

CACFP Administrative Handbook

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4. Meal Guidelines

The goal of the CACFP is to improve the health and nutrition of children while developing good eating habits and supporting nutrition education. USDA reimburses child & adult care centers and day care homes participating in the CACFP for the meals served, not for individual foods. A meal is reimbursable if it contains those foods in the amounts outlined in the CACFP meal patterns.

Daily records of menus must contain a listing of the food items served for each meal type to ensure that the CACFP meal pattern requirements were met. Menu records must be dated daily and updated to reflect changes to planned menus. The menu records must reflect the actual meal components and foods served to participants [7 CFR 226.6(15)(e)(10)]. All meals must correspond with meal documentation records and itemized receipts.

Creditable Foods are those that may be counted toward meeting the requirements for a reimbursable meal. Foods are determined to be creditable based on the following factors:

- ◆ nutrient content
- ◆ customary function in a meal
- ◆ regulations governing Child Nutrition Programs (on quantity requirements and/or by definition)
- ◆ FDA's Standards of Identity
- ◆ USDA's standards for meat and meat alternates
- ◆ agreement with administrative policy decisions on the crediting of particular foods

Non-creditable foods are those foods that do not meet the above criteria. "Other" foods do not meet the requirements for any components in the meal patterns. Non-creditable foods may supply calories which help meet the energy needs of participants and may contribute additional protein, vitamins and minerals. They can be used to supplement the required meal components, to improve acceptability and to satisfy appetites.

All child care centers and family day care homes participating in the CACFP must offer CACFP meals to all eligible children who are enrolled for care in their facilities. This policy ensures that all children, including infants, who are enrolled for child care have access to CACFP meals. A center or home may not avoid this obligation by stating that the infants are not "enrolled" in CACFP, or by citing a logistical or cost barrier to offering an infant meal. Decisions on offering CACFP meals must be based on whether the child is enrolled for care, not whether the child is enrolled for CACFP.

Additional information regarding foods in the CACFP can be found at <https://www.fns.usda.gov/cacfp/meals-and-snacks>. Resources include Food Buying Guide, Crediting Handbook for CACFP, Feeding Infants in the CACFP, Meal Pattern Frequently Asked Questions (FAQs), Menus and Recipes, and CACFP Meal Pattern Training Tools.

Infant Meal Pattern

Minimum Requirements

	Breakfast	Lunch & Supper	Snack
Birth through 5 months	4-6 fluid ounces (fl. oz.) breast milk ¹ or formula ²	4-6 fl. oz. breast milk ¹ or formula ²	4-6 fl. oz. breast milk ¹ or formula ²
6 months through 11 months	6-8 fl. oz. breast milk ¹ or formula ² ; and 0-4 tablespoons (tbsp.) infant cereal ^{2,3} , meat, fish, poultry, whole egg, cooked dry beans or peas; or 0-2 oz cheese; or 0-4 oz (volume) cottage cheese; or 0-4 oz yogurt ⁴ ; or a combination of the above ^{5*} 0-2 tbsp vegetable, fruit or both ^{5,6*}	6-8 fl. oz. breast milk ¹ or formula ² ; and 0-4 tablespoons (tbsp.) infant cereal ^{2,3} , meat, fish, poultry, whole egg, cooked dry beans or peas; or 0-2 oz cheese; or 0-4 oz (volume) cottage cheese; or 0-4 oz yogurt; or a combination of the above ^{5*} 0-2 tbsp vegetable, fruit or both ^{5,6*}	2-4 fl. oz. breast milk ¹ or formula ² ; and 0-1/2 bread slice ^{3,7} ; or 0-2 Crackers ^{3,7} ; or 0-4 tbsp infant cereal ^{2,3,7} or ready-to-eat cereal ^{3,7,8*} 0-2 tbsp vegetable, fruit or both ^{6*}

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

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

³ Beginning October 1, 2019, ounce equivalents are used to determine the quantity of creditable grains.

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

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

⁶ Fruit and vegetable juices must not be served.

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

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

*Required when infant is developmentally ready to accept it.

All serving sizes are minimum quantities of the food components that are required to be served.

Infant Meal Information

Infants do not eat on a strict meal schedule. Instead, infants must be fed during a span of time that is consistent with the infant's eating habits. Infant meals will not be disallowed due solely to the fact that they are not served within the center or day care home's established meal time periods. To learn more about hunger and satiety cues, see FNS' *Feeding Infants in the Child and Adult Care Food Program* available at <https://www.fns.usda.gov/tn/feeding-infants-child-and-adult-care-food-program>.

Parents/guardians may provide only one creditable food component for a reimbursable meal. If an infant is developmentally ready to consume solid foods and the parent or guardian chooses to supply expressed breastmilk or a creditable infant formula or directly breastfeed on-site, then the center or day care home must provide all the other required meal components in order for the meal to be reimbursable. Alternatively, a parent or guardian may choose to provide a solid food component if the infant is developmentally ready to consume solid foods. In this situation, the center or day care home must supply all the other required meal components, including iron-fortified infant formula.

Breast Milk

Meals containing only breast milk (whether expressed or a mother who breastfeeds her infant on site) are reimbursable for infants. As infants become developmentally ready, they should be gradually introduced to solid foods, typically around 6 months of age.

Caregivers must ensure that breast milk is stored and handled properly to prevent possible tainting or spread of disease. Breast milk given to the caregiver must be labeled with the child's name and date and care must be taken to ensure that each child receives only the breast milk supplied by his/her mother.

Caregivers may serve less than the minimum regulatory serving of breast milk to infants who regularly do not consume that amount of breast milk. However, if the full portion is not initially offered, the provider must offer additional breast milk if the infant is still hungry.

Iron-Fortified Infant Formula

Infant Formula means any iron-fortified formula intended for dietary use solely as a food for normal, healthy infants. Infant formula, as served, must be in liquid state at the recommended dilution. As part of offering a meal that is compliant with the CACFP infant meal pattern requirements, centers and day care homes with infants in their care must offer at least one type of iron-fortified infant formula (7 CFR 226.20(b)(2)). A parent/guardian may choose to decline the offered formula and supply another formula.

The following criteria may be used to determine whether a formula is eligible for reimbursement:

1. Look for "Infant Formula with Iron" or a similar statement on the formula package. All iron-fortified infant formulas must have this type of statement on the package.

2. Use the Nutrition facts label as a guide to ensure that the formula is iron-fortified. To be considered iron-fortified, an infant formula must have 1 milligram (mg) of iron or more per 100 kilocalories (calories) of formula when prepared in accordance with label directions.
3. Ensure the formula is not an FDA Exempt Infant Formula. To check whether or not an infant formula is an FDA Exempt Infant Formula, visit the following link: <https://www.fda.gov/food/infant-formula-guidance-documents-regulatory-information/exempt-infant-formulas-marketed-united-states-manufacturer-and-category>

Formulas classified as an Exempt Infant Formulas by FDA may be served as a part of a reimbursable meal if the substitution is due to a disability and is supported by a medical statement signed by “medical authority” that is authorized by Kansas state law to write medical prescriptions: licensed physician (MD or DO) OR a physician’s assistant (PA) or an advanced practice registered nurse (APRN) authorized by their responsible licensed physician.

For a period of one month, when children are 12 to 13 months of age, meals that contain infant formula may be reimbursed to facilitate the weaning from infant formula to cow’s milk. Meals containing infant formula that are served to children 13 months old and older are reimbursable when it is supported by a medical statement signed by a medical authority. Medical statements must be kept on file by the center or day care home.

Expressed breastmilk may be served as a substitute for fluid milk for children of any age (even past 1 year) and is reimbursable same as for infants (expressed milk provided or nursed on site). A written request or medical statement is not necessary for breastmilk to be served in place of fluid milk.

For children younger than 12 months of age, cow’s milk may be served as a substitute for breastmilk and/or infant formula, and be part of a reimbursable meal, only **if** the substitution is supported by a medical statement signed by a “medical authority” that is authorized by Kansas state law to write medical prescriptions: licensed physician (MD or DO) OR a physician’s assistant (PA) or an advanced practice registered nurse (APRN) authorized by their responsible licensed physician. The statement must be kept on file by the center or day care home.

Infant Solid Foods

Solid foods must be served to infants around 6 months of age, as it is developmentally appropriate for each individual infant. Once an infant is developmentally ready to accept solid foods, the center or day care home is required to offer them to the infant. FNS recognizes, though, that solid foods are introduced gradually, new foods may be introduced one at a time over the course of a few days, and an infant’s eating patterns may change. For example, an infant may eat a cracker one week and not the next week. Centers and day care homes must follow the eating habits of infants. Meals should not be disallowed simply because one food was offered one day and not the next if that is consistent with the infant’s eating habits. In addition, solid foods served to infants must be of a texture and consistency that is appropriate for the age and development of the infant being fed. Additional guidance on introducing solid foods can be found in USDA’s Feeding Infants in the CACFP guide.

Developmentally Ready

There is no single, direct signal to determine when an infant is developmentally ready to accept solid foods. An infant's readiness depends on his or her rate of development and infants develop at different rates. Centers and day care homes should be in constant communication with infants' parents or guardians about when and what solid foods to serve while the infant is in care. As a best practice, FNS recommends that parents or guardians request in writing when a center or day care home should start serving solid foods to their infant. For more information and best practices on serving solid foods to infants, please see *Feeding Infants in the Child and Adult Care Food Program* available at <https://www.fns.usda.gov/tn/feeding-infants-child-and-adult-care-food-program>.

Infant Meal Documentation

If infant meals are claimed for reimbursement, they must be documented. All components offered to each infant should be documented for each meal daily. The Daily Infant Meal Record or the Individual Weekly Infant Meal Record can be used. Meal claiming information can be found in Chapter 12 of the Administrative Handbook.

Child & Adult Care Meal Pattern

Breakfast

Food Components and Food Items ¹	Ages 1-2	Ages 3-5	Ages 6-12	Ages 13-18 ² (at-risk afterschool programs and emergency shelters)	Adults
Fluid Milk ³	½ cup	¾ cup	1 cup	1 cup	1 cup
Vegetables, fruits or portions of both ⁴	¼ cup	½ cup	½ cup	½ cup	½ cup
Grains (oz eq) ^{5,6,7}					
Whole grain-rich (WGR) or enriched bread	½ slice	½ slice	1 slice	1 slice	2 slices
WGR or enriched bread product, such as biscuit, roll or muffin	½ serving	½ serving	1 serving	1 serving	2 servings
WGR, enriched or fortified cooked breakfast cereal ⁸ , cereal grain, and/or pasta	¼ cup	¼ cup	½ cup	½ cup	1 cup
WGR, enriched or fortified ready-to-eat breakfast cereal (dry, cold) ⁸					
Flakes or rounds	½ cup	½ cup	1 cup	1 cup	2 cups
Puffed cereal	¾ cup	¾ cup	1 ¼ cup	1 ¼ cup	2 ½ cup
Granola	⅛ cup	⅛ cup	¼ cup	¼ cup	½ cup

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

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

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

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

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

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

⁷ Beginning October 1, 2021, ounce equivalents are used to determine the quantity of creditable grains.

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

Lunch and Supper

Food Components and Food Items ¹	Ages 1-2	Ages 3-5	Ages 6-12	Ages 13-18 ² (at-risk afterschool programs and emergency shelters)	Adults
Fluid Milk³	½ cup	¾ cup	1 cup	1 cup	1 cup
Meat/meat alternates					
Lean meat, poultry, or fish	1 ounce	1 ½ ounce	2 ounces	2 ounces	2 ounces
Tofu, soy product, or alternate protein products ⁴	1 ounce	1 ½ ounce	2 ounces	2 ounces	2 ounces
Cheese	1 ounce	1 ½ ounce	2 ounces	2 ounces	2 ounces
Large Egg	½	¾	1	1	1
Cooked dry beans or peas	¼ cup	⅜ cup	½ cup	½ cup	½ cup
Peanut butter or soy nut butter or other nut or seed butters	2 tbsp	3 tbsp	4 tbsp	4 tbsp	4 tbsp
Yogurt, plain or flavored unsweetened or sweetened ⁵	4 ounces or ½ cup	6 ounces or ¾ cup	8 ounces or 1 cup	8 ounces or 1 cup	8 ounces or 1 cup
The following may be used to meet no more than 50% of the requirement: Peanuts, soy nuts, free nuts, or seeds, as listed in program guidance, or an equivalent quantity of any combination of the above meat/meat alternates (1 ounces of nuts seeds = 1 ounce of cooked lean meat, poultry or fish)	½ ounce = 50%	¾ ounce = 50%	1 ounce = 50%	1 ounce = 50%	1 ounce = 50%
Vegetables⁶	⅛ cup	¼ cup	½ cup	½ cup	½ cup
Fruit^{6,7}	⅛ cup	¼ cup	¼ cup	¼ cup	½ cup
Grains (oz eq)^{8,9}					
Whole grain-rich (WGR) or enriched bread	½ slice	½ slice	1 slice	1 slice	2 slices
WGR or enriched bread product, such as biscuit, roll or muffin	½ serving	½ serving	1 serving	1 serving	2 servings
WGR, enriched or fortified cooked breakfast cereal ¹⁰ , cereal grain, and/or pasta	¼ cup	¼ cup	½ cup	½ cup	1 cup

- ¹Must serve all five components for a reimbursable meal. Offer versus serve is an option for at-risk afterschool participants.
- ²Larger portion sizes than specified may need to be served to children 13 through 18 years old to meet their nutritional needs.
- ³Must be unflavored whole milk for children age one. Must be unflavored low-fat (1 percent) or unflavored fat-free (skim) milk for children two through five years old. Must be unflavored low-fat (1 percent), flavored low-fat (1 percent), unflavored fat-free (skim), or flavored fat-free (skim) milk for children six years old and older.
- ⁴Alternate protein products must meet the requirements in Appendix A to Part 226.
- ⁵Yogurt must contain no more than 23 grams of total sugars per 6 ounces.
- ⁶Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one meal, including snack, per day.
- ⁷A vegetable may be used to meet the entire fruit requirement. When two vegetables are served at lunch or supper, two different kinds of vegetables must be served.
- ⁸At least one serving per day, across all eating occasions, must be whole grain-rich. Grain-based desserts do not count towards the grains requirement.
- ⁹Beginning October 1, 2021, ounce equivalents are used to determine the quantity of the creditable grain.
- ¹⁰Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21.2 grams sucrose and other sugars per 100 grams of dry cereal).

Snack - (Select 2 of the 5 components for a reimbursable snack)

Food Components and Food Items ¹	Ages 1-2	Ages 3-5	Ages 6-12	Ages 13-18 ² (at-risk afterschool programs and emergency shelters)	Adults
Fluid Milk³	½ cup	½ cup	1 cup	1 cup	1 cup
Meat/meat alternates					
Lean meat, poultry, or fish	½ ounce	½ ounce	1 ounce	1 ounce	1 ounce
Tofu, soy product, or alternate protein products ⁴	½ ounce	½ ounce	1 ounce	1 ounce	1 ounce
Cheese	½ ounce	½ ounce	1 ounce	1 ounce	1 ounce
Large Egg	½	½	½	½	½
Cooked dry beans or peas	⅛ cup	⅛ cup	¼ cup	¼ cup	¼ cup
Peanut butter or soy nut butter or other nut or seed butters	1 tbsp	1 tbsp	2 tbsp	2 tbsp	2 tbsp
Yogurt, plain or flavored unsweetened or sweetened ⁵	2 ounces or ¼ cup	2 ounces or ¼ cup	4 ounces or ½ cup	4 ounces or ½ cup	4 ounces or ½ cup
Peanuts, soy nuts, tree nuts or seeds	½ ounce	½ ounce	1 ounce	1 ounce	1 ounce
Vegetables⁶	½ cup	½ cup	¾ cup	¾ cup	½ cup
Fruits⁶	½ cup	½ cup	¾ cup	¾ cup	½ cup
Grains (oz eq)^{7,8}					
Whole grain-rich (WGR) or enriched bread	½ slice	½ slice	1 slice	1 slice	1 slice
WGR or enriched bread product, such as biscuit, roll or muffin	½ serving	½ serving	1 serving	1 serving	1 serving
WGR, enriched or fortified cooked breakfast cereal, cereal grain, and/or pasta	¼ cup	¼ cup	½ cup	½ cup	½ cup
WGR, enriched or fortified ready-to-eat breakfast cereal (dry, cold) ^{9,10}					
Flakes or rounds	½ cup	½ cup	1 cup	1 cup	1 cup
Puffed cereal	¾ cup	¾ cup	1 ¼ cup	1 ¼ cup	1 ¼ cup
Granola	⅛ cup	⅛ cup	¼ cup	¼ cup	¼ cup

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

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

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

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

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

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

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

⁸ Beginning October 1, 2021, ounce equivalents are used to determine the quantity of creditable grains.

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

Nutrition Standards for CACFP Meals and Snacks

Nutrition standards for CACFP meals and snacks can be found at <https://www.fns.usda.gov/cacfp/meals-and-snacks> and through CACFP policy memos related to the meal pattern found at <https://www.fns.usda.gov/cacfp/policy>.

At least one serving of grains per day, across all eating occasions, must be whole grain-rich. For additional information about grain requirements as well as ways to determine if a product is whole grain-rich in the CACFP, see USDA CACFP Training Tools at <https://www.fns.usda.gov/tn/training-tools-cacfp>.

Grain-based desserts do not count towards meeting the grains requirement. Visit <https://www.fns.usda.gov/tn/grain-based-desserts-cacfp> for a listing of grain-based desserts as well as credible grain options in the CACFP.

Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21.2 grams sucrose and other sugars per 100 grams of dry cereal). Yogurt must contain no more than 23 grams of total sugars per 6 ounces. Step-by-step guidance can be found at <https://www.fns.usda.gov/tn/meal-pattern-training-worksheets-cacfp>.

Centers and day care homes must keep current whole grain, cereal, and yogurt labels for the previous and current month of menus.

Meal Service Guidelines

Centers and day care homes participate in the CACFP by serving one or more of the following meal types: breakfast, lunch, supper and snack. Reimbursement is limited to no more than two meals and one snack or two snacks and one meal per day per participant, unless otherwise noted.

Mealtimes should be a relaxed, pleasant experience for all participants. Adequate time must be allowed to serve and eat the meal. Participants should be encouraged, but not forced to eat. Encouragement may be offered verbally and also by setting an example.

Preparation and Services

Meals must be prepared and served in accordance with the following guidelines:

- ◆ Minimum required portions for children and adults must be prepared and available.
- ◆ All meal components must be served.
- ◆ All meals and snacks claimed for reimbursement must be consumed on the premises with the exception of meal/snacks prepared at the facility and taken on a field trip or picnic.
- ◆ Meals and snacks should be served on an appropriate plate or napkin (cannot be directly on the table, picnic blanket, etc.)

- ◆ The dining area is conducive to good eating habits (i.e., child-size table and chairs, appropriate eating utensils, etc.)

Plated Meal Service

Meals or components plated by staff must contain the minimum serving size. Servings in excess of minimum requirements can sometimes result in food waste. However, enough food for seconds should be available.

Family Style Meal Service

Family style meal service is a type of meal service that allows children and adults to serve themselves from communal platters of food with assistance from supervising adults, if needed. Family style meal service allows children and adults to be introduced to new foods, new tastes and new menus, while developing a positive attitude toward healthy foods, sharing in group eating situation and developing good eating habits. Unlike other types of meal services (e.g. cafeteria lines, vended meals, pre-plated service, and OVS), family style meals afford some latitude in the initial portion of food that is served. Additional servings of each food are readily available at each table and more can be served at any time. When a child or adult does not take a food component or the full minimum serving size of a food component during family style meals, the supervising adult must encourage the child or adult to serve themselves the full minimum serving size. However, if the child or adult does not serve themselves a food component or take the full minimum serving size of a food component when using family style meal service, the meal may still be reimbursed.

Serving meals family style is optional and may be used in any CACFP setting. If a center or day care home chooses to serve meals family style they must comply with the practices outlined in CACFP 05-2017: Offer versus Serve and Family Style Meals in the CACFP <https://www.fns.usda.gov/cacfp/policy>.

Offer vs Serve

At-Risk Afterschool & Adult Day Care Only.

Offer versus Serve (OVS) is an approach to menu planning and meal service that allows participants to decline some of the food offered in a reimbursable breakfast, lunch or supper. Children and adults who are offered food choices are more likely to eat the foods they enjoy rather than throw the food away. **OVS is only allowed in CACFP adult day care and CACFP at-risk afterschool settings for breakfast, lunch and supper meals. OVS is not allowed at snack.** OVS may not be implemented at snack because there are only two required components and, therefore, there is not enough food offered to allow a child or adult to decline some foods and ensure that the snack the child or adult takes is nutritionally sufficient. Using OVS can help adult day care centers and at-risk afterschool programs reduce food waste and costs while maintaining the nutritional value of the meal that is served.

Using OVS is optional. Adult day care centers and at-risk afterschool programs are not required to implement OVS. Sponsors or independent centers that choose to use OVS must indicate this selection within KN-CLAIM. For addition guidance on Offer vs Serve see CACFP 05-2017: Offer versus Serve and Family Style Meals in the CACFP <https://www.fns.usda.gov/cacfp/policy>.

Share Tables for At-Risk Afterschool Meals

(At-Risk Afterschool Meals Only)

Using “share tables” is an innovative strategy to encourage the consumption of nutritious foods and reduce food waste in the Child Nutrition Programs. “Share tables” are tables or stations where children may return whole food or beverage items they choose not to eat, if it is in compliance with local and State health and food safety codes. These food and beverage items are then available to other children who may want additional servings to eat at that time, or save for later (see below). Share tables may only be used in at-risk afterschool programs. See [CACFP Memorandum 13-2016: The Use of Share Tables in Child Nutrition Programs](#) for additional guidance, including food safety tips. For other food safety tips regarding share tables, see HACCP Food Safety Plan – SOP 23 at <https://cnw.ksde.org>, School Nutrition Programs, *Food Service Facts*, Chapter 23.

Meal Times

Meal service times must be approved by KSDE as based on the following guidelines:

Traditional CACFP

- ◆ Scheduling Meal Times – Four hours must elapse between the start of lunch service and start of supper service.
- ◆ Breakfast – The service of a breakfast must end before 10:00 a.m.
- ◆ Supper – In all facilities, the service of a supper shall begin no earlier than 5:30 p.m. and no later than 7:00 p.m. and end no later than 8:00 p.m.

At-Risk Afterschool Meals

When school is in session, the meal and/or snack served in at-risk afterschool programs must be served after the child’s school day and during the hours the afterschool program is operating. An At-Risk meal and snack cannot be served at the same time.

Meals Prepared by a Vendor or Contractor

A facility may contract with a food service management company, a hospital, a restaurant, a school, or another center to obtain meals. If meals are prepared by a vendor or contractor, a CACFP meal contract must be completed and submitted to KSDE. If the contract exceeds \$250,000, the sponsor must submit the contract to KSDE **prior to signing**. KSDE’s contract prototype and corresponding documentation can be found at <https://cnw.ksde.org>, CACFP, *Administrative Handbook, Chapter 7: Financial Management*.

Signing a contract with a foodservice management company does not relieve the center or sponsor of its program responsibilities for monitoring and record keeping. Refer to *Chapter 7: Financial Management* for specific information regarding the procurement of contracts.

Special Situations

Variations may be approved by FNS for meals on an experimental or continuing basis where there is evidence that such variations are nutritionally sound and are necessary to meet ethnic, religious, economic or physical needs. When special situations arise, contact KSDE to obtain approval prior to meal service.

Commercially Prepared or Ready-to-Eat Foods

When a product can be found in the Crediting Foods Book for CACFP the food can be credited as described. For products not found in the Crediting Foods Book for CACFP, Child Nutrition (CN) label or Product Formulation Statement documentation is required for all commercially pre-prepared or ready-to-eat products used in the child nutrition program to indicate the amount of meat/meat alternate in the product. CN labels define the appropriate serving portion. Documentation related to the CACFP, such as CN Labels, must be kept for three years plus the current program year. Sponsors should continually update CN Labels to reflect products being served. More information about CN Labels can be found at <https://www.fns.usda.gov/cn/guidance-accepting-processed-product-documentation-meal-pattern-requirements>.

Emergency Supply of Milk

If emergency conditions prevent a facility from temporarily obtaining and serving milk, contact KSDE prior to meal service for approval of the service of breakfasts, lunches or suppers without milk during the emergency period.

Farm to Plate

Farm to plate works to connect consumers to local food producers with the objective of serving locally-grown food to participants, providing related nutrition education, and improving nutrition. Local food purchasing or procurement in Child Nutrition Programs can vary widely depending on program structure, size of program, and type of meal program. However, local foods can be served in all types of settings such as snack, meal components, or in taste testing activities. Kansas is unique in that it is an agriculture state that produces large quantities of various grains such as wheat and corn and is a major producer of beef and pork. In addition, almost all milk sold in the state is from local dairies. Consider the entire plate when procuring and serving local foods!

In Kansas locally obtained meat and poultry products must be slaughtered and processed in a USDA or KDA inspected facility and labeled as such to be served in child nutrition programs. They may be sold refrigerated or frozen. Inspection requirements differ from state to state.

Dairy products can be purchased locally if they are pasteurized and from licensed and inspected producers. Vitamins A and D must be present in levels which are consistent with federal, state and local standards.

Eggs can be purchased locally from an approved source, either inspected from a licensed facility or from a licensed facility who applies the egg stamp purchased from the Kansas Department of Agriculture. The eggs must also meet the Grade B standards. Raw eggs may not be served in the CACFP.

Home canned foods may not be served in the CACFP because they may contain harmful pathogens such as, clostridium botulinum, a dangerous organism which can produce an extremely potent toxin in canned food.

For safety reasons, game such as venison, squirrel, rabbit, etc. is not creditable in the CACFP unless inspected and approved by the appropriate state or federal agency.

Home-caught fish is not creditable because it can be a safety hazard due to the danger of pollution and contamination. Home-slaughtered meat is not creditable.

For more information about Farm to Plate, visit <https://cnw.ksde.org>, Farm to Plate and <https://www.fns.usda.gov/cfs/farm-preschool>.

Parent Supplied Treats

During celebrations, parent provided treats may be served occasionally but not in place of the required components. Treats should be served after the meal/snack to help eliminate food waste and provide examples of good eating habits.

Restaurant Food

Meals purchased from “fast food” or other restaurants cannot be claimed for CACFP reimbursement. Documentation of the meal patterns, quantity, and creditability requirements would be difficult to obtain and may be inaccurate.

Although restaurant meals may not be claimed for reimbursement, a sponsor may choose to take participants to a restaurant occasionally at their expense or the participant’s expense.

Water Availability

Facilities are required to make drinking water available to children. Throughout the day, water should be available upon request. The water may be available in a variety of ways including having water pitchers and cups set out or simply providing water to a child when requested. The water does not have to be available for children to self-serve. Offering water means asking the children whether they would like water at different times throughout the day. For very young children, this may require visual cues such as showing the cup or pitcher while verbally offering the water. These requirements to make water available and offer water throughout the day does not apply to adult day care centers; however, those facilities are encouraged to ensure drinking water is offered and made available to participants throughout the day.

While drinking water must be made available to children during meal times, it does not have to be served alongside the meal. Water is not part of the reimbursable meal and may not be served instead of fluid milk. If water is offered during a meal, centers and day care homes should consider offering smaller amounts of water and keep in mind that children who drink too much liquid may feel too full to eat. It is recommended that water be served with snacks when milk is not being served.

When safe water is not readily available in a facility, purchasing water for the children to consume is considered a reasonable and allowable CACFP cost.

Modifications to Accommodate Disabilities

Program regulations require Program operators to ensure that breakfast, lunch, snack, or milk (meals) offered through the CACFP meet the meal pattern requirements established in the Program regulations. Federal law and USDA regulations further require Program operators to make reasonable modifications to accommodate participants with disabilities.

This includes providing special meals, at no extra charge, to participants with a disability that restricts the participant's diet. CACFP 14-2017: *Modifications to Accommodate Disabilities in the Child and Adult Care Food Program and Summer Food Service Program* addresses this requirement.

Program operators are required to make substitutions to meals for participants with a disability that restricts participant's diet on a case-by-case basis and only when supported by a written statement from a "medical authority" that is authorized by Kansas state law to write medical prescriptions: licensed physician (MD or DO) OR a physician's assistant (PA) or an advanced practice registered nurse (APRN) authorized by their responsible licensed physician. Medical Statement to Request Meal Modification, found in the CACFP Administrative Handbook may be used by program participants for this documentation.

Sponsors may claim a meal outside the regular meal pattern for reimbursement while waiting for the participant's parent or guardian to submit the medical statement. Sponsors should not unduly delay a participant's meal modification. In this situation, sponsor officials must document the initial conversation with the family where they first learned of the participant's need for an accommodation and then follow up with the family until a medical statement is obtained or the request is rescinded.

Section 504, the ADA, and Departmental Regulations at 7 CFR Part 15b define a person with a disability as any person who has a physical or mental impairment which substantially limits one or more "major life activities," has a record of such impairment, or is regarded as having such impairment. (See 29 USC § 705(9)(b); 42 USC § 12101; and 7 CFR 15b.3.) "Major life activities" are broadly defined and include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. "Major life activities" also include the operation of a major bodily function, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions. (See 29 USC § 705(9)(b) and 42 USC § 12101.) Whether a physical or mental impairment constitutes a disability must be determined on a case-by-case basis. The determination must be made without regard for whether mitigating measures may reduce the impact of the impairment.

Program operators should not engage in weighing medical evidence against the legal standard to determine whether a particular physical or mental impairment is severe enough to qualify as a disability. After the passage of the ADA Amendments Act, most physical and mental impairments will constitute a disability. The central concern for Program operators should be ensuring equal opportunity to participate in or benefit from the Program.

The medical statement should include a 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. It should also include an explanation of what must be done to accommodate the disability. In the case of food allergies, this means identifying the food or foods that need to be omitted and recommending alternatives. In other cases, more information may be required. When Program operators believe the medical statement is unclear, or lacks sufficient detail, they must obtain appropriate clarification so that a proper and safe meal can be provided.

Program operators are not required to provide the exact substitution or other modification requested (i.e. a specific brand name of a product). However, they must work with the parent, guardian, participating adult, or a person acting on behalf of an adult participant, to offer a reasonable modification that effectively accommodates the participant's disability and provides equal opportunity to participate in or benefit from the Program. When determining what an appropriate modification is, the age, maturity, mental capacity, and physical ability of the participant should be considered.

Program operators are not required to make modifications that would result in a fundamental alteration in the nature of the Program. FNS recognizes that the CACFP may be operated by very small entities with extremely limited staff and resources. In these situations, some meal modifications may be so expensive that providing the modification would fundamentally alter the nature of the Program. Modifications that are so expensive that they would make continued operation of the Program unfeasible constitute a fundamental alteration in the nature of the Program and are, therefore, not required. Program operators should be aware that the expense of a modification is measured against the total resources available to that particular Program operator.

Parent Provided Foods

For a disability with a statement on file signed by a Kansas licensed medical authority that directs the parents, guardians, or adult participants to supply one or more components, the meal is still reimbursable as long as the Program operator supplies at least one required component.

For non-disability reasons, parents, guardians, or adult participants can only provide **one component** towards a reimbursable meal; the Program operator needs to supply the remaining required components in order to claim the meal or snack for reimbursement.

Reimbursement

Meals that do not meet the Program meal pattern requirements are not eligible for reimbursement unless supported by a medical statement. However, Program operators may choose to accommodate requests related to a disability that are not supported by a medical statement if the requested modifications can be accomplished within the Program meal pattern. Such meals are reimbursable.

Section 504 Coordinator

Program operators that employ 15 or more individuals must designate at least one person to coordinate compliance with disability requirements. See 7 CFR 15b.6. This position is often referred to as the Section 504 Coordinator. The Section 504 Coordinator, who is responsible for addressing requests for accommodations in the center or day care home may also be responsible for ensuring compliance with disability requirements related to meals and the meal service. Program operators that employ 15 or more individuals must also establish grievance procedures that incorporate appropriate due process standards and that provide for the prompt and equitable resolution of complaints as set forth in 7 CFR 15.b(6)(b).

Procedural Safeguards

The Procedural Safeguards process, codified at 7 CFR 15b, requires Sponsors to provide notice and information to parents and guardians regarding how to request a reasonable modification and their procedural rights, which include the right to:

- ◆ File a grievance if they believe a violation has occurred regarding the request for a reasonable modification.
- ◆ Receive a prompt and equitable resolution of the grievance,
- ◆ Request and participate in an impartial hearing to resolve their grievance,
- ◆ Be represented by counsel at the hearing,
- ◆ Examine the record, and
- ◆ Receive notice of the final decision and a procedure for review, i.e., right to appeal the hearing's decision.

Discontinuation of Meal Modifications

For some participants, meal modifications are temporary. When a meal modification is discontinued, it is a best practice for the change to be documented.

Food and Lifestyle Preferences

USDA encourages sponsors to provide a variety of foods for participants to select from in order to accommodate food and lifestyle preferences.

- ◆ Sponsors **may** make modifications within the meal pattern in order to be reimbursable.
- ◆ When a modification is made within the meal pattern, Sponsors are not required to obtain a medical statement.
- ◆ Meal modifications to accommodate a food preference for religious, ethnic, moral, or other reasons may be reimbursed if they adhere to standards found in Program regulations.
 - FNS may approve variations in the food components of the meals on an experimental or continuing basis in any institution or facility where there is evidence that such variations are nutritionally sound and are necessary to meet ethnic, religious, economic, or physical needs. 7 CFR 226.20(h) For approval, contact KSDE.

Milk and Milk Substitutions

Unflavored whole milk must be served to 1-year olds; unflavored low-fat (½ or 1%) or fat-free (skim) must be served to children 2 through 5 years old; and unflavored low-fat (1/2 or 1%), flavored low-fat (½ or 1%), unflavored fat-free or flavored fat-free milk must be served to children 6 years old and older and adults.

In a mixed classroom of 1- and 2-year-olds, the age-appropriate milk must be served. One-year olds must have whole milk and 2-year-olds must have fat-free or low fat unflavored milk.

In order to ensure compliance with the milk requirements (outlined in 7 CFR 226.20(a)(1) and memorandum CACFP 17-2016, centers and day care homes must document the type of milk served on their menu. This includes listing the fat content (e.g. whole, low-fat or 1%, and fat-free or skim) and if the milk is flavored.

Expressed breastmilk may be served as a substitute for fluid milk for children of any age (even past 1 year) and is reimbursable same as for infants (expressed milk provided or nursed on site). A written request or medical statement is not necessary for breastmilk to be served in place of fluid milk.

For a period of one month, when children are 12 to 13 months of age, meals that contain infant formula may be reimbursed to facilitate the weaning from infant formula to cow's milk. Meals containing infant formula that are served to children 13 months old and older are reimbursable when it is supported by a medical statement signed by a medical authority. Medical statements must be kept on file by the center or day care home.

Fluid Milk Substitutions

Lactose-free milk of the appropriate fat variety may be served to program participants in place of fluid milk. Other non-dairy fluid milk substitutions that provide the nutrients as outlined in 7 CFR 226.20(g)(3) or listed in the following table may be provided for non-disabled children and adults who cannot consume fluid milk due to medical or special dietary needs when requested in writing by the child's parent or guardian, or by, or on behalf of, an adult participant. Sponsors will not receive Federal reimbursement for a meal that substitutes juice or water for milk for a non-disability reason.

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

Because the Nutrition Facts Label on food products may not list all of the nutrients included in the chart, the Sponsor may need to request documentation from the product manufacturer to confirm the presence of all required nutrients at the proper levels.

If a participant's medical statement is signed by a medical authority and indicates the participant cannot consume milk due to a disability, and requests the participant receive a substitute, the provider must provide the requested substitute regardless of whether it meets the nutrient requirements. In a disability situation, the Sponsor will continue to receive reimbursement for the meal based on the signed medical statement. Meeting the nutrient requirements helps to ensure participating children continue to have access to important nutrients found in cow's milk. The nutrient requirements listed in the chart do not apply to cases of disability. If a child cannot consume cow's milk due to a disability, the Sponsor must substitute fluid milk based on the written medical statement. Medical statements must be kept on file by the center of day care home.