JOYFUL NOISE
Christian Childcare

Infant Food Program Guidelines and Other Information

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Updated June 2022

Frequently Asked Licensing Questions

State and Federal Infant Licensing Program Regulations

MEAL REQUIREMENTS

- **Licensing: Daycare centers must meet the minimum meal requirements of the Child and Adult Care Food Program** (regardless of whether we are using the CACFP) as administered by the Michigan Department of Education (see attached).
- **Daycare centers in operation for 11 and more hours per day are required to serve or offer 2 meals and 2 snacks** to each child here during the meal times.
- **Daycare centers are required to let infants eat on demand.**
- **Food substitutions are only allowed when food allergies or intolerances are present** and a physician's note is produced. See *CACFP Special Diet Accommodations* form for special dietary needs.
- **All bottles must come prepared, or be prepared here by the parent if Joyful Noise is providing formula.** Daycare center staff members are not allowed to fill or mix bottles. This includes breast milk, which must also come in the bottle ready to be warmed or thawed. All bottles must be labeled with child's name and date (please see attached).
- **Daycare staff members are not allowed to serve from bottles that look unsanitary or dirty.**
- **CACFP: Please see attached meal pattern guidelines.**

SLEEPING REQUIREMENTS

- **Daycare centers are required to let infants sleep on demand.**
- **Daycare centers are not allowed to use blankets,** stuffed animals, etc. in cribs of children under one year of age. Parents may provide a sleep sack.

Please remember that communication between the parent and the caregiving staff is the most important aspect of providing the quality care our infants and toddlers need. Make sure you are sharing information about your child's health, eating habits, sleeping habits, etc.—especially as they grow and change.

Child and Adult Care Food Program

Joyful Noise participates in the Child and Adult Care Food Program. *This is a federal program administered by the state that reimburses childcare organizations for meals served to the children in our care.* Licensing has approved our center to allow us to provide formula as long as staff does not prepare bottles. Below you will find a list of age appropriate foods Joyful Noise will provide to children who are up to one year old and who are not yet eating table foods or are transitioning to table foods.

*__Iron fortified infant formula__: Meijer brand with iron

*__Iron fortified rice, barley, oatmeal or multi-grain infant cereal:__ Delmonte, Meijer, or Gerber brands

*__Baby foods:__ Meijer, Delmonte or Gerber brands

We will inform parents ahead of time if formula brand names will change due to cost or availability.

Please turn in the attached *Formula and Food Sign-Off Statement* indicating whether you choose to provide your own formula and/or foods or whether Joyful Noise will be providing.

If Joyful Noise will be providing formula, we will need you to bring in clean, empty bottles and nipples daily and fill them here. Bottles may be filled at the classroom sink.

Per state licensing requirements, daycare staff members are not allowed to fill any bottles brought in by parents, and are not allowed to mix powdered formula. This will need to be done only by the person dropping off the child; therefore you will want to make sure to arrive a little early. We will need you to bring enough bottles for the number of feedings usually given during your child's day at the center, fill them, and place them in the refrigerator as usual. All bottles must be labeled with the child's name and date.

If your child requires a brand or type of formula (we are required to provide iron fortified) or food that Joyful Noise does not provide, the parent will provide the substitution. We will need a completed Food Substitution Form for any child who cannot use iron fortified formula/cereal, regardless of who provides the formula/cereal.

Please let the office know if you have any questions. Thank you for the opportunity to serve you and your child!

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 the USDA's nutrition standards below.

Breakfast	Lunch and Supper	Snack (serve 2 from the 5 groups below)
Milk Fruit and/or Vegetable Grain	Milk Meat or meat alternate Fruit Vegetable Grain	Milk Meat or meat alternate Fruit Vegetable Grain

Children less than one year old: Foods in the infant meal pattern vary according to the infant's age. If your child is less than one year old, please request the infant meal pattern requirements from our center.

Questions? Concerns? Contact Us!

Child and Adult Care Food Program
Michigan Department of Education
PO Box 30008, Lansing, MI 48909
517-241-5353

OR

Joyful Noise Christian Childcare
508 Franklin Ave. Grand Haven, MI 49417
(616) 847-6600

Learn more about CACFP at USDA's website: https://www.fns.usda.gov/

This institution is an equal opportunity provider.

USDA United States Department of Agriculture
Food and Nutrition Service

(CACFP) Infant Meal Patterns

Infants	Birth through 5 months	6 through 11 months
Breakfast, Lunch, or Supper	4-6 fluid ounces breastmilk[1] or formula[2]	6-8 fluid ounces breastmilk[1] or formula;[2] and 0-½ ounce equivalent infant cereal;[2 3] or 0-4 tablespoons meat, fish, poultry, whole egg, cooked dry beans, or cooked dry peas; or 0-2 ounces of cheese; or 0-4 ounces (volume) of cottage cheese; or 0-4 ounces or ½ cup of yogurt;[4] or a combination of the above;[5] and 0-2 tablespoons vegetable or fruit, or a combination of both.[5 6]
Snack	4-6 fluid ounces breastmilk[1] or formula[2]	2-4 fluid ounces breastmilk[1] or formula;[2] and 0-½ ounce equivalent bread;[3 7] or 0-¼ ounce equivalent crackers;[3 7] or 0-½ ounce equivalent infant cereal;[2 3] or 0-¼ ounce equivalent ready-to-eat breakfast cereal;[3 5 7 8] and 0-2 tablespoons vegetable or fruit, or a combination of both.[5 6]

[1] Breastmilk 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] Refer to FNS guidance for additional information on crediting different types of 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).

USDA United States Department of Agriculture
Food and Nutrition Service

Child and Adult Care Food Program Breakfast [Select the appropriate components for a reimbursable meal]					
	Minimum quantities				
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)**	**Adult participants**
Fluid Milk[3]	4 fluid ounces	6 fluid ounces	8 fluid ounces	8 fluid ounces	8 fluid ounces
Vegetables, fruits, or portions of both[4]	¼ cup	½ cup	½ cup	½ cup	½ cup
Grains (oz. eq.)[5 6 7 8]	½ ounce equivalent	½ ounce equivalent	1 ounce equivalent	1 ounce equivalent	2 ounce equivalents

Endnotes:

[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 fat or less) or unflavored fat-free (skim) milk for children two through five years old. Must be unflavored or flavored fat-free (skim) or low-fat (1 percent fat or less) milk for children 6 years old and older and adults. For adult participants, 6 ounces (weight) or ¾ cup (volume) of yogurt may be used to meet the equivalent of 8 ounces of fluid milk once per day when yogurt is not served as a meat alternate in the same meal.

[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] Refer to FNS guidance for additional information on crediting different types of 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).

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Food and Nutrition Service

Child and Adult Care Food Program Lunch and Supper [Select the appropriate components for a reimbursable meal]					
	Minimum quantities				
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)**	**Adult participants**
Fluid Milk[3]	4 fluid ounces	6 fluid ounces	8 fluid ounces	8 fluid ounces	8 fluid ounces[4]
Meat/meat alternates (edible portion as served):					
Lean meat, poultry, or fish	1 ounce	1 ½ ounces	2 ounces	2 ounces	2 ounces
Tofu, soy products, or alternate protein products[5]	1 ounce	1 ½ ounces	2 ounces	2 ounces	2 ounces
Cheese	1 ounce	1 ½ ounces	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[6]	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, tree nuts, or seeds, as listed in program guidance, or an equivalent quantity of any combination of the above meat/meat alternates (1 ounce 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%
Vegetables[7 8]	⅛ cup	¼ cup	½ cup	½ cup	½ cup
Fruits[7 8]	⅛ cup	¼ cup	¼ cup	¼ cup	½ cup
Grains (oz eq)[9 10 11]	½ ounce equivalent	½ ounce equivalent	1 ounce equivalent	1 ounce equivalent	2 ounce equivalents

Endnotes:

[1] Must serve all five components for a reimbursable meal. Offer versus serve is an option for at-risk afterschool and adult 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 fat or less) or unflavored fat-free (skim) milk for children two through five years old. Must be unflavored or flavored fat-free (skim) or low-fat (1 percent fat or less) milk for children 6 years old and older and adults. For adult participants, 6 ounces (weight) or ¾ cup (volume) of yogurt may be used to meet the equivalent of 8 ounces of fluid milk once per day when yogurt is not served as a meat alternate in the same meal.

[4] A serving of fluid milk is optional for suppers served to adult participants.

[5] Alternate protein products must meet the requirements in Appendix A to Part 226 of this chapter.

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

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

[8] A 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.

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

[10] Refer to FNS guidance for additional information on crediting different types of grains.

[11] 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).

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Child and Adult Care Food Program Snack [Select two of the five components for a reimbursable meal]					
	Minimum quantities				
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)**	**Adult participants**
Fluid Milk[3]	4 fluid ounces	4 fluid ounces	8 fluid ounces	8 fluid ounces	8 fluid ounces
Meat/meat alternates (edible portion as served):					
Lean meat, poultry, or fish	½ ounce	½ ounce	1 ounce	1 ounce	1 ounce
Tofu, soy products, 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
Vegetables[6]	½ cup	½ cup	¾ cup	¾ cup	½ cup
Fruits[6]	½ cup	½ cup	¾ cup	¾ cup	½ cup
Grains (oz. eq.)[7 8 9]	½ ounce equivalent	½ ounce equivalent	1 ounce equivalent	1 ounce equivalent	1 ounce equivalent

Endnotes:

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

[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 fat or less) or unflavored fat-free (skim) milk for children two through five years old. Must be unflavored or flavored fat-free (skim) or low-fat (1 percent fat or less) milk for children 6 years old and older and adults. For adult participants, 6 ounces (weight) or ¾ cup (volume) of yogurt may be used to meet the equivalent of 8 ounces of fluid milk once per day when yogurt is not served as a meat alternate in the same meal.

[4] Alternate protein products must meet the requirements in Appendix A to part 226 of this chapter.

[5] Yogurt 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 the grains requirement.
[8] Refer to FNS guidance for additional information on crediting different types of 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).

Special Diet Statement

Why am I being asked to fill out this form?

Institutions or organizations who sponsor and operate a federally funded Child Nutrition Program must make reasonable substitutions to meals and/or snacks on a case-by-case basis for participants who are considered to have a disability that restricts their diet.* According to the ADA Amendments Act, most physical and mental impairments that substantially limit or affect one or more major life activities or bodily functions will constitute a disability.

Sponsors are not required to accommodate special dietary requests that are not a disability. This includes requests related to religious or moral convictions or personal preference. **If these requests are accommodated, sponsors must ensure that all USDA meal pattern and nutrient requirements are met.**

This form must be completed by a licensed physician, physician assistant, or an advanced practice registered nurse, such as a certified nurse practitioner. **Updates to this form are required only when a participant's needs change**.

Note to Districts/Schools: Parents/Guardians may provide a written request for lactose-free milk without a physician's signature. Lactose-free milk served must meet meal pattern requirements for the program.

Submit this completed special diet statement to: _____

Participant Information:

Participant's Full Name: _____ Today's Date: _____

Date of Birth: _____

Name of School/Center/Site Attended: _____

Parent/Guardian Name: _____

Home Phone Number: _____ Work Phone Number: _____

Required Information: Dietary Accommodation

1. List the food to be avoided:
   _____
2. Briefly explain how exposure to this food affects the participant:
   _____
3. List foods to be omitted and substituted. Attach a sheet with additional instructions as needed.

Foods to be Omitted	Foods to be Substituted

Additional Information

☐ Texture Modification: ☐ Pureed ☐ Ground ☐ Bite-Sized Pieces ☐ Other: _____

☐ Tube Feeding Formula Name: _____

Administering Instructions: _____

Oral Feeding: ☐ No ☐ Yes If yes, specify foods: _____

☐ Other Dietary Modification or Additional Instructions (Describe): _____

*School Nutrition Program –7 CFR 210.10(m), Child and Adult Care Food Program – 7 CFR 226.20 (g), Summer Food Service Program – 7 CFR 225.16(f)(4).

Required Signature

This form must be signed by a licensed physician, physician assistant, or advanced practice registered nurse such as a certified nurse practitioner. The medical person signing it should keep a copy of this document in his/her records.

Prescribing Authority Credentials (print):_____Date:_____

Signature:_____Clinic/Hospital:_____

Phone Number:_____Fax Number: _____

Voluntary Authorization

Note to Parent(s)/Guardian(s)/Participant: You may allow the director of the school/center/site to talk with the medical person about this Special Diet Statement by signing the Voluntary Authorization section:

In accordance with the provisions of the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and the Family Educational Rights and Privacy Act I hereby authorize _____ **(physician/medical authority name)** to release such protected health information as is necessary for the specific purpose of Special Diet information to_____**(program name)** and I consent to allow the physician/medical authority to freely exchange the information listed on this form and in their records concerning me, with the program as necessary. I understand that I may refuse to sign this authorization without impact on the eligibility of my request for a special diet for me. I understand that permission to release this information may be rescinded at any time except when the information has already been released. **Optional**: My permission to release this information will expire on_____**(date)**. This information is to be released for the specific purpose of Special Diet information. The undersigned certifies that he/she is the parent, guardian, or authorized representative of the participant listed on this document and has the legal authority to sign on behalf of that participant.

Parent/Guardian:_____Date: _____

OR Participant's Signature (Adult Day Care ONLY): _____

Non-Discrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form (https://www.ocio.usda.gov/sites/default/files/docs/2012/Complain_combined_6_8_12.pdf), (AD-3027) found online at: How to File a Complaint (https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint), and at any USDA office, or write a letter addresse d to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

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

This institution is an equal opportunity provider.

Joyful Noise Childcare
508 Franklin Ave.
Grand Haven, MI 49417

Child and Adult Care Food Program (CACFP)
Formula/Food Sign-Off Statement

MICHIGAN Department of Education

As a participant in the CACFP, we must offer to supply all infant meal food components, as developmentally appropriate, to all infants in our care.

We will supply the following items to your infant:

- Iron-fortified infant formula
- Iron-fortified infant cereal
- Infant foods and/or table foods in the appropriate texture for the age of your infant.

Parents/Guardians may choose to accept our supplied infant formula and/or foods or provide their own. Mothers are always welcome to breast feed on-site and/or provide expressed breastmilk.

Parents/Guardians may provide one food component towards a reimbursable meal. Our center must supply all other meal components, as developmentally ready, to receive reimbursement.

Please check your preferences below for each meal pattern requirement.

Our center will supply the following formula and infant food:

Formula offered by our center: Meijer Iron Fortified Infant Formula
(Specific brand/type identified by center)

Parent/Guardian check your breast milk/formula preference:

☐ I want the center to provide formula to my infant
☐ I will come to the center to breast feed my infant
☐ I will bring iron-fortified formula for my infant
☐ I will bring expressed breast milk for my infant

Iron-Fortified Infant Cereal offered by our center:

☑ Rice ☑ Barley ☐ Wheat ☑ Oat ☑ Multi-grain

Parent/Guardian check your infant cereal preference:

☐ I want the center to provide iron fortified infant cereal for my infant
☐ I will bring iron fortified infant cereal for my infant

Food offered by our center:

☑ Store-bought infant foods
☑ Table foods at the appropriate consistency for the development of your infant

Parent/Guardian check your infant food preference:

☐ I want the center to provide developmentally appropriate foods for my infant
☐ I will bring foods for my infant

If parent/guardian is supplying any breast milk, formula, or infant foods: Specify what we may feed your infant if they are still hungry after they are fed what has been supplied for the day:

Infant Name:_____ Birth Date:_____

Parent/Guardian Signature:_____ Date Signed:_____

Non-Discrimination Statement

In accordance with Federal 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, age, disability, and reprisal or retaliation for prior civil rights activity. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) 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. Additionally, program information is available in languages other than English.

To file a complaint alleging discrimination, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410 fax: (202) 690-7442; or email: program.intake@usda.gov. This institution is an equal opportunity provider.

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