

CONNECTICUT STATE DEPARTMENT OF EDUCATION
Bureau of Adult Education and Nutrition Programs
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M E M O R A N D U M

TO: Child and Adult Care Food Program (CACFP) Sponsors

FROM: Maureen B. Staggenborg, Bureau Chief
Bureau of Adult Education and Nutrition Programs

DATE: December 16, 2003

SUBJECT: Operational Memorandum #07C-04 and #07H-04 Meal Service Issues

1. **Reimbursement for Meals Provided by Parents for Medical Reasons in CACFP**
2. **Infant Training Follow-up: Juice Requirement**
3. **Milk Requirement Clarification**
4. **Serving Infants: Application & Management Plan Update – *CENTER INSTITUTIONS ONLY***

1. Reimbursement for Meals Provided by Parents for Medical Reasons in CACFP

The basic premise for all Child Nutrition Programs is to reimburse participating institutions for costs associated with providing wholesome, nutritious meals to children. If costs are not incurred, then reimbursement is not paid. However, with specific documentation (signed medical statement), the U.S. Department of Agriculture (USDA) allows reimbursement for meals in which a parent supplies a particular food item for **medical** reasons, if the child receives all of the required Child and Adult Care Food Program (CACFP) meal pattern components.

In order for reimbursement to be paid, the following steps must be followed by the institution:

- Submit a specific request for approval to the Bureau of Adult Education and Nutrition Programs, Community Nutrition Programs unit.
- Detail the child's **medical** issue in the letter of request and attach a copy of the signed medical statement.
- Outline the food item to be provided by the parent/guardian with a statement of assurance from the institution that all other menu items will be served by the center/day care home facility.

The Bureau, upon receipt and review of the request will provide written approval for the specific request. Approval must be maintained on file and may only be used for the child for which the request has been granted. Institutions must keep in mind that Connecticut's Public Health Code 19-13-B42 applies to all foods served in centers, regardless of whether they are prepared on site or brought from home. Programs must develop policies and procedures to ensure the safety of foods brought from home and served in the child care environment.

2. Infant Training Follow-up: Juice Requirement

At the Infant Training Session held August 20th, the following questions were asked:

- **Question:**
Infants ages 8-11 months can only be served 100% fruit juice at snack. Is it allowable for the center/home to serve an 8 to 11-month-old the required amount (2-4 ounces) of juice plus add water to dilute it? Participants mentioned that many parents want and/or pediatricians recommend diluted juice.

▪ **Answer:**

It is **not** acceptable to dilute the fruit juice. If water is added, even though the minimum amount of juice required is being served, the juice will no longer be full strength. Additionally, the American Academy of Pediatrics' (AAP) recommendation regarding fruit juice is to limit the total amount of juice given to a baby to no more than 4 ounces per day. AAP does not recommend that the juice be diluted. This is reflected on page 62 of the newly revised FNS 258, *Feeding Infants--A Guide for Use in the Child Nutrition Programs*, which was made available to all institutions at the August 20th training.

▪ **Question:**

When a parent is providing food for infants, does the center/home have to document on the menu which foods are provided by the parent and which ones are provided by the center/home?

▪ **Answer:**

There is no requirement for maintaining such level of detailed information. However, sponsoring organizations (sponsor of more than one facility), may institute a policy to place a notation on infant menus to distinguish between parent provided and center/home provided food items. This will allow the institution to monitor the center/home's compliance with the infant meal pattern requirements.

3. Milk Requirement Clarification

It was brought to the attention of the Community Nutrition Programs unit that clarification is needed regarding the type of milk to be served to children. The following excerpt from *Nutrition Policies and Guidance for the Child and Adult Care Food Program* (page 2-172) clarifies this issue:

*The type of milk recommended for children varies depending on their age. Whole milk **must** be served to children under the age of 2. Reduced-fat milk (2%), low-fat milk (1%) and nonfat (skim) milk are not appropriate for children under the age of 2, as young children need adequate amounts of fat for normal growth and development.*

For children ages 2 to 5, serve reduced-fat (2%) or low-fat (1%) milk. After age 5, nonfat milk can be served. Acceptance of lower fat milk can be increased if it is introduced gradually. For example, going from whole to 2% to 1%, instead of switching from whole directly to nonfat.

4. Serving Infants: Application & Management Plan Update – CENTER INSTITUTIONS ONLY

As discussed at the Infant Training Session, center institutions with infants enrolled for care must amend the CACFP Application and Management Plan to incorporate the serving and claiming of infants. If this has not been done, the following information is provided to assist in assessing the level of revision that may be required.

Management Plan Sections

Section C ~ Income Eligibility Determination

Section E ~ Monitoring

Information to Consider

Review current procedure to determine if it addresses the collection of applications for infants and maintenance of the master list.

For sponsoring organizations that are required to monitor each facility, review current procedure to ensure that infant classrooms/centers are also monitored.

Section G ~ Record Keeping

II Meal Count and Attendance Procedures

Review current procedures to determine if it addresses the documentation and maintenance of meal count and attendance for infants which is likely to differ from that of older enrolled children. Submit copies of meal count forms developed for infants.

III Menus

Review current procedure to determine if it addresses the system used to document and maintain infant menus. This includes utilization of the Accepting/Rejecting Infant Formula form.

Institutions that have not already submitted revisions are responsible for doing so immediately. Additionally, question #7 of the *Application for Individual Site* (age range of enrolled participants) must be amended if it does not currently include infants. This revision may be facilitated by listing the name of the site and the revised age range in an email or regular mail correspondence.

If there are questions regarding the issues addressed in this memorandum contact Charlene Russell-Tucker at 860-807-2071, Susan Boyle at 860-807-2074, or Benedict Onye at 860-807-2080. Home sponsors may contact Susan Bohuslaw at 860-807-2073.

MBS: crt

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