous surfaces of common and harmful bacteria.
- Has a short killing time
- Does not need to be rinsed as it breaks down quickly into harmless components.

**Currently, there is no substitute for bleach that is as economical and effective.**

**Update January 2013:** *Some bleach is now being sold with a higher concentration of sodium hypochlorite than was previously available (8.25% sodium hypochlorite versus the formerly available bleach solution of 5.25%-6%). Solutions below are for the lower concentration of sodium hypochlorite at 5.25%-6%. If a program uses bleach with a higher concentration of sodium hypochlorite it must be an EPA registered product and it must be diluted based on the label instructions when used for disinfecting or sanitizing.*

### **Bleach Solution Preparation Tips**

- Use caution when mixing bleach. If bleach is mixed with other cleaners or chemicals hazardous gases may be released.
- Always follow licensing rules for proper solution strength.
- Set up a specific location to mix the bleach solution.
- Store bleach in a well-ventilated area inaccessible to children.
- Assign a specific person the responsibility of mixing the disinfecting bleach solution daily. Wear gloves and eye protection when diluting bleach.
- Use a funnel to pour bleach into cool water.
- Keep the bleach solution properly labeled and out of the reach of children.
- Do not spray bleach solution when children are nearby.
- Keep solution out of direct sunlight to preserve the effectiveness of chlorine.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b><u>Bleach Sanitizing Solution</u></b><br/>(5.25%-6% sodium hypochlorite at 50 – 100 ppm)</p> <p>1/16 teaspoon bleach to<br/>1 cup cool water</p> <p><b>OR</b></p> <p>1/4 teaspoon bleach to<br/>1 quart cool water</p> <p><b>OR</b></p> <p>1 1/2 teaspoon bleach to<br/>1 gallon cool water</p> <p>Use this solution to sanitize dishes, food contact surfaces, toys that a child may mouth, etc.</p> <p><b>** Working containers of disinfecting solutions must be prepared each day and kept out of the reach of children.</b></p> <p><b><u>Sanitizing Alternatives to Bleach</u></b><br/>Any product that contains an EPA registration indication and instructions for use as a food contact sanitizer may be used in accordance to its label.</p> | <p><b><u>Bleach Disinfecting Solution</u></b><br/>(5.25%-6% sodium hypochlorite at 500 – 800 ppm)</p> <p>3/4 teaspoon bleach to<br/>1 cup cool water</p> <p><b>OR</b></p> <p>1 tablespoon bleach to<br/>1 quart cool water</p> <p><b>OR</b></p> <p>1/4 cup bleach to<br/>1 gallon cool water</p> <p>Use this solution to disinfect diapering areas, bathrooms, and any surfaces known to be or commonly contaminated by blood, vomit, urine, feces, sputum, mucus, or other bodily fluids.</p> <p><b>** Working containers of disinfecting solutions must be prepared each day and kept out of the reach of children.</b></p> <p><b><u>Disinfecting Alternatives to Bleach</u></b><br/>A quaternary ammonia product or any product that is <b><u>EPA registered</u></b> as a hospital-grade disinfectant may be used in accordance to its label.</p> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Sanitizers and disinfectants other than bleach have benefits as well as limitations. For example, when using a quaternary ammonia (quat) product, a longer contact time is required and the product needs to be rinsed off if it is used on a surface that may be mouthed by children. As with bleach, proper cleaning of equipment and surfaces with soap or detergents before applying the sanitizer is required.  
(R. 11-2014)

## CACFP Food Storage Chart

| Perishable Food Item                                                                                                                 | Refrigerator<br>(Below 41°F) | Freezer<br>(At or below 0°F) |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------------------|
| <b>Meat (Beef, Pork, Veal, Lamb)</b>                                                                                                 |                              |                              |
| <b>Ground meat,</b><br>-uncooked                                                                                                     | 1-2 days                     | 3-4 months                   |
| -cooked                                                                                                                              | 3-4 days                     |                              |
| <b>Steaks</b>                                                                                                                        | 3-5 days                     | 6-12 months                  |
| <b>Chops</b>                                                                                                                         | 3-5 days                     | 4-6 months                   |
| <b>Roasts</b>                                                                                                                        | 3-5 days                     | 4-12 months                  |
| <b>Stew meats</b>                                                                                                                    | 1-2 days                     | 3-4 months                   |
| <b>Poultry (Chicken, Turkey)</b>                                                                                                     |                              |                              |
| <b>Fresh poultry, whole</b>                                                                                                          | 1-2 days                     | 12 months                    |
| <b>Fresh poultry, pieces</b><br>(breast, thighs, wings)                                                                              | 1-2 days                     | 9 months                     |
| <b>Cooked poultry</b>                                                                                                                | 3-4 days                     | 4 months                     |
| <b>Ground poultry,</b><br>-uncooked                                                                                                  | 1-2 days                     | 2-3 months                   |
| -cooked                                                                                                                              | 3-4 days                     | 3-4 months                   |
| <b>Ham &amp; Corned Beef</b>                                                                                                         |                              |                              |
| <b>Corned beef, in pouch<br/>with pickling juices</b>                                                                                | 5-7 days                     | Drained, 1 month             |
| <b>Ham, fully cooked,</b><br>-whole                                                                                                  | 7 days                       |                              |
| -half                                                                                                                                | 3-5 days                     | 1-2 months                   |
| -slices                                                                                                                              | 3-4 days                     |                              |
| <b>Ham, canned, labeled<br/>"Keep Refrigerated,"</b><br>-unopened                                                                    | 6-9 months                   | Do not freeze                |
| -opened                                                                                                                              | 3-5 days                     | 1-2 months                   |
| <b>Fish &amp; Shellfish</b>                                                                                                          |                              |                              |
| <b>Lean fish</b>                                                                                                                     | 1-2 days                     | 6 months                     |
| <b>Fatty fish</b>                                                                                                                    | 1-2 days                     | 2-3 months                   |
| <b>Cooked fish</b>                                                                                                                   | 3-4 days                     | 4-6 months                   |
| <b>Smoked fish</b>                                                                                                                   | 14 days                      | 2 months                     |
| <b>Fresh shrimp, scallops</b>                                                                                                        | 1-2 days                     | 3-6 months                   |
| <b>Other Notes:</b>                                                                                                                  |                              |                              |
| -Label and date all foods prior to refrigerating or freezing:                                                                        |                              |                              |
| -Date foods with purchase date                                                                                                       |                              |                              |
| -Leftover foods: write the date the food was prepared                                                                                |                              |                              |
| -Always use items with the earliest date first.                                                                                      |                              |                              |
| -Purchase foods before "sell-by" or expiration dates.                                                                                |                              |                              |
| -Follow any handling instructions on the product.                                                                                    |                              |                              |
| -Keep meat and poultry in its package until using.                                                                                   |                              |                              |
| -When freezing, wrap products with airtight heavy-duty foil, plastic wrap, or freezer paper and place inside a sealable plastic bag. |                              |                              |
| -Whether freezing or refrigerating, remember this basic rule, "When in doubt, throw it out!"                                         |                              |                              |

| Perishable Food Item                                                                                                                                    | Refrigerator<br>(Below 41°F) | Freezer<br>(At or below 0°F) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------------------|
| <b>Hot Dogs &amp; Lunch Meat (in freezer wrap)</b>                                                                                                      |                              |                              |
| <b>Hot dogs,</b><br>-opened                                                                                                                             | 1 week                       | 1-2 months                   |
| -unopened                                                                                                                                               | 2 weeks                      |                              |
| <b>Lunch meat,</b><br>-opened or deli-sliced                                                                                                            | 3-5 days                     | 1-2 months                   |
| -unopened                                                                                                                                               | 2 weeks                      |                              |
| <b>Eggs</b>                                                                                                                                             |                              |                              |
| <b>Fresh, in shell</b>                                                                                                                                  | 3-5 weeks                    | Do not freeze                |
| <b>Hard-cooked</b>                                                                                                                                      | 1 week                       | Do not freeze                |
| <b>Raw yolks, whites</b>                                                                                                                                | 2-4 days                     | 12 months                    |
| <b>Liquid pasteurized eggs<br/>or egg substitutes,</b><br>-opened                                                                                       | 3 days                       | Do not freeze                |
| -unopened                                                                                                                                               | 10 days                      | 12 months                    |
| <b>Dairy</b>                                                                                                                                            |                              |                              |
| <b>Cheese, hard or<br/>processed,</b><br>-opened                                                                                                        | 3-4 weeks                    | 6 months                     |
| -unopened                                                                                                                                               | 6 months                     |                              |
| <b>Cheese, soft</b>                                                                                                                                     | 1 week                       | 6 months                     |
| <b>Cottage/ricotta cheese</b>                                                                                                                           | 1 week                       | Do not freeze                |
| <b>Cream cheese</b>                                                                                                                                     | 2 weeks                      | Do not freeze                |
| <b>Butter</b>                                                                                                                                           | 1-3 months                   | 6-9 months                   |
| <b>Other/Leftovers Entrees</b>                                                                                                                          |                              |                              |
| <b>Store-prepared (or<br/>homemade) egg, chicken,<br/>tuna, ham, &amp; macaroni<br/>salads</b>                                                          | 36 hours                     | Do not freeze                |
| <b>Cooked meat &amp; meat<br/>dishes</b>                                                                                                                | 36 hours                     | 2-3 months                   |
| <b>Cooked poultry dishes</b>                                                                                                                            | 36 hours                     | 4-6 months                   |
| <b>Cooked chicken nuggets,<br/>patties</b>                                                                                                              | 36 hours                     | 1-3 months                   |
| <b>Soups &amp; stews (vegetable<br/>&amp; meat-added)</b>                                                                                               | 36 hours                     | 2-3 months                   |
| <b>Frozen casseroles</b>                                                                                                                                | Keep frozen                  | 3-4 months                   |
| <b>Commercially prepared<br/>ready-to-serve items that<br/>have been opened</b><br>(canned fruit and<br>vegetables, pasta sauce,<br>canned soups, etc.) | 7 days                       | Varies up to<br>6 months     |





# Basics at a Glance

## Recipe Abbreviations

|           |                                |
|-----------|--------------------------------|
| approx.   | = approximate                  |
| tsp or t  | = teaspoon                     |
| Tbsp or T | = tablespoon                   |
| c         | = cup                          |
| pt        | = pint                         |
| qt        | = quart                        |
| gal       | = gallon                       |
| wt        | = weight                       |
| oz        | = ounce                        |
| lb or #   | = pound (e.g., #3)             |
| g         | = gram                         |
| kg        | = kilogram                     |
| vol       | = volume                       |
| mL        | = milliliter                   |
| L         | = liter                        |
| fl oz     | = fluid ounce                  |
| No. or #  | = number (e.g., #3)            |
| in. or "  | = inches (e.g., 12")           |
| °F        | = degree Fahrenheit            |
| °C        | = degree Celsius or centigrade |

## Volume Equivalents for Liquids



|          |                   |              |
|----------|-------------------|--------------|
| 60 drops | = 1 tsp           |              |
| 1 Tbsp   | = 3 tsp           | = 0.5 fl oz  |
| 1/8 cup  | = 2 Tbsp          | = 1 fl oz    |
| 1/4 cup  | = 4 Tbsp          | = 2 fl oz    |
| 1/3 cup  | = 5 Tbsp + 1 tsp  | = 2.65 fl oz |
| 3/8 cup  | = 6 Tbsp          | = 3 fl oz    |
| 1/2 cup  | = 8 Tbsp          | = 4 fl oz    |
| 5/8 cup  | = 10 Tbsp         | = 5 fl oz    |
| 2/3 cup  | = 10 Tbsp + 2 tsp | = 5.3 fl oz  |
| 3/4 cup  | = 12 Tbsp         | = 6 fl oz    |
| 7/8 cup  | = 14 Tbsp         | = 7 fl oz    |
| 1 cup    | = 16 Tbsp         | = 8 fl oz    |
| 1/2 pint | = 1 cup           | = 8 fl oz    |
| 1 pint   | = 2 cups          | = 16 fl oz   |
| 1 quart  | = 2 pt            | = 32 fl oz   |
| 1 gallon | = 4 qt            | = 128 fl oz  |

## Equivalent Weights



|       |           |            |
|-------|-----------|------------|
| 16 oz | = 1 lb    | = 1.000 lb |
| 12 oz | = 3/4 lb  | = 0.750 lb |
| 8 oz  | = 1/2 lb  | = 0.500 lb |
| 4 oz  | = 1/4 lb  | = 0.250 lb |
| 1 oz  | = 1/16 lb | = 0.063 lb |

## Fraction to Decimal Equivalents



|     |         |
|-----|---------|
| 1/8 | = 0.125 |
| 1/4 | = 0.250 |
| 1/3 | = 0.333 |
| 3/8 | = 0.375 |
| 1/2 | = 0.500 |
| 5/8 | = 0.625 |
| 2/3 | = 0.666 |
| 3/4 | = 0.750 |
| 7/8 | = 0.875 |

## Metric Equivalents by Weight



| Customary Unit (avoirdupois) | Metric Unit     |
|------------------------------|-----------------|
| Ounces (oz)                  | Grams (g)       |
| 1 oz                         | = 28.35 g       |
| 4 oz                         | = 113.4 g       |
| 8 oz                         | = 226.8 g       |
| 16 oz                        | = 453.6 g       |
| Pounds (lb)                  | Grams (g)       |
| 1 lb                         | = 453.6 g       |
| 2 lb                         | = 907.2 g       |
| Pounds (lb)                  | Kilograms (kg)  |
| 2.2 lb                       | = 1 kg (1000 g) |

## Metric Equivalents by Volume



| Customary Unit (fl oz) | Metric Unit |
|------------------------|-------------|
| 1 cup (8 fl oz)        | = 236.59 mL |
| 1 quart (32 fl oz)     | = 946.36 mL |
| 1.5 quarts (48 fl oz)  | = 1.42 L    |
| 33.818 fl oz           | = 1.0 L     |

## Scoops (Dishers)



| Size/No. <sup>1</sup> | Level Measure | Color Code <sup>2</sup> |
|-----------------------|---------------|-------------------------|
| 6                     | 2/3 cup       |                         |
| 8                     | 1/2 cup       |                         |
| 10                    | 3/8 cup       |                         |
| 12                    | 1/3 cup       |                         |
| 16                    | 1/4 cup       |                         |
| 20                    | 3-1/3 Tbsp    |                         |
| 24                    | 2-2/3 Tbsp    |                         |
| 30                    | 2 Tbsp        |                         |
| 40                    | 1-2/3 Tbsp    |                         |
| 50                    | 3-3/4 tsp     |                         |
| 60                    | 3-1/4 tsp     |                         |
| 70                    | 2-3/4 tsp     |                         |
| 100                   | 2 tsp         |                         |

<sup>1</sup> Scoops are left or right hand or squeeze-type that can be used for both hands. Number on the scoop indicates how many level scoopfuls make one quart. For example, eight No. 8 scoops = 1 quart.



<sup>2</sup> Use colored dots matching the brand-specific color coding of scoop sizes.

## Ladles Portion Servers



| Ladle fl oz | Approx. Measure | Portion Server fl oz |
|-------------|-----------------|----------------------|
| 1 oz        | 1/8 cup         | 1 oz                 |
| 2 oz        | 1/4 cup         | 2 oz                 |
| 3 oz        | 3/8 cup         | 3 oz                 |
| 4 oz        | 1/2 cup         | 4 oz                 |
| 6 oz        | 3/4 cup         | 6 oz                 |
| 8 oz        | 1 cup           | 8 oz                 |
| 12 oz       | 1-1/2 cups      | —                    |

Ladles and portion servers (measuring-serving spoons that are volume-standardized) are labeled "oz." "Fl oz" would be more accurate since they measure volume, not weight.

Use ladles for serving soups, stews, creamed dishes, sauces, gravies, and other liquid products.

Use portion servers (solid or perforated) for portioning solids and semi-solids such as fruits and vegetables, and condiments.

## Cooking or Serving Spoons



Spoons vary in length (11", 13", 15", 18", 21") for ease of use in cooking or serving. Spoons can have plastic handles that are heat-resistant. Level spoons, ladles, and portion servers provide more accurate portion control than serving spoons that are not volume-standardized measure.

## Specialty Spoons



A thumb notch on a server or spoon handle prevents the spoon from slipping into the pan and prevents hands from sliding into the food. Triple-edge (solid or perforated) spoons have a flat edge that increases the area where the spoon touches the bottom of the pan when stirring.

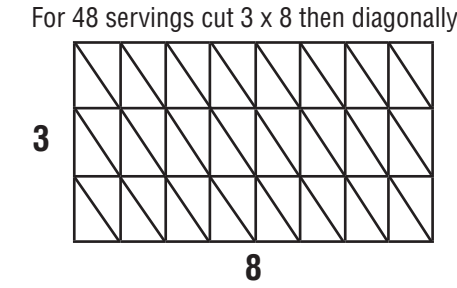
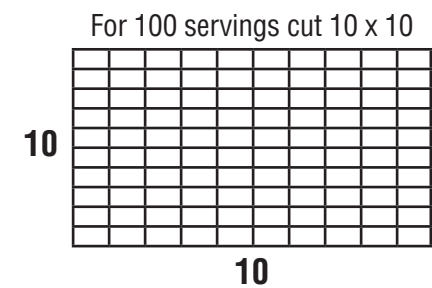
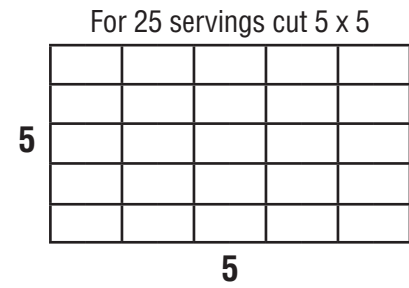
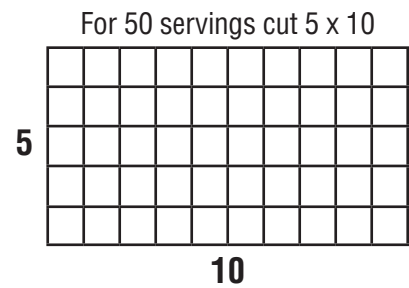
## Steamtable Pan Capacity

| Pan Size           | Approx. Capacity | Serving Size                             | Ladle (fl oz)                   | Scoop #             | Approx. # Servings       |
|--------------------|------------------|------------------------------------------|---------------------------------|---------------------|--------------------------|
| 12" x 20" x 2-1/2" | 2 gal            | 1/2 cup<br>3/8 cup<br>1/3 cup<br>1/4 cup | 4 oz<br>3 oz<br>2.65 oz<br>2 oz | 8<br>10<br>12<br>16 | 64<br>80<br>96<br>128    |
| 12" x 20" x 4"     | 3-1/2 gal        | 1/2 cup<br>3/8 cup<br>1/3 cup<br>1/4 cup | 4 oz<br>3 oz<br>2.65 oz<br>2 oz | 8<br>10<br>12<br>16 | 112<br>135<br>168<br>224 |
| 12" x 20" x 6"     | 5 gal            | 1/2 cup<br>3/8 cup<br>1/3 cup<br>1/4 cup | 4 oz<br>3 oz<br>2.65 oz<br>2 oz | 8<br>10<br>12<br>16 | 160<br>200<br>240<br>320 |

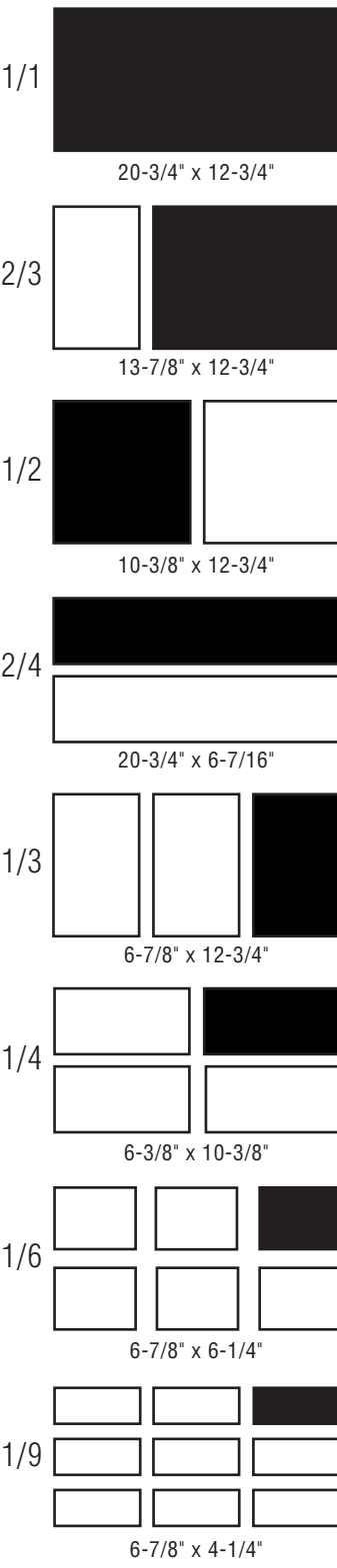
## Approximate Dimensions of Serving Sizes from Different Pan Sizes

| Pan                  | Approx. Size       | No. and Approx. Size Servings per Pan |                 |                 |
|----------------------|--------------------|---------------------------------------|-----------------|-----------------|
|                      |                    | 25                                    | 50              | 100             |
| Baking or steamtable | 12" x 20" x 2-1/2" | 2" x 3-3/4"                           | 2" x 2"         | -----           |
| Sheet or bun         | 18" x 26" x 1"     | 3-1/4" x 5"                           | 3-1/4" x 2-1/2" | 1-3/4" x 2-1/2" |

## Cutting Diagrams for Portioning



## Other Pan Sizes



Steamtable or counter pans are available in various sizes. Smaller size pans may require the use of an adapter bar.



This project has been funded at least in part with Federal funds from the U.S. Department of Agriculture, Food and Nutrition Service through an agreement with the Institute of Child Nutrition at The University of Mississippi. The contents of this publication do not necessarily reflect the views or policies of the U.S. Department of Agriculture, nor does mention of trade names, commercial products, or organizations imply endorsement by the U.S. government.

The University of Mississippi is an EEO/AA/Title VI/Title IX/Section 504/ADA/ADEA Employer.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

© 2015, Institute of Child Nutrition, The University of Mississippi, School of Applied Sciences

Except as provided below, you may freely use the text and information contained in this document for non-profit or educational use with no cost to the participant for the training providing the following credit is included. These materials may not be incorporated into other websites or textbooks and may not be sold.

The photographs and images in this document may be owned by third parties and used by The University of Mississippi under a licensing agreement. The University cannot, therefore, grant permission to use these images.

For more information, please contact helpdesk@theicn.org.

08/2017

# QUICK REFERENCE GUIDE

## Volume Measurement Conversions



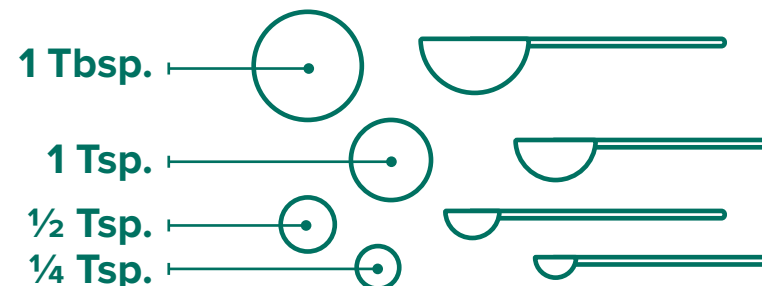
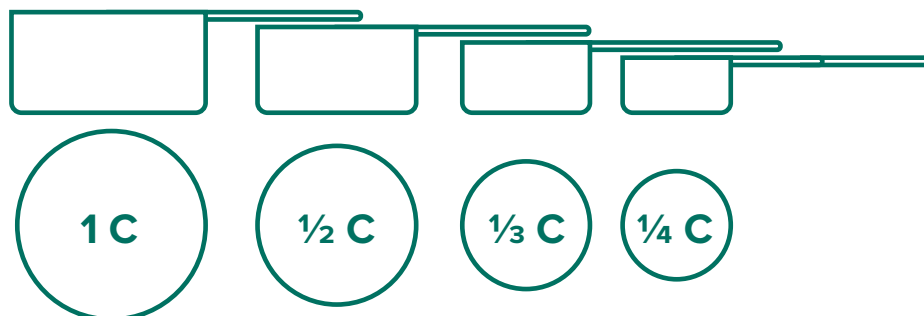
### Liquid Ingredients

| Gallon  | 1   | $\frac{3}{4}$ | $\frac{2}{3}$   | $\frac{1}{2}$ | $\frac{1}{3}$  | $\frac{1}{4}$ | $\frac{1}{8}$ | $\frac{1}{16}$ | $\frac{1}{128}$ |
|---------|-----|---------------|-----------------|---------------|----------------|---------------|---------------|----------------|-----------------|
| Quart   | 4   | 3             | $2\frac{2}{3}$  | 2             | $1\frac{1}{3}$ | 1             | $\frac{1}{2}$ | $\frac{1}{4}$  | $\frac{1}{32}$  |
| Pint    | 8   | 6             | $5\frac{1}{3}$  | 4             | $2\frac{2}{3}$ | 4             | 1             | $\frac{1}{2}$  | $\frac{1}{16}$  |
| Cup     | 16  | 12            | $10\frac{2}{3}$ | 8             | $5\frac{1}{3}$ | 8             | 4             | 1              | $\frac{1}{8}$   |
| Fl. Oz. | 128 | 96            | 85.34           | 64            | 4.34           | 32            | 16            | 8              | 1               |

### Dry Ingredients & Small Amounts of Liquid

| Cup   | 1  | $\frac{3}{4}$ | $\frac{2}{3}$   | $\frac{1}{2}$ | $\frac{1}{3}$  | $\frac{1}{4}$ | $\frac{1}{8}$ | $\frac{1}{16}$ | $\frac{1}{48}$ | $\frac{1}{96}$ | $\frac{1}{192}$ |
|-------|----|---------------|-----------------|---------------|----------------|---------------|---------------|----------------|----------------|----------------|-----------------|
| Oz.*  | 8  | 6             | 5               | 4             | 3              | 2             | 1             | 0.5            | 0.17           | 0.08           | 0.04            |
| Tbsp. | 16 | 12            | $10\frac{2}{3}$ | 8             | $5\frac{1}{3}$ | 4             | 2             | 1              | $\frac{1}{3}$  | $\frac{1}{6}$  | $\frac{1}{12}$  |
| Tsp.  | 48 | 36            | 32              | 24            | 16             | 12            | 6             | 3              | 1              | $\frac{1}{2}$  | $\frac{1}{4}$   |

\*Oz. may vary based on density of ingredient







# CACFP Infant Meal Pattern

The CACFP infant meal pattern encourages delaying the introduction of solid food until the infant is 6 months. However, the age when solid foods are introduced will depend on the infant. Infants develop at different rates; some infants are ready to consume solid foods before 6 months of age while others are ready after 6 months.

Food amounts listed in the meal pattern begin with zero (0) because not all infants are developmentally ready to eat solid foods at a certain age. It does not mean serving the food is optional. Once an infant is developmentally ready to eat foods, including infants younger than 6 months, programs are required to offer them to the infant.

| Breakfast / Lunch / Supper |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Birth through 5 months     | 4-6 fluid ounces breastmilk, iron fortified infant formula, or portions of both                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 6 through 11 months        | <p>6-8 fluid ounces breastmilk, iron fortified infant formula, or portions of both</p> <p><b>And, when developmentally ready, one or more items from the following:</b></p> <p>0-½ oz eq (0-4 tablespoons) iron fortified infant cereal (IFIC)*; OR<br/>           0-4 tablespoons meat, fish, poultry, whole egg, cooked dry beans, or cooked dry peas); OR<br/>           0-2 ounces of cheese; OR<br/>           0-4 ounces (volume) of cottage cheese or yogurt (regular and soy); OR<br/>           0-4 tablespoons commercially prepared tofu</p> <p style="text-align: center;"><b>AND</b></p> <p>0-2 tablespoons vegetable, fruit, or a combination of both (no juice)</p> |

\*Grain items (i.e., bread, pancakes, waffles, breakfast cereal, etc.) are not creditable at breakfast, lunch, and supper in the infant meal pattern. They cannot be served in place of IFIC. IFIC or a meat/meat alternate must be served.

| Snack                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Birth through 5 months | 4-6 fluid ounces breastmilk, iron fortified infant formula, or portions of both                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 6 through 11 months    | <p>2-4 fluid ounces breastmilk, iron fortified infant formula, or portions of both</p> <p><b>And, when developmentally ready, one or more items from the following:</b></p> <p>0-½ oz eq bread/bread-like items**; OR<br/>           0- ¼ oz eq crackers; OR<br/>           0-½ oz eq (0-4 tablespoons) iron fortified infant cereal (IFIC); OR<br/>           0- ¼ oz eq ready-to-eat breakfast cereal</p> <p style="text-align: center;"><b>AND</b></p> <p>0-2 tablespoons vegetable, fruit, or a combination of both (no juice)</p> |

\*\*Bread-like items: biscuit, bun, roll, muffin, English muffin, pancake, pita bread, soft tortilla, waffle, etc. See the next page for the **Infant Grains Chart** and serving size amounts.

| Additional Requirements                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>Breastfed infants who consume less than the minimum required amount of breastmilk per feeding may be served less than the minimum with additional breastmilk offered later if the infant will consume more.</li> <li>Yogurt must contain no more than 12 grams of added sugars per 6 ounces.</li> <li>Grains served at snack must be whole grain-rich, enriched meal, or enriched flour.</li> <li>Breakfast cereals served at snack must contain no more than 6 grams of added sugars per dry ounce.</li> </ul> |



# CACFP Infant Grains Chart

The following grain items are creditable at **SNACK** only.

The chart below is a serving size guide for grain items commonly served to infants. The amounts listed are what must be served to meet the ounce equivalent (oz eq) grain requirement. They are based on the weight of the grain items in grams (g).

| Bread and Bread-like Items: 1/2 oz eq Required |                       |
|------------------------------------------------|-----------------------|
| Grain Item and Size                            | 1/2 oz eq is about... |
| Biscuit                                        | 1/2 biscuit or 14 g   |
| Bread                                          | 1/2 slice or 14 g     |
| Bun or Roll                                    | 1/2 bun/roll or 14 g  |
| Corn Muffin                                    | 1/2 muffin or 17 g    |
| English Muffin (top and bottom)                | 1/4 muffin or 14 g    |
| Pancake                                        | 1/2 pancake or 17 g   |
| Pita Bread/Round                               | 1/4 pita or 14 g      |
| Tortilla, Soft, Corn (about 5 1/2")            | 3/4 tortilla or 14 g  |
| Tortilla, Soft, Flour (~ 6")                   | 1/2 tortilla or 14 g  |
| Tortilla, Soft, Flour (~ 8")                   | 1/4 tortilla or 14 g  |
| Waffle                                         | 1/2 waffle or 17 g    |

| Crackers and Ready-to-Eat Cereals: 1/4 oz eq Required          |                                |
|----------------------------------------------------------------|--------------------------------|
| Grain Item and Size                                            | 1/4 oz eq is about...          |
| Cereal, Ready-to-Eat: Flakes or Rounds (e.g., o-shaped cereal) | 4 Tablespoons (1/4 cup) or 7 g |
| Cereal, Ready-to-Eat: Puffed (e.g., crispy puffed rice cereal) | 5 Tablespoons (1/3 cup) or 7 g |
| Cracker, Animal (about 1 1/2" x 1")                            | 4 crackers or 7 g              |
| Cracker, Bear-shaped* or Similar, Sweet (about 1" x 1/2")      | 6 crackers or 7 g              |
| Cracker, Cheese, Square, Savory (about 1" x 1")                | 5 crackers or 6 g              |
| Cracker, Fish-shaped or Similar, Savory (about 3/4" x 1/2")    | 11 crackers or 6 g             |
| Cracker, Graham* (about 5" x 2 1/2" full sheet)                | 1/2 cracker or 7 g             |
| Cracker, Oyster                                                | 14 crackers (1/8 cup) or 6 g   |
| Cracker, Round, Savory (about 1 3/4" across)                   | 2 crackers or 6 g              |
| Cracker, Round, Savory, Mini (about 1" across)                 | 4 crackers or 6 g              |
| Cracker, Saltine (about 2" x 2")                               | 2 crackers or 6 g              |
| Cracker, Thin Wheat, Square, Savory (about 1 1/4" x 1 1/4")    | 3 crackers or 6 g              |
| Cracker, Zwieback*                                             | 1 cracker or 6 g               |

\*Honey or honey-flavored foods should never be fed to babies younger than 1 year.

## Minimize Choking Risks:

- Do not offer babies crackers containing seeds and nuts.
- Cut breads and bread-like items into thin strips or small pieces no larger than 1/2 inch.



# Developmental Readiness

Developmental readiness for solid foods is one of the most important times for infants. 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 or too late. Find this handout and more information on the: [DPI's New CACFP Meal Pattern webpage](#).

## Infant Readiness Guidelines for Solid Foods

Typically, around six months of age infants are ready to eat solid foods. However, an infant's readiness depends on his or her rate of development, not age. The American Academy of Pediatrics (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 mouth when food comes his way. He may watch others eat, reach for food, and seem eager to be fed;
- The infant can move food from a spoon into his or her throat; and
- The infant has doubled his or her birth weight.



The American Academy of Pediatrics (AAP) recommends breastfeeding as the sole source of nutrition for infants until 6 months of age, and 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).



## Communicate with Parents

It is important to maintain constant communication with the infants' parent(s) or guardian(s) about when to introduce solid foods

For additional information on developmental readiness, refer to the following resources:

- [American Academy of Pediatrics' Infant Food and Feeding](#)
- [WIC Infant Developmental Readiness Chart](#)
- [Feeding Infants: A Guide for Use in Child Nutrition Programs](#)

## Risks of Introducing Solid Foods Too Early

- Higher risk of choking because the infant has not developed the necessary skills for eating solid foods.
- Infant may consume less breastmilk or iron-fortified formula and not get enough essential nutrients for proper growth and development.
- Increases the risk of weight gain during the early years and being overweight later in life.

## Q&A

*Does the Child and Adult Care Food Program (CACFP) require that infants start solid foods at a certain age?*

No, the decision to start solid foods is up to the infant's parents/guardians. There is no requirement that the infant receives solid foods by a certain age in order for the provider to claim the child's meals for reimbursement. However, once the infant is developmentally ready, and the child's parents/guardians request the child receive solid foods, programs are **required** to offer them to the infant.

## Pop Quiz:



### True or false:

All infants are ready to start solid foods at 6 months of age.

See page 2 for the answer.



Find the Community Nutrition Team here:



<https://www.facebook.com/WisDPICommunityNutrition/>



[https://twitter.com/WisDPI\\_CNT](https://twitter.com/WisDPI_CNT)



This institution is an equal opportunity provider.



## Parent Discussion Tips for Challenging Scenarios

As providers, you may encounter challenging scenarios surrounding parent/guardian feeding requests for infants in your care. Below are two scenarios with some talking points and helpful resources.

### Scenario 1 – Delay Introduction of Foods

Parents request that you feed their 10 month old only breast milk. When feeding their infant, he is showing signs of being ready for foods through his mouth patterns, hand and body skills, and feeding abilities. He is also reaching for food served to other infants. You would like to support the infant's readiness, but his parents are not on board with this.

### Scenario 2 – Early Introduction of Foods

Parents request that you feed their 3 month old solid foods but she is giving cues that she is not yet developmentally ready for starting foods. She isn't holding her head up and opening her mouth when moving food towards her mouth.

### Talking Points:

- Discuss the *Infant Readiness Guidelines for Solid Foods*, from page 1, to help parents understand their infant's physical development and nonverbal cues to recognize if and when their infant is ready for solid foods. For Scenario 2, also discuss the *Risks of Introducing Solid Foods Too Early*, from page 1.
- Encourage parents to consult with their infant's physician about the feeding plan for introducing foods.
- Maintain open communication with parents:
  - You provide daily information on their infant's progress, acceptance of and reactions to foods
  - Parents provide updates on their infant's feeding schedule, including frequency of feedings, portions, and foods that have been introduced at home

### Resources to help with conversations about introducing solid foods:

- AAP: [Starting Solid Foods](#)
- [USDA-CACFP Infant Meal Pattern Chart](#): Provides appropriate foods and serving sizes



### If parents insist you follow their requested feeding style after the above discussion occurs:

Respect and honor the parents' decision. Continue open communication about their infant's progress, feeding responses, and behavior. You may request the parent to provide a medical statement from their infant's physician to ensure the infant is receiving the nutrition they need.

*If the infant is in distress while in care and the parents are non-responsive to your concern, consult with your licensor (or certifier) on further action to take. If the distress is life threatening, contact emergency medical services.*

### Other Feeding Scenarios

#### Serving cow's milk before age 12 months:

- Highly discouraged by health care professionals because an infant cannot adequately digest regular cow's milk.
- Resource: [AAP reasons not to serve cow's milk before 12 months](#)
- Not allowed in the CACFP unless the cow's milk is required because of a disability. A written medical statement, signed by a physician or nurse practitioner, must be on file.

#### Adding Cereal to an infant's bottle:

- Not recommended by the AAP because it may increase the likelihood the infant will gag or inhale the mixture into their lungs and may lead to overfeeding the infant.
- Resource: [AAP reasons to not put cereal in infant's bottle](#)
- Not allowed in the CACFP unless serving cereal in a bottle is required because of a disability. A written medical statement, signed by a physician or nurse practitioner, must be on file.

### Pop Quiz:

Answer: False!



The answer is **false**. The infant may be ready to accept solid foods at six months of age but this should not be the deciding factor. An infants' readiness depends on his or her rate of development. Refer to the AAP guidelines to help determine when an infant is developmentally ready for solid foods.



## Foods For Infants

This is a list of common creditable and non-creditable foods for the CACFP infant meal pattern.  
For questions about foods not on this list, contact your [assigned consultant](#).

### INFANT FORMULA

| FOOD    | CREDITABLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | NON-CREDITABLE (DO NOT SERVE)                                                                                                                                                                                                                                                                          |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Formula | <ul style="list-style-type: none"> <li>✓ Iron-fortified infant formula (milk-based or soy-based) <ul style="list-style-type: none"> <li>○ Must be labeled as “iron-fortified,” “infant formula with iron,” or other statement on the front of the package</li> <li>○ Must contain 1 milligram (mg) or more of iron per 100 calories. Mgs of iron are on the Nutrition Facts Label.</li> </ul> </li> <li>✓ Regulated by FDA</li> <li>✓ Sold in the United States (includes imported formula)</li> </ul> | <ul style="list-style-type: none"> <li>x Cow’s milk; non-dairy beverages</li> <li>x <a href="#">FDA exempt formula</a> (only creditable when supported with a medical statement for a disability)</li> <li>x Formula purchased outside the United States</li> <li>x Low iron infant formula</li> </ul> |

### INFANT CEREAL AND BABY FOODS

| Food                                           | CREDITABLE                                                                                                                                                                                                                                                                                                                                                                                                                                 | NON-CREDITABLE (DO NOT SERVE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Infant Cereal                                  | <ul style="list-style-type: none"> <li>✓ Iron-fortified infant cereal (IFIC)</li> <li>✓ Includes single-grain (ex. rice, wheat, barley, oat) and mixed-grain varieties</li> </ul>                                                                                                                                                                                                                                                          | <ul style="list-style-type: none"> <li>x Grain items (i.e., bread, pancakes, waffles, muffins) cannot be served in place of IFIC at breakfast, lunch, and supper</li> <li>x Hot cereals for older children (farina, grits, regular oatmeal, steel cut oats)</li> <li>x Ready-to-eat cereals (ex. Cheerios)</li> <li>x Infant cereal that is not iron-fortified</li> <li>x Infant cereal served in a bottle</li> <li>x Iron-fortified infant cereal that contains fruit, vegetables, and meat alternates such as banana, apple, carrots, and chia seeds</li> <li>x Jarred “wet” infant cereals</li> </ul> |
| Store-Bought Fruits and Vegetables (Baby Food) | <ul style="list-style-type: none"> <li>✓ Single fruit or vegetable (fruit or vegetable as 1st ingredient)</li> <li>✓ Mixed fruits and/or vegetables (e.g., squash banana) with a fruit or vegetable as the 1st ingredient</li> <li>✓ Water, broth, and vitamins may be additional ingredients</li> <li>✓ Store-bought combination infant foods: <i>Crediting documentation is required. See the last page of this document.</i></li> </ul> | <ul style="list-style-type: none"> <li>x Baby food desserts such as cobblers, custard, fruit desserts or puddings with fruit</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Store-Bought Meats (Baby Food)                 | <ul style="list-style-type: none"> <li>✓ Meat or poultry is the first ingredient, gravy and broth are allowable ingredients</li> <li>✓ Store-bought combination infant foods: <i>Crediting documentation is required. See the last page of this document.</i></li> </ul>                                                                                                                                                                   | Meats/meat alternates are not a component at snacks in the CACFP infant meal pattern.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

# Foods For Infants

## TABLE FOODS

| FOOD                                                                                                                                                                                                                               | CREDITABLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | NON-CREDITABLE (DO NOT SERVE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Meats and Meat Alternates (Table Food)</b></p> <p><i>May be served in place of iron-fortified infant cereal at breakfast and lunch/supper.</i></p> <p><b>Not a component at snacks in the CACFP infant meal pattern.</b></p> | <ul style="list-style-type: none"> <li>✓ Meats and poultry (beef, pork, lamb, veal, chicken, and turkey) cooked, mashed, pureed, or diced as needed to obtain appropriate texture</li> <li>✓ Cheese, pasteurized (natural, shredded)</li> <li>✓ Cottage cheese</li> <li>✓ Cooked dry beans, peas, and lentils, including black beans, pinto beans, chickpeas, and soybeans (edamame); When served as the meats/meat alternates, it cannot be served and credited as the vegetable in the same meal</li> <li>✓ Fin fish and shellfish, including salmon, trout, flounder, cod, haddock, perch, tilapia, crab, shrimp, and other fish and shellfish; Must be purchased commercially; Remove any bones or shells and modify the texture as appropriate</li> <li>✓ Processed meats and poultry such as chicken nuggets, hot dogs, fish sticks, and infant meat and poultry sticks (not dried or semi-dried nor jerky) are allowed but not recommended</li> <li>✓ Store-bought combination infant foods: <i>Crediting documentation is required. See the last page of this document.</i></li> <li>✓ Tofu (commercially prepared; must contain at least 5 grams of protein per 2.2 ounce (¼ cup) by weight)</li> <li>✓ Tempeh (cook to soften and cut into appropriate size and shape)</li> <li>✓ Yogurt (regular and soy; no more than 12 grams of added sugars per 6 ounces)</li> <li>✓ Whole eggs (shell eggs or liquid pasteurized whole eggs)</li> </ul> | <ul style="list-style-type: none"> <li>x Cheese spread &amp; substitutes, cheese food &amp; substitutes, imitation cheese, cream cheese, and cheese product</li> <li>x Egg whites or egg yolks (only whole eggs are creditable)</li> <li>x Fish, home caught: Only creditable if it meets State or local public health policies regarding food safety</li> <li>x Foods deep-fat fried on-site</li> <li>x Green peas (not a meat alternate)</li> <li>x Home-canned meats/meat alternates</li> <li>x Peanut butter, other nut/seed butters</li> <li>x Nuts and seeds</li> <li>x Noncommercial tofu</li> <li>x Soy products and other plant-based meats unless a Child Nutrition (CN) label or Product Formulation Statement (PFS) is on file that credits the item to Child Nutrition Programs</li> <li>x Yogurt products such as frozen yogurt, drinkable or liquid yogurt products, yogurt smoothies, homemade yogurt, yogurt flavored products, yogurt bars, and freeze-dried yogurt snacks (includes yogurt melts)</li> </ul> |
| <p><b>Whole Fruits and Vegetables (Table Food)</b></p>                                                                                                                                                                             | <ul style="list-style-type: none"> <li>✓ All vegetables and fruits (fresh, frozen, and canned) cooked, mashed, pureed, or diced as needed to obtain appropriate texture</li> <li>✓ Cooked dry beans, peas, and lentils, including black beans, pinto beans, chickpeas, and soybeans (edamame); When served as the vegetable, it cannot be served and credited as the meats/meat alternates in the same meal</li> <li>✓ Store-bought combination infant foods: <i>Crediting documentation is required. See the last page of this document.</i></li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <ul style="list-style-type: none"> <li>x Freeze-dried fruit &amp; vegetable snacks</li> <li>x Fruit and vegetable juice, drinks, punch</li> <li>x Fruit or vegetable snacks (e.g., 100% fruit strips or leather, fruit drops, fruit/veg melts or other snack-type products)</li> <li>x Foods deep-fat fried onsite</li> <li>x Home-canned fruits or vegetables</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |



## Foods For Infants

### GRAINS (CREDITABLE AT SNACK ONLY)

Grains must be made from whole grain or enriched meal or flour or be fortified. A whole grain-rich item is not required for infants.

| FOOD                                                                                                                                                                                    | CREDITABLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | NON-CREDITABLE (DO NOT SERVE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Grains</b></p> <p><i>Grain items are only creditable at snacks.</i></p> <p><b>Grains are not a component at breakfast, lunch, or supper in the CACFP infant meal pattern.</b></p> | <ul style="list-style-type: none"> <li>✓ Bagels</li> <li>✓ Biscuits</li> <li>✓ Breads (strips or small pieces of dry bread or toast)</li> <li>✓ Cereal, ready-to-eat such as flakes, rounds, and o-shaped cereals               <ul style="list-style-type: none"> <li>○ Choose cereals that dissolve easily in the mouth and do not include nuts, dried fruits, or other hard food items</li> <li>○ No more than 6 grams of added sugars per dry ounce</li> </ul> </li> <li>✓ Corn muffins, corn bread, small pieces</li> <li>✓ Crackers, small pieces without seeds, nuts, or whole grain kernels               <ul style="list-style-type: none"> <li>○ Animal crackers, graham crackers, rounds, ovals, squares, Saltines, small fish-shaped</li> </ul> </li> <li>✓ Croissants</li> <li>✓ English muffins, small pieces</li> <li>✓ Pancakes and waffles</li> <li>✓ Pita bread</li> <li>✓ Pizza crust</li> <li>✓ Pretzel, soft</li> <li>✓ Puff cereal snack               <ul style="list-style-type: none"> <li>○ Must be recognizable as a ready-to-eat cereal; it should easily dissolve in an infant's mouth and should not contain nuts, seeds, or hard pieces that can cause choking</li> <li>○ No more than 6 grams of added sugars per dry ounce</li> </ul> </li> <li>✓ Puff snacks, ex. Gerber Lil' Crunches</li> <li>✓ Rolls, small pieces</li> <li>✓ Soft tortillas and soft pita bread, small pieces</li> <li>✓ Teething crackers, biscuits, and toasts</li> </ul> | <ul style="list-style-type: none"> <li>x Baby grain items that are not made from whole grain or enriched meal or flour, or are not fortified</li> <li>x Cooked grains such as rice, quinoa, and pasta</li> <li>x Grain-based desserts such as cookies, sweet pie crusts, doughnuts, cereal bars, breakfast bars, granola bars, sweet rolls, toaster pastries, cake, and brownies, including baby food varieties of these items</li> <li>x Grain-free items such as grain-free puffs and grain-free crackers</li> <li>x Hot cereals for older children (farina, grits, regular oatmeal, steel cut oats)</li> </ul> <p>The following items are creditable foods, however, are not recommended for infants due to choking risks:</p> <ul style="list-style-type: none"> <li>x Cereals that include nuts, dried fruits, or other hard food items</li> <li>x Crackers or breads with seeds, nut pieces, or whole grain kernels such as wheat berries</li> <li>x Popcorn</li> <li>x Pretzels, hard</li> </ul> |

## Foods For Infants

### ADDITIONAL INFORMATION

|                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Choking Prevention</b>                    | <p>Many creditable items are not recommended to be served to infants due to being a choking risk. Be familiar with foods that pose higher choking risks and know how to prepare foods in the appropriate size, consistency, texture, and shape that will allow infants and young children to eat and swallow easily. See <a href="#">Common Foods That Cause Choking in Infants and Young Children and How to Modify</a> and tips below:</p> <ul style="list-style-type: none"> <li>✓ Avoid serving foods that are as wide around as a nickel</li> <li>✓ Cut grapes, cherries, berries, melon balls and tomatoes into quarters</li> <li>✓ Grate or thinly sliced cheese</li> <li>✓ Cook foods until soft enough to pierce with a fork</li> <li>✓ Mash, puree or cut soft food into appropriate textures and sizes (i.e. thin slices or small pieces) per each infant's development</li> </ul>                                         |
| <b>Honey and Foods that Contain Honey</b>    | <p>Honey and foods that contain honey should never be fed to babies less than one 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, entrées and baked goods that contain honey). This also applies to commercially prepared foods such as cereals sweetened with honey or honey graham.</p>                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>Store-bought Combination Infant Foods</b> | <p>These items are foods that include a mixture of two or more components, such as meat and vegetables. This is not limited to purees.</p> <p>These foods are creditable only when the following documentation is on file to show the amount of each component in the food item:</p> <ul style="list-style-type: none"> <li>• Information on a food item's product label (ex. the label specifies the item contains 2 Tablespoons fruit and 3 Tablespoons meat) OR</li> <li>• Child Nutrition (CN) Label or Product Formulation Statement</li> </ul> <p>Documentation must be maintained on file to support infant meals claimed for the current federal fiscal year plus three federal fiscal years.</p> <p>Additional foods will need to be served if the amount of each component in the food item is not the minimum amount required per the CACFP infant meal pattern and according to the infant's developmental readiness.</p> |



## SERVING AND CLAIMING INFANT MEALS

This handout provides information on requirements for serving infants in the CACFP, when infant meals can and cannot be claimed, and recording time of service infant meals and snacks.

Infants are defined as children ages birth through eleven months old.



### Requirements for Serving Infants in the CACFP

#### Offer CACFP Benefits to Infants

Programs providing infant care must offer to supply the following to all infants, even when infant meals and snacks are not being claimed for CACFP reimbursement:

- One type of creditable iron-fortified infant formula (IFIF)
- Creditable developmentally-appropriate foods (iron-fortified infant cereal (IFIC), fruits, vegetables, meat/meat alternate, and grains)



**Important Reminder:** Programs cannot require families to provide IFIF, IFIC, or foods for their infant. However, parents may decline the IFIF, IFIC, and foods offered by the program and provide their own.

### Serve Meals that Meet CACFP Infant Meal Pattern Requirements

Meals and snacks must include all required components of the Infant Meal Pattern (according to the infant's developmental readiness) and creditable foods.

Meals and snacks must meet the Infant Meal Pattern

All required meal components in the minimum amounts are served (according to the infant's developmental readiness)

Foods served must be CACFP creditable

#### What Food Are Creditable?

Refer to [Foods for Infants](#) or [USDA Feeding Infants in the CACFP](#)



**Grain items (ex. bread, ready-to-eat cereal, pancakes, waffles, etc.) are not part of the Breakfast, Lunch, and Supper Infant Meal Pattern.** Infants eating table foods must be served IFIC, a meat/meat alternate, or both at these meals. Grain items can only be served as an extra item.



## When to Claim Versus When Not to Claim

The flowcharts below show when infant meals and snacks can and cannot be claimed depending on what the infant is eating and who is supplying the meal and snack components.

### Infant Is Drinking Breastmilk and/or Formula Only

The CACFP infant meal pattern encourages serving only breastmilk and/or IFIF until the infant is 6 months.

Meal/snack includes **ONLY** breast milk or IFIF  
Includes when mom breastfeeds infant onsite

**Claim** (regardless of who supplies the IFIF)

### Infant Is Developmentally Ready for Solid Foods

When an infant is ready to consume solid foods, including before 6 months, they must be offered to the infant. Creditable foods must be served.

#### Breakfast / Lunch / Supper

Required: IFIF and/or Breast milk  
(includes when mom breastfeeds onsite)

When developmentally ready, offer both of the following components:

- IFIC and/or Meat/meat alternate
- Fruit and/or Vegetable

Program supplies ALL components or ALL but one component (family provides one component)

**Claim**

Family supplies 2 or more components (or ALL components)

**Do Not Claim**

#### Snack

Required: IFIF and/or Breast milk  
(includes when mom breastfeeds onsite)

When developmentally ready, offer both of the following components:

- IFIC and/or Grain
- Fruit and/or Vegetable

Program supplies ALL components or ALL but one component (family provides one component)

**Claim**

Family supplies 2 or more components (or ALL components)

**Do Not Claim**

## Recording Time of Service Infant Meals and Snacks

Record meals and snacks on the [Infant Meal Record](#)\*  
(Guidance Memorandum 12: Infants / Infant Meal Recordkeeping tab).

For each meal and snack served, record items when they are served to the infant.



\* Family daycare home providers must record infant meals as specified by their sponsor.

## WHY?

- **You decide what goes in the food** – Choose fresh or frozen ingredients. Think local!
- **Nutrition** – Homemade is as good as or better than in a jar.
- **Save Money** – Save up to 70% by making your own infant food.
- **Convenience** – Requires a blender/food processor, ice cube tray, and freezer.
- **Tastes great** – Infants will love it!



## How?

1. **START:** with fresh or frozen whole fruits, vegetables or meats

### FRUITS AND VEGETABLES:

- Fresh – wash, peel and chop
- Frozen –open the package or cook in bag if directed
- Do not use frozen fruits or vegetables that contain added sugars or sauce



### MEATS:

- Remove fat, gristle, skin, and bones before cooking

2. **COOK:** in oven, microwave, slow cooker, or use the stovetop to boil or steam

- Fruits and vegetables are done when they can be pierced or mashed easily with a fork
- Meat is done when cooked to appropriate temperature



3. **FOOD PROCESSOR, IMMERSION BLENDER OR STAND BLENDER:**

- Puree fruits and vegetables to a soft-velvety texture
- Cut cooked meat into small pieces to ease pureeing
- If needed for texture – add a small amount of cooking water



4. **STORAGE/SERVING:** Serve immediately or place in refrigerator for no more than 2 days (except: meats, poultry, and fish should be used within 24 hours)

- Freeze: Place in clean and appropriately sanitized ice cube trays
- Place trays in a sealed container or a freezer safe plastic food storage bag
- Always Date and Label!
- Place into the freezer – once frozen – fruits, vegetables and meats can be popped out of the tray and placed in freezer safe storage in order to use the ice cube trays to make more infant food
- Store in the freezer safely for up to 1 month.
- Each cube equates to approximately 1 ounce (2 Tbsp.) of fruit, vegetable or meat
- Thoroughly reheat refrigerated or frozen infant food to 165° F. Stir thoroughly and test the temperature before serving it to the infant
- Defrost frozen foods in the refrigerator, used thawed foods within 48 hours.



## DOS AND DON'TS OF MAKING INFANT FOOD

### Do

- Practice appropriate food safety:
  - Appropriate sanitation and hand washing
  - Avoid cross-contamination
- Discard any uneaten leftover food in the infant's dish/serving dish.
- Determine appropriate textures per the infant's age and development.

### Don't

- Do not add more than one creditable component to your homemade infant food (separate components could be combined at the time the infant food is to be served).
- Do not add salt or other seasonings, sugar or other sweeteners, fats, or gravy.
  - Never use honey: it should not be served to infants due to the risk of infant botulism.
- Do not refreeze infant food that has been removed from the freezer and allowed to thaw in the refrigerator.
- Do not provide solid foods to infants until the parent has requested that you offer them to their infant while in your care. The decision to feed specific foods should be made by the parent and primary care physician.



# CACFP Infant Requirements

## 1. OFFER THE CACFP TO ALL ENROLLED INFANTS

Families / guardians cannot be required to provide formula or foods for their infant.

To meet this requirement, your program must offer to provide the following items to each infant:

- Minimum of one type/brand **Iron-Fortified Infant Formula**
- **Iron-Fortified Infant Cereal**
- **Fruits, Vegetables, and Meats/Meat Alternates:** Store-bought, homemade, table foods, or a combination of all three
- **Grains:** Bread/bread-like items,\* crackers, ready-to-eat cereals (creditable at snack only)

\*Bread-like items: biscuit, bun, roll, muffin, English muffin, pancake, pita bread, soft tortilla, waffle

## 2. POST THE INFANT MENU AND INFANT MEAL PATTERN

- Complete the [Infant Menu](#) according to the formula and foods your program offers.
- Post a copy of the **Infant Menu** and [Infant Meal Pattern](#) in each infant room in a location visible to families and staff.

## 3. NOTIFY FAMILIES OF THE FORMULA AND FOODS OFFERED

Complete one of the following to notify families of the formula and foods your program offers:

- Distribute the completed **Infant Menu** and **Infant Meal Pattern** in the enrollment packet provided to families with infants.
- Post the completed **Infant Menu** and **Infant Meal Pattern** in a visible location in the entryway of your facility.

## 4. COMPLETE THE INFANT MEAL RECORD

Complete one **Infant Meal Record** for every infant whose meals/snacks will be claimed. There are two options for the Infant Meal Record. Read below to determine which form your agency will use.

- [Infant Meal Record: Breakfast, Lunch, Snack](#) – use when the agency is approved to claim Breakfast, Lunch, and one Snack (AM Snack, PM Snack, or Additional Snack).
- [Infant Meal Record: All Meals](#) – use when the agency is approved to claim more than Breakfast, Lunch, and one Snack. The agency may not claim more than two meals and one snack OR two snacks and one meal per infant per day. Therefore, this form is to be used when the agency serves shifts of children and claims more than breakfast, lunch and one snack throughout the day

Instructions for completing the **Infant Meal Record** are on the record. Training on the Infant Meal Record is available in the following E-Learning lessons:

- [Recording Infant Meals on the Infant Meal Record](#)
- [CACFP E-Learning Course: Infant Recordkeeping & Claiming Requirements](#). This lesson provides information on the CACFP requirements for serving, recording and claiming infant meals.



As a Program in the CACFP, we must offer to supply all meal components of the [Infant Meal Pattern](#).

We will supply the following items to your infant while in our care:

- One type of iron-fortified infant formula
- Iron-fortified infant cereal
- Baby foods and/or table foods in the appropriate textures for your infant

Parents/Guardians may choose to accept our supplied formula and/or foods or provide their own.

**Our Program will supply the following formula and infant foods:**



**Formula Supplied:** \_\_\_\_\_

*Write in brand/type*

Parents/Guardians: You may choose to accept our supplied formula or provide an iron-fortified infant formula of your choice, expressed breast milk, or breastfeed your baby on-site.



**Iron-Fortified Infant Cereal Offered:**

Our Program supplies the following cereal(s):

- |                                |                                 |                                      |
|--------------------------------|---------------------------------|--------------------------------------|
| <input type="checkbox"/> Rice  | <input type="checkbox"/> Barley |                                      |
| <input type="checkbox"/> Wheat | <input type="checkbox"/> Oat    | <input type="checkbox"/> Multi-Grain |



**Foods Offered:**

Our Program supplies the following foods:

- ☐ Store-bought baby foods
  - ☐ Fruits and vegetables
  - ☐ Meats
- ☐ Homemade baby foods (i.e. pureed whole foods)
- ☐ Table foods (i.e. foods from the regular menu)
- ☐ Grains (crackers, ready-to-eat cereal, bread)

# Infant Meal Record

Effective **October 1, 2024**, meals and snacks claimed for infants must be documented on the ***Infant Meal Record***.

The previous *Infant Meal Form* may no longer be used. Throw out unused printed forms.

**This lesson will go through the new *Infant Meal Record*, with examples showing how to document meals and snacks, and how to determine if a meal or snack may be claimed.**

## Completing the Infant Meal Record and Meal Counts

- Complete one *Infant Meal Record* per infant.
- The *Infant Meal Record* does not need to be filled out for infants whose meals and snacks will not be claimed (for example, when the family provides more than one meal component for all meals and snacks).
- Once menu is completed record the infant meal count in KidKare for Centers or on the Weekly Attendance and Meal Count worksheet. This must be recorded at the time of service.

### Step1

#### Name, Birthdate, Formula Supplier / Breast Milk

| Infant Meal Record: Breakfast, Lunch, Snack                                         |                                          |                                                                                                                                           |
|-------------------------------------------------------------------------------------|------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
|  | Infant's Full Name: <u>Brandon Jones</u> | Birthdate: <u>1/1/20XX</u>                                                                                                                |
|                                                                                     |                                          | Formula supplied by: <input type="checkbox"/> Program <input checked="" type="checkbox"/> Family <input type="checkbox"/> N/A Breast milk |
|                                                                                     |                                          | Name of Formula (IFIF): <u>ABC Formula</u>                                                                                                |
| <small>1. Record date meals are served in Date column.</small>                      |                                          |                                                                                                                                           |
| <small>2. For each meal, record item(s) when served or immediately after:</small>   |                                          |                                                                                                                                           |

At the top of each *Infant Meal Record*, record the infant's full name, birthdate, and check the appropriate box to indicate who supplies the infant's formula, either the program (i.e., the center) or the family. Document the name of the formula.

If the infant drinks breast milk, check the box for N/A Breast milk.

If the infant drinks both formula and breast milk, check all boxes that apply and document the name of the formula.

## Step 2

### Recording Meals

| Breast milk and/or formula only |                                                                                                                                                        | When developmentally ready, record foods in applicable columns                       |                                                                                                                                                      |                          |
|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| Date                            | Breast Milk (BM) / Formula (IFIF)                                                                                                                      | Fruit / Veg                                                                          | IFIC or Meat/Meat Alternate (M/MA)                                                                                                                   | RM                       |
| 10/7                            | <input type="checkbox"/> BM <input type="checkbox"/> IFIF<br><input type="checkbox"/> Mom Fed<br><input type="checkbox"/> P <input type="checkbox"/> F | _____<br><i>Specify f/v</i><br><input type="checkbox"/> P <input type="checkbox"/> F | <input type="checkbox"/> IFIC <input type="checkbox"/> M/MA<br>_____<br><i>Specify m/ma</i><br><input type="checkbox"/> P <input type="checkbox"/> F | <input type="checkbox"/> |

In the table, record the date meals are served in the Date column.

For each meal served, record items when they are served to the infant or immediately after.

- When an infant is only drinking breast milk and/or formula, only complete the Breast Milk (BM) / Formula (IFIF) column.
- When the infant is developmentally ready for foods, document food(s) served in the applicable columns.

### Step 3

#### Recording Breast Milk (BM) / Formula (IFIF)

| BREAKFAST |                                                                                                                                                                              |                                                                                |                                                                                                                                                |                                      |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| Date      | Breast Milk (BM) / Formula (IFIF)                                                                                                                                            | Fruit / Veg                                                                    | IFIC or Meat/Meat Alternate (M/MA)                                                                                                             | RM                                   |
| 10/7      | <input type="checkbox"/> BM <input checked="" type="checkbox"/> IFIF<br><input type="checkbox"/> Mom Fed<br><input type="checkbox"/> P <input checked="" type="checkbox"/> F | <br><hr/> Specify f/v<br><input type="checkbox"/> P <input type="checkbox"/> F | <input type="checkbox"/> IFIC <input type="checkbox"/> M/MA<br><br><hr/> Specify m/ma<br><input type="checkbox"/> P <input type="checkbox"/> F | <br><br><br><input type="checkbox"/> |

**At all meals and snacks, breast milk and/or formula must be served. In the Breast Milk (BM) / Formula (IFIF) column:**

- Check the box for breast milk (BM), formula (IFIF), or both, if applicable.
- When an infant's mom breast feeds her infant onsite, check the box for Mom Fed.
- Check the box for Program (P) or Family (F) to identify who supplied the item.

**In this example, the infant was fed formula supplied by the family.**

- The box for IFIF is checked in the Breast Milk (BM) / Formula (IFIF) column.
- The box for F is checked, indicating the formula is family-provided.

## Step 4

### Recording Fruit / Vegetable

| BREAKFAST |                                                                                                                                                                              |                                                                                                      |                                                                                                                                      |                          |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| Date      | Breast Milk (BM) / Formula (IFIF)                                                                                                                                            | Fruit / Veg                                                                                          | IFIC or Meat/Meat Alternate (M/MA)                                                                                                   | RM                       |
| 10/7      | <input type="checkbox"/> BM <input checked="" type="checkbox"/> IFIF<br><input type="checkbox"/> Mom Fed<br><input type="checkbox"/> P <input checked="" type="checkbox"/> F | <u>Applesauce</u><br>Specify f/v<br><input checked="" type="checkbox"/> P <input type="checkbox"/> F | <input type="checkbox"/> IFIC <input type="checkbox"/> M/MA<br>Specify m/ma<br><input type="checkbox"/> P <input type="checkbox"/> F | <input type="checkbox"/> |

**At all meals and snacks, a fruit and/or vegetable must be served.\***

**In the Fruit / Veg column:**

- Specify the actual fruit and/or vegetable served on the provided line.
- Check the box for Program (P) or Family (F) to identify who supplied item.

**In this example, the infant was fed applesauce supplied by the program.**

- Applesauce is documented in the Fruit/Vegetable column.
- The box for P is checked, indicating the applesauce is supplied by the program.

*\*When developmentally ready.*



## Recording Infant Cereal (IFIC) or Meats/Meat Alternates at Breakfast, Lunch, and Supper

**At Breakfast, Lunch, and Supper, Infant Cereal (IFIC) or a Meat/Meat Alternate (M/MA) must be served.\***

- When infant cereal is served check the box for IFIC.
- When a meat/meat alternate is served, check the box for M/MA and specify the actual food item served on the provided line.
- Check the box for Program (P) or Family (F) to identify who supplied item.

- The box for IFIC is checked in the IFIC or Meat/Meat Alternates (M/MA) column.
- The box for P is checked, indicating the infant cereal is supplied by the program.

*\*When developmentally ready.*

## Step 6

### Recording Infant Cereal (IFIC) or Grains at Snacks

| SNACK                                                                                                                                                                            |                                                                                                     |                                                                                                                                                                                            |                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| Breast Milk (BM) / Formula (IFIF)                                                                                                                                                | Fruit / Veg                                                                                         | IFIC or Grain                                                                                                                                                                              | RM                       |
| <input type="checkbox"/> BM <input checked="" type="checkbox"/> IFIF<br><input type="checkbox"/> Mom Fed<br><br><input type="checkbox"/> P <input checked="" type="checkbox"/> F | <u>Pears</u><br>Specify f/v<br><br><input checked="" type="checkbox"/> P <input type="checkbox"/> F | <input type="checkbox"/> IFIC <input checked="" type="checkbox"/> Grain<br><u>Graham crackers</u><br>Specify grain<br><br><input checked="" type="checkbox"/> P <input type="checkbox"/> F | <input type="checkbox"/> |

**At Snacks, Infant Cereal (IFIC) or a Grain must be served.\***

**In the IFIC or Grain column:**

- When infant cereal is served check the box for IFIC.
- When a grain item is served, check the box for Grain and specify the actual food item served on the provided line.
- Check the box for Program (P) or Family (F) to identify who supplied item.

**In this example, the infant was fed graham crackers supplied by the program.**

- The box for Grains is checked and graham crackers are documented in the IFIC or Grain column.
- The box for P is checked, indicating the graham crackers are supplied by the program.

*\*When developmentally ready.*

## Step 7

### Determine if a Meal is Reimbursable

| BREAKFAST |                                                                                                                                                                              |                                                                                                      |                                                                                                                                                            |                                     |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| Date      | Breast Milk (BM) / Formula (IFIF)                                                                                                                                            | Fruit / Veg                                                                                          | IFIC or Meat/Meat Alternate (M/MA)                                                                                                                         | RM                                  |
| 10/7      | <input type="checkbox"/> BM <input checked="" type="checkbox"/> IFIF<br><input type="checkbox"/> Mom Fed<br><input type="checkbox"/> P <input checked="" type="checkbox"/> F | <u>Applesauce</u><br>Specify f/v<br><input checked="" type="checkbox"/> P <input type="checkbox"/> F | <input checked="" type="checkbox"/> IFIC <input type="checkbox"/> M/MA<br>Specify m/ma<br><input checked="" type="checkbox"/> P <input type="checkbox"/> F | <input checked="" type="checkbox"/> |

A meal or snack is reimbursable (can be claimed) when it:

- Includes **all required components** the infant is developmentally ready to eat;
- Contains **creditable foods**; and
- The **program (P) supplies all component(s)** of the meal or snack, **or all but one component**. The family (F) can supply one creditable component of a reimbursable meal or snack.

When a meal/snack has met the above criteria, the box in the **Reimbursable Meals (RM)** column can be checked and record the meal count on the Weekly Attendance and Meal count worksheet. Remember this must be done at the time of service.

In this example, the breakfast includes all required components the infant is developmentally ready to eat, creditable foods, and the program supplies all but one component.

- The meal is reimbursable, therefore, the box in the RM column is checked.

## Step 8

### When a Meal is Not Reimbursable

| LUNCH                                                                                                                                                                            |                                                                                                                  |                                                                                                                                                                                            |                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| Breast Milk (BM) / Formula (IFIF)                                                                                                                                                | Fruit / Veg                                                                                                      | IFIC or Meat/Meat Alternate (M/MA)                                                                                                                                                         | RM                       |
| <input type="checkbox"/> BM <input checked="" type="checkbox"/> IFIF<br><input type="checkbox"/> Mom Fed<br><br><input type="checkbox"/> P <input checked="" type="checkbox"/> F | <u>Green beans</u><br><i>Specify f/v</i><br><br><input checked="" type="checkbox"/> P <input type="checkbox"/> F | <input type="checkbox"/> IFIC <input checked="" type="checkbox"/> M/MA<br><u>Whole eggs</u><br><i>Specify m/ma</i><br><br><input type="checkbox"/> P <input checked="" type="checkbox"/> F | <input type="checkbox"/> |

Do not check the box in the RM column when a meal or snack:

- Is missing all required components the infant is developmentally ready to eat;
- Contains non-creditable foods; and/or
- Includes two or more family (F) supplied components.

In this example, the lunch includes all required components the infant is developmentally ready to eat and creditable foods, however, **the family supplies two components** (formula and the meat/meat alternate).

- The meal is NOT reimbursable, therefore, the box in the RM column is NOT checked. Even though it is not reimbursable you should still be recorded on the Weekly Attendance and Meal Count form at the time of service.

## Step 9

### Total Check Boxes in RM Column

| BREAKFAST                      |                                                                                                                                                                              |                                                                                                                                     |                                                                                                                                                                      | LUNCH                               |                                                                                                                                                                              |                                                                                                                                     |                                                                                                                                                                          | SNACK                    |                                                                                                                                                                              |                                                                                                                                      |                                                                                                                                                                                 |                                     |  |   |
|--------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--|---|
| Date                           | Breast Milk (BM) / Formula (IFIF)                                                                                                                                            | Fruit / Veg                                                                                                                         | IFIC or Meat/Meat Alternate (M/MA)                                                                                                                                   | RM                                  | Breast Milk (BM) / Formula (IFIF)                                                                                                                                            | Fruit / Veg                                                                                                                         | IFIC or Meat/Meat Alternate (M/MA)                                                                                                                                       | RM                       | Breast Milk (BM) / Formula (IFIF)                                                                                                                                            | Fruit / Veg                                                                                                                          | IFIC or Grain                                                                                                                                                                   | RM                                  |  |   |
| 10/7                           | <input type="checkbox"/> BM <input checked="" type="checkbox"/> IFIF<br><input type="checkbox"/> Mom Fed<br><input type="checkbox"/> P <input checked="" type="checkbox"/> F | Applesauce<br>Specify f/v<br><input checked="" type="checkbox"/> P <input type="checkbox"/> F                                       | <input checked="" type="checkbox"/> IFIC <input type="checkbox"/> M/MA<br>Specify m/ma<br><input checked="" type="checkbox"/> P <input type="checkbox"/> F           | <input checked="" type="checkbox"/> | <input type="checkbox"/> BM <input checked="" type="checkbox"/> IFIF<br><input type="checkbox"/> Mom Fed<br><input type="checkbox"/> P <input checked="" type="checkbox"/> F | Green beans<br>Specify f/v<br><input checked="" type="checkbox"/> P <input type="checkbox"/> F                                      | <input type="checkbox"/> IFIC <input checked="" type="checkbox"/> M/MA<br>Whole eggs<br>Specify m/ma<br><input type="checkbox"/> P <input checked="" type="checkbox"/> F | <input type="checkbox"/> | <input type="checkbox"/> BM <input checked="" type="checkbox"/> IFIF<br><input type="checkbox"/> Mom Fed<br><input type="checkbox"/> P <input checked="" type="checkbox"/> F | Pears<br>Specify f/v<br><input checked="" type="checkbox"/> P <input type="checkbox"/> F                                             | <input type="checkbox"/> IFIC <input checked="" type="checkbox"/> Grain<br>Graham crackers<br>Specify grain<br><input checked="" type="checkbox"/> P <input type="checkbox"/> F | <input checked="" type="checkbox"/> |  |   |
| 10/8                           | <input type="checkbox"/> BM <input checked="" type="checkbox"/> IFIF<br><input type="checkbox"/> Mom Fed<br><input type="checkbox"/> P <input checked="" type="checkbox"/> F | Bananas<br>Specify f/v<br><input checked="" type="checkbox"/> P <input type="checkbox"/> F                                          | <input type="checkbox"/> IFIC <input checked="" type="checkbox"/> M/MA<br>Yogurt<br>Specify m/ma<br><input checked="" type="checkbox"/> P <input type="checkbox"/> F | <input checked="" type="checkbox"/> | <input type="checkbox"/> BM <input checked="" type="checkbox"/> IFIF<br><input type="checkbox"/> Mom Fed<br><input type="checkbox"/> P <input checked="" type="checkbox"/> F | Carrots<br>Specify f/v<br><input checked="" type="checkbox"/> P <input type="checkbox"/> F                                          | <input type="checkbox"/> IFIC <input checked="" type="checkbox"/> M/MA<br>Tofu<br>Specify m/ma<br><input type="checkbox"/> P <input checked="" type="checkbox"/> F       | <input type="checkbox"/> | <input type="checkbox"/> BM <input checked="" type="checkbox"/> IFIF<br><input type="checkbox"/> Mom Fed<br><input type="checkbox"/> P <input checked="" type="checkbox"/> F | Peaches<br>Specify f/v<br><input checked="" type="checkbox"/> P <input type="checkbox"/> F                                           | <input type="checkbox"/> IFIC <input type="checkbox"/> Grain<br>Cheerios<br>Specify grain<br><input checked="" type="checkbox"/> P <input type="checkbox"/> F                   | <input checked="" type="checkbox"/> |  |   |
|                                | <input type="checkbox"/> BM <input type="checkbox"/> IFIF<br><input type="checkbox"/> Mom Fed<br><input type="checkbox"/> P <input type="checkbox"/> F                       | <input type="checkbox"/> IFIC <input type="checkbox"/> M/MA<br>Specify f/v<br><input type="checkbox"/> P <input type="checkbox"/> F | <input type="checkbox"/> IFIC <input type="checkbox"/> M/MA<br>Specify m/ma<br><input type="checkbox"/> P <input type="checkbox"/> F                                 | <input type="checkbox"/>            | <input type="checkbox"/> BM <input type="checkbox"/> IFIF<br><input type="checkbox"/> Mom Fed<br><input type="checkbox"/> P <input type="checkbox"/> F                       | <input type="checkbox"/> IFIC <input type="checkbox"/> M/MA<br>Specify f/v<br><input type="checkbox"/> P <input type="checkbox"/> F | <input type="checkbox"/> IFIC <input type="checkbox"/> M/MA<br>Specify m/ma<br><input type="checkbox"/> P <input type="checkbox"/> F                                     | <input type="checkbox"/> | <input type="checkbox"/> BM <input type="checkbox"/> IFIF<br><input type="checkbox"/> Mom Fed<br><input type="checkbox"/> P <input type="checkbox"/> F                       | <input type="checkbox"/> IFIC <input type="checkbox"/> Grain<br>Specify f/v<br><input type="checkbox"/> P <input type="checkbox"/> F | <input type="checkbox"/> IFIC <input type="checkbox"/> Grain<br>Specify grain<br><input type="checkbox"/> P <input type="checkbox"/> F                                          | <input type="checkbox"/>            |  |   |
|                                | <input type="checkbox"/> BM <input type="checkbox"/> IFIF<br><input type="checkbox"/> Mom Fed<br><input type="checkbox"/> P <input type="checkbox"/> F                       | <input type="checkbox"/> IFIC <input type="checkbox"/> M/MA<br>Specify f/v<br><input type="checkbox"/> P <input type="checkbox"/> F | <input type="checkbox"/> IFIC <input type="checkbox"/> M/MA<br>Specify m/ma<br><input type="checkbox"/> P <input type="checkbox"/> F                                 | <input type="checkbox"/>            | <input type="checkbox"/> BM <input type="checkbox"/> IFIF<br><input type="checkbox"/> Mom Fed<br><input type="checkbox"/> P <input type="checkbox"/> F                       | <input type="checkbox"/> IFIC <input type="checkbox"/> M/MA<br>Specify f/v<br><input type="checkbox"/> P <input type="checkbox"/> F | <input type="checkbox"/> IFIC <input type="checkbox"/> M/MA<br>Specify m/ma<br><input type="checkbox"/> P <input type="checkbox"/> F                                     | <input type="checkbox"/> | <input type="checkbox"/> BM <input type="checkbox"/> IFIF<br><input type="checkbox"/> Mom Fed<br><input type="checkbox"/> P <input type="checkbox"/> F                       | <input type="checkbox"/> IFIC <input type="checkbox"/> Grain<br>Specify f/v<br><input type="checkbox"/> P <input type="checkbox"/> F | <input type="checkbox"/> IFIC <input type="checkbox"/> Grain<br>Specify grain<br><input type="checkbox"/> P <input type="checkbox"/> F                                          | <input type="checkbox"/>            |  |   |
|                                | <input type="checkbox"/> BM <input type="checkbox"/> IFIF<br><input type="checkbox"/> Mom Fed<br><input type="checkbox"/> P <input type="checkbox"/> F                       | <input type="checkbox"/> IFIC <input type="checkbox"/> M/MA<br>Specify f/v<br><input type="checkbox"/> P <input type="checkbox"/> F | <input type="checkbox"/> IFIC <input type="checkbox"/> M/MA<br>Specify m/ma<br><input type="checkbox"/> P <input type="checkbox"/> F                                 | <input type="checkbox"/>            | <input type="checkbox"/> BM <input type="checkbox"/> IFIF<br><input type="checkbox"/> Mom Fed<br><input type="checkbox"/> P <input type="checkbox"/> F                       | <input type="checkbox"/> IFIC <input type="checkbox"/> M/MA<br>Specify f/v<br><input type="checkbox"/> P <input type="checkbox"/> F | <input type="checkbox"/> IFIC <input type="checkbox"/> M/MA<br>Specify m/ma<br><input type="checkbox"/> P <input type="checkbox"/> F                                     | <input type="checkbox"/> | <input type="checkbox"/> BM <input type="checkbox"/> IFIF<br><input type="checkbox"/> Mom Fed<br><input type="checkbox"/> P <input type="checkbox"/> F                       | <input type="checkbox"/> IFIC <input type="checkbox"/> Grain<br>Specify f/v<br><input type="checkbox"/> P <input type="checkbox"/> F | <input type="checkbox"/> IFIC <input type="checkbox"/> Grain<br>Specify grain<br><input type="checkbox"/> P <input type="checkbox"/> F                                          | <input type="checkbox"/>            |  |   |
| TOTAL REIMBURSABLE BREAKFASTS: |                                                                                                                                                                              |                                                                                                                                     |                                                                                                                                                                      | 2                                   | TOTAL REIMBURSABLE LUNCHES:                                                                                                                                                  |                                                                                                                                     |                                                                                                                                                                          |                          | 0                                                                                                                                                                            | TOTAL REIMBURSABLE SNACKS:                                                                                                           |                                                                                                                                                                                 |                                     |  | 2 |

- Total checked boxes in each RM column and record totals in the last row.

In this example, this infant was served two (2) reimbursable breakfasts, zero (0) reimbursable lunches, and two (2) reimbursable snacks. These numbers are recorded in the last row at the bottom of the *Infant Meal Record*.







## Infant Meal Record: Instructions

1. **Record date of the meals in Date column.** Use page 2 of record for PM Snack, Supper, and Additional Snack.
2. **For each meal, record item(s) when served or immediately after:**
  - **Breast Milk (BM) / Formula (IFIF):** Check breast milk (BM), formula (IFIF), both, or if mom fed onsite. Check **Program (P)** or **Family (F)** to identify who supplied item. *When infant is developmentally ready for foods, document food(s) served:*
  - **Fruit / Vegetable (Veg):** Specify fruits or vegetables served (ex. pureed carrots, bananas). Check **Program (P)** or **Family (F)** to identify who supplied item.
  - **IFIC or Meat/Meat Alternate (M/MA) (Breakfast, Lunch, Supper):** Check item served. Specify m/ma (ex. eggs). Check **Program (P)** or **Family (F)** to identify who supplied item.
  - **IFIC or Grain (Snack):** Check item served. Specify grain (ex. cracker, muffin). Check **Program (P)** or **Family (F)** to identify who supplied item.
3. **Determine if a meal is reimbursable:** When a meal (1) includes all required components the infant is developmentally ready to eat, (2) contains creditable foods, and (3) the program (P) supplies all components, or all but one component (family (F) supplies only one component), check box in **Reimbursable Meal (RM)** column. Do not check box in RM column when the family (F) supplies two or more components.
4. **Record the reimbursable meal served in KidKare for Centers or on the "Weekly Attendance and Meal Count worksheet. This must be done when the meal is served or immediately served.**
5. **Please send Horizons a copy of the Infant Meal Record with your monthly claim.**





# Infant Meal Record

Center Name: \_\_\_\_\_

Infant's Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Formula supplied by: ☐ Program ☐ Family ☐ N/A Breast milk

Name of Formula (IFIF): \_\_\_\_\_

## BREAKFAST

## AM SNACK

## LUNCH

| Date                           | (BM) /<br>Formula (IFIF)                                                                                                                               | Fruit / Veg                                                                   | IFIC or<br>Meat/Meat<br>Alternate (M/MA)                                                                                                      | RM                       | Breast Milk<br>(BM) /<br>Formula (IFIF)                                                                                                                | Fruit / Veg                                                                   | IFIC or Grain                                                                                                                                   | RM                       | Breast Milk<br>(BM) /<br>Formula (IFIF)                                                                                                                | Fruit / Veg                                                                   | IFIC or<br>Meat/Meat<br>Alternate (M/MA)                                                                                                      | RM                       |  |  |
|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--|--|
|                                | <input type="checkbox"/> BM <input type="checkbox"/> IFIF<br><input type="checkbox"/> Mom Fed<br><input type="checkbox"/> P <input type="checkbox"/> F | _____<br>Specify f/v<br><input type="checkbox"/> P <input type="checkbox"/> F | <input type="checkbox"/> IFIC <input type="checkbox"/> M/MA<br>_____<br>Specify m/ma<br><input type="checkbox"/> P <input type="checkbox"/> F | <input type="checkbox"/> | <input type="checkbox"/> BM <input type="checkbox"/> IFIF<br><input type="checkbox"/> Mom Fed<br><input type="checkbox"/> P <input type="checkbox"/> F | _____<br>Specify f/v<br><input type="checkbox"/> P <input type="checkbox"/> F | <input type="checkbox"/> IFIC <input type="checkbox"/> Grain<br>_____<br>Specify grain<br><input type="checkbox"/> P <input type="checkbox"/> F | <input type="checkbox"/> | <input type="checkbox"/> BM <input type="checkbox"/> IFIF<br><input type="checkbox"/> Mom Fed<br><input type="checkbox"/> P <input type="checkbox"/> F | _____<br>Specify f/v<br><input type="checkbox"/> P <input type="checkbox"/> F | <input type="checkbox"/> IFIC <input type="checkbox"/> M/MA<br>_____<br>Specify m/ma<br><input type="checkbox"/> P <input type="checkbox"/> F | <input type="checkbox"/> |  |  |
|                                | <input type="checkbox"/> BM <input type="checkbox"/> IFIF<br><input type="checkbox"/> Mom Fed<br><input type="checkbox"/> P <input type="checkbox"/> F | _____<br>Specify f/v<br><input type="checkbox"/> P <input type="checkbox"/> F | <input type="checkbox"/> IFIC <input type="checkbox"/> M/MA<br>_____<br>Specify m/ma<br><input type="checkbox"/> P <input type="checkbox"/> F | <input type="checkbox"/> | <input type="checkbox"/> BM <input type="checkbox"/> IFIF<br><input type="checkbox"/> Mom Fed<br><input type="checkbox"/> P <input type="checkbox"/> F | _____<br>Specify f/v<br><input type="checkbox"/> P <input type="checkbox"/> F | <input type="checkbox"/> IFIC <input type="checkbox"/> Grain<br>_____<br>Specify grain<br><input type="checkbox"/> P <input type="checkbox"/> F | <input type="checkbox"/> | <input type="checkbox"/> BM <input type="checkbox"/> IFIF<br><input type="checkbox"/> Mom Fed<br><input type="checkbox"/> P <input type="checkbox"/> F | _____<br>Specify f/v<br><input type="checkbox"/> P <input type="checkbox"/> F | <input type="checkbox"/> IFIC <input type="checkbox"/> M/MA<br>_____<br>Specify m/ma<br><input type="checkbox"/> P <input type="checkbox"/> F | <input type="checkbox"/> |  |  |
|                                | <input type="checkbox"/> BM <input type="checkbox"/> IFIF<br><input type="checkbox"/> Mom Fed<br><input type="checkbox"/> P <input type="checkbox"/> F | _____<br>Specify f/v<br><input type="checkbox"/> P <input type="checkbox"/> F | <input type="checkbox"/> IFIC <input type="checkbox"/> M/MA<br>_____<br>Specify m/ma<br><input type="checkbox"/> P <input type="checkbox"/> F | <input type="checkbox"/> | <input type="checkbox"/> BM <input type="checkbox"/> IFIF<br><input type="checkbox"/> Mom Fed<br><input type="checkbox"/> P <input type="checkbox"/> F | _____<br>Specify f/v<br><input type="checkbox"/> P <input type="checkbox"/> F | <input type="checkbox"/> IFIC <input type="checkbox"/> Grain<br>_____<br>Specify grain<br><input type="checkbox"/> P <input type="checkbox"/> F | <input type="checkbox"/> | <input type="checkbox"/> BM <input type="checkbox"/> IFIF<br><input type="checkbox"/> Mom Fed<br><input type="checkbox"/> P <input type="checkbox"/> F | _____<br>Specify f/v<br><input type="checkbox"/> P <input type="checkbox"/> F | <input type="checkbox"/> IFIC <input type="checkbox"/> M/MA<br>_____<br>Specify m/ma<br><input type="checkbox"/> P <input type="checkbox"/> F | <input type="checkbox"/> |  |  |
|                                | <input type="checkbox"/> BM <input type="checkbox"/> IFIF<br><input type="checkbox"/> Mom Fed<br><input type="checkbox"/> P <input type="checkbox"/> F | _____<br>Specify f/v<br><input type="checkbox"/> P <input type="checkbox"/> F | <input type="checkbox"/> IFIC <input type="checkbox"/> M/MA<br>_____<br>Specify m/ma<br><input type="checkbox"/> P <input type="checkbox"/> F | <input type="checkbox"/> | <input type="checkbox"/> BM <input type="checkbox"/> IFIF<br><input type="checkbox"/> Mom Fed<br><input type="checkbox"/> P <input type="checkbox"/> F | _____<br>Specify f/v<br><input type="checkbox"/> P <input type="checkbox"/> F | <input type="checkbox"/> IFIC <input type="checkbox"/> Grain<br>_____<br>Specify grain<br><input type="checkbox"/> P <input type="checkbox"/> F | <input type="checkbox"/> | <input type="checkbox"/> BM <input type="checkbox"/> IFIF<br><input type="checkbox"/> Mom Fed<br><input type="checkbox"/> P <input type="checkbox"/> F | _____<br>Specify f/v<br><input type="checkbox"/> P <input type="checkbox"/> F | <input type="checkbox"/> IFIC <input type="checkbox"/> M/MA<br>_____<br>Specify m/ma<br><input type="checkbox"/> P <input type="checkbox"/> F | <input type="checkbox"/> |  |  |
|                                | <input type="checkbox"/> BM <input type="checkbox"/> IFIF<br><input type="checkbox"/> Mom Fed<br><input type="checkbox"/> P <input type="checkbox"/> F | _____<br>Specify f/v<br><input type="checkbox"/> P <input type="checkbox"/> F | <input type="checkbox"/> IFIC <input type="checkbox"/> M/MA<br>_____<br>Specify m/ma<br><input type="checkbox"/> P <input type="checkbox"/> F | <input type="checkbox"/> | <input type="checkbox"/> BM <input type="checkbox"/> IFIF<br><input type="checkbox"/> Mom Fed<br><input type="checkbox"/> P <input type="checkbox"/> F | _____<br>Specify f/v<br><input type="checkbox"/> P <input type="checkbox"/> F | <input type="checkbox"/> IFIC <input type="checkbox"/> Grain<br>_____<br>Specify grain<br><input type="checkbox"/> P <input type="checkbox"/> F | <input type="checkbox"/> | <input type="checkbox"/> BM <input type="checkbox"/> IFIF<br><input type="checkbox"/> Mom Fed<br><input type="checkbox"/> P <input type="checkbox"/> F | _____<br>Specify f/v<br><input type="checkbox"/> P <input type="checkbox"/> F | <input type="checkbox"/> IFIC <input type="checkbox"/> M/MA<br>_____<br>Specify m/ma<br><input type="checkbox"/> P <input type="checkbox"/> F | <input type="checkbox"/> |  |  |
|                                | <input type="checkbox"/> BM <input type="checkbox"/> IFIF<br><input type="checkbox"/> Mom Fed<br><input type="checkbox"/> P <input type="checkbox"/> F | _____<br>Specify f/v<br><input type="checkbox"/> P <input type="checkbox"/> F | <input type="checkbox"/> IFIC <input type="checkbox"/> M/MA<br>_____<br>Specify m/ma<br><input type="checkbox"/> P <input type="checkbox"/> F | <input type="checkbox"/> | <input type="checkbox"/> BM <input type="checkbox"/> IFIF<br><input type="checkbox"/> Mom Fed<br><input type="checkbox"/> P <input type="checkbox"/> F | _____<br>Specify f/v<br><input type="checkbox"/> P <input type="checkbox"/> F | <input type="checkbox"/> IFIC <input type="checkbox"/> Grain<br>_____<br>Specify grain<br><input type="checkbox"/> P <input type="checkbox"/> F | <input type="checkbox"/> | <input type="checkbox"/> BM <input type="checkbox"/> IFIF<br><input type="checkbox"/> Mom Fed<br><input type="checkbox"/> P <input type="checkbox"/> F | _____<br>Specify f/v<br><input type="checkbox"/> P <input type="checkbox"/> F | <input type="checkbox"/> IFIC <input type="checkbox"/> M/MA<br>_____<br>Specify m/ma<br><input type="checkbox"/> P <input type="checkbox"/> F | <input type="checkbox"/> |  |  |
|                                | <input type="checkbox"/> BM <input type="checkbox"/> IFIF<br><input type="checkbox"/> Mom Fed<br><input type="checkbox"/> P <input type="checkbox"/> F | _____<br>Specify f/v<br><input type="checkbox"/> P <input type="checkbox"/> F | <input type="checkbox"/> IFIC <input type="checkbox"/> M/MA<br>_____<br>Specify m/ma<br><input type="checkbox"/> P <input type="checkbox"/> F | <input type="checkbox"/> | <input type="checkbox"/> BM <input type="checkbox"/> IFIF<br><input type="checkbox"/> Mom Fed<br><input type="checkbox"/> P <input type="checkbox"/> F | _____<br>Specify f/v<br><input type="checkbox"/> P <input type="checkbox"/> F | <input type="checkbox"/> IFIC <input type="checkbox"/> Grain<br>_____<br>Specify grain<br><input type="checkbox"/> P <input type="checkbox"/> F | <input type="checkbox"/> | <input type="checkbox"/> BM <input type="checkbox"/> IFIF<br><input type="checkbox"/> Mom Fed<br><input type="checkbox"/> P <input type="checkbox"/> F | _____<br>Specify f/v<br><input type="checkbox"/> P <input type="checkbox"/> F | <input type="checkbox"/> IFIC <input type="checkbox"/> M/MA<br>_____<br>Specify m/ma<br><input type="checkbox"/> P <input type="checkbox"/> F | <input type="checkbox"/> |  |  |
|                                | <input type="checkbox"/> BM <input type="checkbox"/> IFIF<br><input type="checkbox"/> Mom Fed<br><input type="checkbox"/> P <input type="checkbox"/> F | _____<br>Specify f/v<br><input type="checkbox"/> P <input type="checkbox"/> F | <input type="checkbox"/> IFIC <input type="checkbox"/> M/MA<br>_____<br>Specify m/ma<br><input type="checkbox"/> P <input type="checkbox"/> F | <input type="checkbox"/> | <input type="checkbox"/> BM <input type="checkbox"/> IFIF<br><input type="checkbox"/> Mom Fed<br><input type="checkbox"/> P <input type="checkbox"/> F | _____<br>Specify f/v<br><input type="checkbox"/> P <input type="checkbox"/> F | <input type="checkbox"/> IFIC <input type="checkbox"/> Grain<br>_____<br>Specify grain<br><input type="checkbox"/> P <input type="checkbox"/> F | <input type="checkbox"/> | <input type="checkbox"/> BM <input type="checkbox"/> IFIF<br><input type="checkbox"/> Mom Fed<br><input type="checkbox"/> P <input type="checkbox"/> F | _____<br>Specify f/v<br><input type="checkbox"/> P <input type="checkbox"/> F | <input type="checkbox"/> IFIC <input type="checkbox"/> M/MA<br>_____<br>Specify m/ma<br><input type="checkbox"/> P <input type="checkbox"/> F | <input type="checkbox"/> |  |  |
| TOTAL REIMBURSABLE BREAKFASTS: |                                                                                                                                                        |                                                                               |                                                                                                                                               |                          | TOTAL REIMBURSABLE AM SNACKS:                                                                                                                          |                                                                               |                                                                                                                                                 |                          |                                                                                                                                                        | TOTAL REIMBURSABLE LUNCHES:                                                   |                                                                                                                                               |                          |  |  |

\*A maximum of two meals and one snack OR two snacks and one meal may be claimed per infant per day.



# Infant Meal Record

Center Name: \_\_\_\_\_

Infant's Full Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Formula supplied by: ☐ Program ☐ Family ☐ N/A Breast Milk

Name of Formula (IFIF): \_\_\_\_\_

## PM SNACK

## SUPPER

## EVENING SNACK

| Date                          | Breast Milk (BM) / Formula (IFIF)                                                                                                                      | Fruit / Veg                                                                             | IFIC or Grain                                                                                                                                                     | RM                       | Breast Milk (BM) / Formula (IFIF)                                                                                                                      | Fruit / Veg                                                                             | IFIC or Meat/Meat Alternate (M/MA)                                                                                                                              | RM                       | Breast Milk (BM) / Formula (IFIF)                                                                                                                      | Fruit / Veg                                                                             | IFIC or Grain                                                                                                                                                     | RM                       |  |
|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--|
|                               | <input type="checkbox"/> BM <input type="checkbox"/> IFIF<br><input type="checkbox"/> Mom Fed<br><input type="checkbox"/> P <input type="checkbox"/> F | <div>Specify f/v</div> <div><input type="checkbox"/> P <input type="checkbox"/> F</div> | <div><input type="checkbox"/> IFIC <input type="checkbox"/> Grain</div> <div>Specify grain</div> <div><input type="checkbox"/> P <input type="checkbox"/> F</div> | <input type="checkbox"/> | <input type="checkbox"/> BM <input type="checkbox"/> IFIF<br><input type="checkbox"/> Mom Fed<br><input type="checkbox"/> P <input type="checkbox"/> F | <div>Specify f/v</div> <div><input type="checkbox"/> P <input type="checkbox"/> F</div> | <div><input type="checkbox"/> IFIC <input type="checkbox"/> M/MA</div> <div>Specify m/ma</div> <div><input type="checkbox"/> P <input type="checkbox"/> F</div> | <input type="checkbox"/> | <input type="checkbox"/> BM <input type="checkbox"/> IFIF<br><input type="checkbox"/> Mom Fed<br><input type="checkbox"/> P <input type="checkbox"/> F | <div>Specify f/v</div> <div><input type="checkbox"/> P <input type="checkbox"/> F</div> | <div><input type="checkbox"/> IFIC <input type="checkbox"/> Grain</div> <div>Specify grain</div> <div><input type="checkbox"/> P <input type="checkbox"/> F</div> | <input type="checkbox"/> |  |
|                               | <input type="checkbox"/> BM <input type="checkbox"/> IFIF<br><input type="checkbox"/> Mom Fed<br><input type="checkbox"/> P <input type="checkbox"/> F | <div>Specify f/v</div> <div><input type="checkbox"/> P <input type="checkbox"/> F</div> | <div><input type="checkbox"/> IFIC <input type="checkbox"/> Grain</div> <div>Specify grain</div> <div><input type="checkbox"/> P <input type="checkbox"/> F</div> | <input type="checkbox"/> | <input type="checkbox"/> BM <input type="checkbox"/> IFIF<br><input type="checkbox"/> Mom Fed<br><input type="checkbox"/> P <input type="checkbox"/> F | <div>Specify f/v</div> <div><input type="checkbox"/> P <input type="checkbox"/> F</div> | <div><input type="checkbox"/> IFIC <input type="checkbox"/> M/MA</div> <div>Specify m/ma</div> <div><input type="checkbox"/> P <input type="checkbox"/> F</div> | <input type="checkbox"/> | <input type="checkbox"/> BM <input type="checkbox"/> IFIF<br><input type="checkbox"/> Mom Fed<br><input type="checkbox"/> P <input type="checkbox"/> F | <div>Specify f/v</div> <div><input type="checkbox"/> P <input type="checkbox"/> F</div> | <div><input type="checkbox"/> IFIC <input type="checkbox"/> Grain</div> <div>Specify grain</div> <div><input type="checkbox"/> P <input type="checkbox"/> F</div> | <input type="checkbox"/> |  |
|                               | <input type="checkbox"/> BM <input type="checkbox"/> IFIF<br><input type="checkbox"/> Mom Fed<br><input type="checkbox"/> P <input type="checkbox"/> F | <div>Specify f/v</div> <div><input type="checkbox"/> P <input type="checkbox"/> F</div> | <div><input type="checkbox"/> IFIC <input type="checkbox"/> Grain</div> <div>Specify grain</div> <div><input type="checkbox"/> P <input type="checkbox"/> F</div> | <input type="checkbox"/> | <input type="checkbox"/> BM <input type="checkbox"/> IFIF<br><input type="checkbox"/> Mom Fed<br><input type="checkbox"/> P <input type="checkbox"/> F | <div>Specify f/v</div> <div><input type="checkbox"/> P <input type="checkbox"/> F</div> | <div><input type="checkbox"/> IFIC <input type="checkbox"/> M/MA</div> <div>Specify m/ma</div> <div><input type="checkbox"/> P <input type="checkbox"/> F</div> | <input type="checkbox"/> | <input type="checkbox"/> BM <input type="checkbox"/> IFIF<br><input type="checkbox"/> Mom Fed<br><input type="checkbox"/> P <input type="checkbox"/> F | <div>Specify f/v</div> <div><input type="checkbox"/> P <input type="checkbox"/> F</div> | <div><input type="checkbox"/> IFIC <input type="checkbox"/> Grain</div> <div>Specify grain</div> <div><input type="checkbox"/> P <input type="checkbox"/> F</div> | <input type="checkbox"/> |  |
|                               | <input type="checkbox"/> BM <input type="checkbox"/> IFIF<br><input type="checkbox"/> Mom Fed<br><input type="checkbox"/> P <input type="checkbox"/> F | <div>Specify f/v</div> <div><input type="checkbox"/> P <input type="checkbox"/> F</div> | <div><input type="checkbox"/> IFIC <input type="checkbox"/> Grain</div> <div>Specify grain</div> <div><input type="checkbox"/> P <input type="checkbox"/> F</div> | <input type="checkbox"/> | <input type="checkbox"/> BM <input type="checkbox"/> IFIF<br><input type="checkbox"/> Mom Fed<br><input type="checkbox"/> P <input type="checkbox"/> F | <div>Specify f/v</div> <div><input type="checkbox"/> P <input type="checkbox"/> F</div> | <div><input type="checkbox"/> IFIC <input type="checkbox"/> M/MA</div> <div>Specify m/ma</div> <div><input type="checkbox"/> P <input type="checkbox"/> F</div> | <input type="checkbox"/> | <input type="checkbox"/> BM <input type="checkbox"/> IFIF<br><input type="checkbox"/> Mom Fed<br><input type="checkbox"/> P <input type="checkbox"/> F | <div>Specify f/v</div> <div><input type="checkbox"/> P <input type="checkbox"/> F</div> | <div><input type="checkbox"/> IFIC <input type="checkbox"/> Grain</div> <div>Specify grain</div> <div><input type="checkbox"/> P <input type="checkbox"/> F</div> | <input type="checkbox"/> |  |
|                               | <input type="checkbox"/> BM <input type="checkbox"/> IFIF<br><input type="checkbox"/> Mom Fed<br><input type="checkbox"/> P <input type="checkbox"/> F | <div>Specify f/v</div> <div><input type="checkbox"/> P <input type="checkbox"/> F</div> | <div><input type="checkbox"/> IFIC <input type="checkbox"/> Grain</div> <div>Specify grain</div> <div><input type="checkbox"/> P <input type="checkbox"/> F</div> | <input type="checkbox"/> | <input type="checkbox"/> BM <input type="checkbox"/> IFIF<br><input type="checkbox"/> Mom Fed<br><input type="checkbox"/> P <input type="checkbox"/> F | <div>Specify f/v</div> <div><input type="checkbox"/> P <input type="checkbox"/> F</div> | <div><input type="checkbox"/> IFIC <input type="checkbox"/> M/MA</div> <div>Specify m/ma</div> <div><input type="checkbox"/> P <input type="checkbox"/> F</div> | <input type="checkbox"/> | <input type="checkbox"/> BM <input type="checkbox"/> IFIF<br><input type="checkbox"/> Mom Fed<br><input type="checkbox"/> P <input type="checkbox"/> F | <div>Specify f/v</div> <div><input type="checkbox"/> P <input type="checkbox"/> F</div> | <div><input type="checkbox"/> IFIC <input type="checkbox"/> Grain</div> <div>Specify grain</div> <div><input type="checkbox"/> P <input type="checkbox"/> F</div> | <input type="checkbox"/> |  |
|                               | <input type="checkbox"/> BM <input type="checkbox"/> IFIF<br><input type="checkbox"/> Mom Fed<br><input type="checkbox"/> P <input type="checkbox"/> F | <div>Specify f/v</div> <div><input type="checkbox"/> P <input type="checkbox"/> F</div> | <div><input type="checkbox"/> IFIC <input type="checkbox"/> Grain</div> <div>Specify grain</div> <div><input type="checkbox"/> P <input type="checkbox"/> F</div> | <input type="checkbox"/> | <input type="checkbox"/> BM <input type="checkbox"/> IFIF<br><input type="checkbox"/> Mom Fed<br><input type="checkbox"/> P <input type="checkbox"/> F | <div>Specify f/v</div> <div><input type="checkbox"/> P <input type="checkbox"/> F</div> | <div><input type="checkbox"/> IFIC <input type="checkbox"/> M/MA</div> <div>Specify m/ma</div> <div><input type="checkbox"/> P <input type="checkbox"/> F</div> | <input type="checkbox"/> | <input type="checkbox"/> BM <input type="checkbox"/> IFIF<br><input type="checkbox"/> Mom Fed<br><input type="checkbox"/> P <input type="checkbox"/> F | <div>Specify f/v</div> <div><input type="checkbox"/> P <input type="checkbox"/> F</div> | <div><input type="checkbox"/> IFIC <input type="checkbox"/> Grain</div> <div>Specify grain</div> <div><input type="checkbox"/> P <input type="checkbox"/> F</div> | <input type="checkbox"/> |  |
|                               | <input type="checkbox"/> BM <input type="checkbox"/> IFIF<br><input type="checkbox"/> Mom Fed<br><input type="checkbox"/> P <input type="checkbox"/> F | <div>Specify f/v</div> <div><input type="checkbox"/> P <input type="checkbox"/> F</div> | <div><input type="checkbox"/> IFIC <input type="checkbox"/> Grain</div> <div>Specify grain</div> <div><input type="checkbox"/> P <input type="checkbox"/> F</div> | <input type="checkbox"/> | <input type="checkbox"/> BM <input type="checkbox"/> IFIF<br><input type="checkbox"/> Mom Fed<br><input type="checkbox"/> P <input type="checkbox"/> F | <div>Specify f/v</div> <div><input type="checkbox"/> P <input type="checkbox"/> F</div> | <div><input type="checkbox"/> IFIC <input type="checkbox"/> M/MA</div> <div>Specify m/ma</div> <div><input type="checkbox"/> P <input type="checkbox"/> F</div> | <input type="checkbox"/> | <input type="checkbox"/> BM <input type="checkbox"/> IFIF<br><input type="checkbox"/> Mom Fed<br><input type="checkbox"/> P <input type="checkbox"/> F | <div>Specify f/v</div> <div><input type="checkbox"/> P <input type="checkbox"/> F</div> | <div><input type="checkbox"/> IFIC <input type="checkbox"/> Grain</div> <div>Specify grain</div> <div><input type="checkbox"/> P <input type="checkbox"/> F</div> | <input type="checkbox"/> |  |
| TOTAL REIMBURSABLE PM SNACKS: |                                                                                                                                                        |                                                                                         |                                                                                                                                                                   |                          | TOTAL REIMBURSABLE SUPPERS:                                                                                                                            |                                                                                         |                                                                                                                                                                 |                          |                                                                                                                                                        | TOTAL REIMBURSABLE ADD'L SNACK:                                                         |                                                                                                                                                                   |                          |  |



## Online Recording of Infant Attendance & Infant Meal Counts

If the Infant Room does not have its own tablet/computer. Continue to record infant meal counts on paper, Weekly Attendance and Meal Count Form.

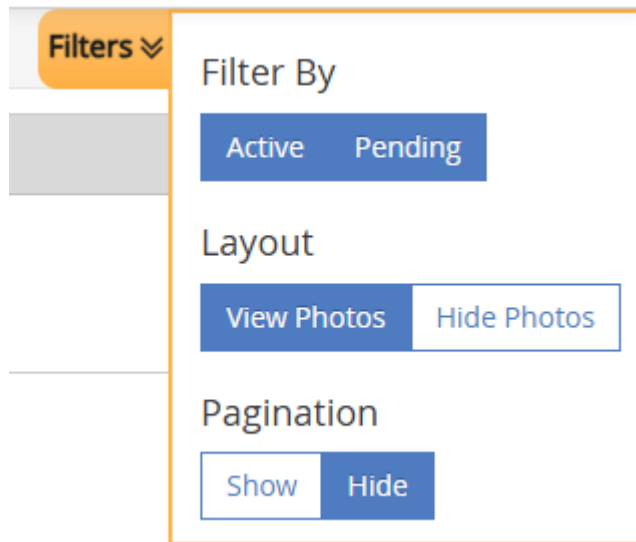
1. From the menu to the left, click **Menus/Attendance**
2. Select **Attendance & Meal Counts**.
3. Make sure the correct date, classroom, and meal are selected at the top.

The screenshot shows the KidKare software interface. On the left is a navigation menu with options like Children, eForms, Menu/Attendance, Attendance & Meal Counts, Daily Menu, Menu Templates, Milk Audit, Food Log, Menu Calendar, Calendar, Claims, Accounting, Expenses, and Reports. The main area is titled 'Menu/Attendance > Attendance & Meal Count'. At the top, there are filters for date (09/23/2023), location (Infant Room), and meal type (PM Snack). Below these are buttons for 'Staff Meal Count' and 'Daily Attendance'. A table lists participants: Chaela DeVille, Judy Jettan (D), Minnie Mouse, and Tiana Mathews, each with a checkbox for attendance. A 'Save' button is at the bottom right.

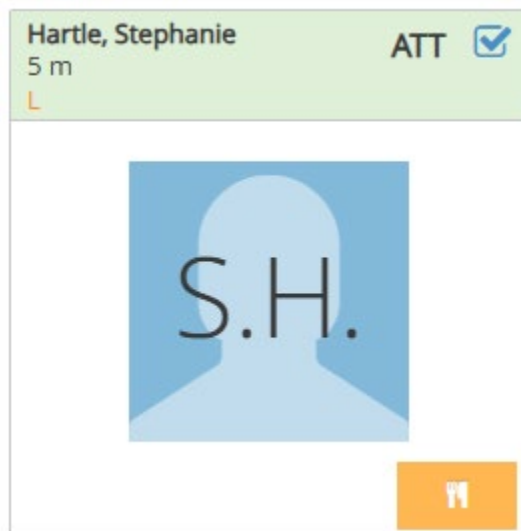
4. Check the **box** next to each participant's name to mark attendance

This is a close-up of a participant's record. At the top, it says 'Hartle, Stephanie' and '5 m'. To the right, it says 'ATT' with a checked checkbox. Below this is a large blue square containing the initials 'S.H.'. At the bottom right of the square is a small icon of a fork and knife.

5. Not seeing all children?  
Some children may be marked as **Pending**.  
  
Click on Filters in the top right, then select **Pending** to display them in your Attendance & Meal Counts page.



6. Click  to record a meal count. A participant must be marked in attendance before you can access this option. Infant meals must be claimed at the time of service for each individual infant. Individual Infant Menus are recorded on the paper INFANT MEAL RECORD.



Participants with special diets or allergies noted on their record display with a red outline around their photo.



7. Record staff meals, if applicable.

|                                                                                   |                  |   |                                                                                   |
|-----------------------------------------------------------------------------------|------------------|---|-----------------------------------------------------------------------------------|
|  | Staff Meal Count | 0 |  |
|-----------------------------------------------------------------------------------|------------------|---|-----------------------------------------------------------------------------------|

8. Click **Save**.

9. If you are required to certify attendance and meal counts, the Certification Statement displays. Click **Acknowledge & Save** to save attendance and meal counts.

CERTIFICATION

×

**Read the Certification Statement.** The site representative taking meal counts and attendance signs and dates certifying that the completed information is true and correct and that only eligible meals served to eligible Program participants will be claimed.

Acknowledge & Sign

Cancel