NOTICE

Date: March 22, 2007
Reference: # CACFP CCC 2007-6
To: Child and Adult Care Food Program-Child Care Centers (CACFP-CCC) Contractors
Subject: Managing the CACFP: Questions from October 24, November 3, and December 12, 2006, Training Sessions

Purpose

The following are answers to questions received from contractors who attended the October 24, November 3, and December 12, 2006, Managing the CACFP-CCC training sessions conducted by Special Nutrition Programs (SNP).

Question 1: If I am giving an infant that is 8 to 11 months formula and I offer the parent the baby food that is offered for the day and the parent declines the baby food that is offered that day and they bring their own, do we get pay for that meal because we offered but they decline and we are still giving the infants the formula?

Answer: Yes, as long as the parent (or guardian) declined the baby food and the center is providing the infant formula in the minimum quantity required in the infant meal pattern, then the center will be eligible to claim that meal for reimbursement. Note: The center must maintain a statement from the parent (or guardian) on file that they declined the baby food.

Question 2: Infants – What is an example of a cheese food and cheese spread that is allowed?

Answer: Any cheese food and cheese spread not labeled with the wording “imitation” cheese or cheese “product” is allowed. Refer to Section 1: Meat/Meat Alternates on pages 1-23 through 1-25 of the Food Buying Guide for additional guidance.

Question 3: Infants – Are we required to serve all needed formula (i.e., a child might eat 6 oz. every three hours) or only required meals?

Answer: Yes, you are required to serve infants all needed formula. Infants must be fed at a span of time consistent with the infant’s eating habits. These times may or may not occur during the center’s approved meal service times. As long as the center serves an infant a meal that contains, at a minimum, each of the food components indicated in the quantity that is required for the infant’s age, the center can claim two meals and one snack or one meal and two snacks per infant per day.

continued
**Question 4:** Are we required to be responsible for all feeding on demand or can we require parents to provide all unclaimed feedings?

**Answer:** Yes, you are responsible for all feedings on demand that are consistent with the infant’s eating habits. These times may or may not occur during the center’s approved meal service time(s). Meals are reimbursable when centers provide all of the required components in the meal pattern. Centers participating in the CACFP are reimbursed for two meals and one snack or one meal and two snacks.

**Question 5:** Cheese food and cheese spread – lots of oil – is this healthy?

**Answer:** Yes, as long as the cheese food and cheese spread is not labeled with the wording “imitation” cheese or cheese “product”. Refer to Section 1: Meat/Meat Alternates on pages 1-23 through 1-25 of the Food Buying Guide for additional guidance.

**Question 6:** If a doctor requires a different brand formula, does the contractor have to supply (e.g., Enfamil vs. Similac)?

**Answer:** Yes and no.

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<th>If a doctor requires a different brand formula due to an infant’s ...</th>
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| Disability | Center is required to provide the different brand formula. The center must keep on file a copy of the licensed physician’s medical statement. The medical statement must identify:  
  • The infant’s disability and an explanation of why the disability restricts the infant’s diet;  
  • The major life activity affected by the disability;  
  • The food or foods to be omitted from the infant’s diet;  
  • The food or choice of foods that must be substituted; and  
  • Any other restrictions and/or requirements specific to the infant’s disability (i.e. Caloric modifications or the substitution of a liquid nutritive formula). |
| Medical or special dietary need | Decision as to whether or not the center will provide the different brand formula is at the discretion of the child care center. A child care center is not required to satisfy the unique formula needs of every infant. Although we urge child care centers to make every effort to satisfy the unique formula needs of each infant with a formula that meets program requirements, we recognize that this may not always be possible due to operational and financial constraints. |
**Note:** Child care centers that provide the substitution must keep on file a copy of the medical statement signed by a recognized medical authority. In these cases, a recognized medical authority may include physicians, physician assistants, or nurse practitioners. The medical statement must include the:

- Medical or special dietary need that restricts the infant's diet;
- Food or foods to be omitted from the infant’s diet; and
- Food or choice of foods that may be substituted.

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<th>Question 7: If infant 8-11 months is on table food must I serve baby cereal according to meal pattern?</th>
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<td><strong>Answer:</strong> Yes and no. According to the infant meal pattern chart for 8 through 11 months, you must serve all components. The breakfast meal service <strong>must</strong> include baby cereal. The lunch or supper meal service <strong>may</strong> include baby cereal, but it is not required, so long as a meat or meat alternate is served. Refer to Section 4112.1, Meal Pattern Charts – Infants, of your CACFP-CCC Handbook for additional guidance.</td>
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<th>Question 8: Do we claim the amount offered a baby or exactly what they ate?</th>
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<td><strong>Answer:</strong> Neither, claims for reimbursement are based on meal counts taken at point of service for meals served to infants that meet infant meal pattern requirements. A reimbursable meal must have, at a minimum, each of the food components indicated in the infant meal pattern in the quantity that is required for the infant's age.</td>
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<th>Question 9: Since infants are required to be fed, if a doctor prescribes a certain formula, do I have to purchase or should this be under Medicaid?</th>
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<td><strong>Answer:</strong> Yes and no. If a doctor prescribes a certain formula, then it depends if the prescribed formula is due to an infant’s disability or an infant’s medical or special dietary need. Refer to the answer to Question 6 above for additional guidance.</td>
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If the doctor prescribes a certain formula due to an infant’s medical or special dietary need and you determine that it is not possible to offer the substitution due to operational and financial constraints, then it is the responsibility of the parent (or guardian) to provide the prescribed infant formula to the center and file a claim with Medicaid, if applicable.

**Contact**

If you have any questions please contact your Area Program Office.