CHAPTER HSS 45

APPENDIX B

CHILD CARE FOOD PROGRAM
MINIMUM MEAL REQUIREMENTS

I. AGES 1-12

	Age 1 & 2	Age 3, 4 & 5	Age 6 up to 12
BREAKFAST			
1. Milk	½ cup	¾ cup	1 cup
2. Juice[a] or fruit or vegetable	¼ cup	½ cup	½ cup
3. Bread or cereal or bread alternate:[b]			
Bread	½ slice	½ slice	1 slice
Cereal:			
Cold dry	¼ cup or ⅓ oz.[c]	⅓ cup or ½ oz	¾ cup or 1 oz.
Hot cooked	¼ cup	¼ cup	½ cup
LUNCH OR SUPPER			
1. Milk	½ cup	¾ cup	1 cup
2. Meat or meat alternate:			
Meat, poultry, fish, cheese	1 oz.	1 ½ oz.	2 oz.
Egg	1 egg	1 egg	1 egg
Cooked dry beans or peas	¼ cup	⅜ cup	½ cup
Peanut butter or other nut or seed	2 Tbsp	3 Tbsp	4 Tbsp
butter			
Peanuts or soynuts or tree nuts or seeds	½ oz = 50%[d]	¾ oz = 50%[d]	1 oz = 50%[d]
3. Vegetable and/or fruit	¼ cup	½ cup	¾ cup
(at least two)			
4. Bread or bread alternate	½ slice	½ slice	1 slice
SNACK			
Select two of the following four components:			
1. Milk	½ cup	½ cup	1 cup
2. Juice[a] or fruit or vegetable	½ cup	½ cup	¾ cup
3. Bread or cereal or bread alternate:[b]			
Bread	½ slice	½ slice	1 slice
Cereal:			
Cold dry	¼ cup or ⅓ oz[c]	⅓ cup or ½ oz	¾ cup or 1 oz
Hot cooked	¼ cup	¼ cup	½ cup
4. Meat or meat alternate:			
Meat, poultry, fish, cheese	½ oz	½ oz	1 oz
Egg	½ egg	½ egg	1 egg
Cooked dry beans or peas	⅛ cup	⅛ cup	¼ cup
Peanut butter or other nut or seed	1 Tbsp	1 Tbsp	2 Tbsp
butter			
Peanuts or soynuts or tree nuts or seeds	½ oz	½ oz	1 oz

[a]Must be full strength fruit or vegetable juice.

[b]Must be whole grain or enriched.

[c]Either volume (cup) or weight (oz), whichever is less.

[d]No more than 50% of the requirement shall be met with nuts or seeds. Nuts and seeds shall be combined with another meat/meat alternate to fulfill the requirement.

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II. INFANT MEAL PATTERN REQUIREMENTS

The infant meal pattern shall contain, as a minimum, each of the following components in the amounts indicated for the specific age group:

Birth Through 3 Months	4 Through 7 Months	8 Through 11 Months
BREAKFAST: 4-6 fl. oz. formula[1]	4-8 f. oz. formula[1] or breast milk 0-3 T. infant cereal[2] (optional)	6-8 fl. oz. formula[1], breast milk, or whole milk 2-4 T. infant cereal[2] 1-4 T. fruit and/or vegetable
LUNCH OR SUPPER: 4-6 fl. oz. formula[1]	4-8 f. oz. formula[1] or breast milk 0-3 T. infant cereal[2] (optional) 0-3 T. fruit and/or vegetable (optional)	6-8 fl. oz. formula[1], breast milk, or whole milk 2-4 T. infant cereal[2] and/or 1-4 T. meat, fish, poultry, egg yolk, or cooked dry beans or peas, or ½-2 oz. cheese or 1-4 oz. cottage cheese, cheese food, or cheese spread 1-4 T. fruit and/or vegetable
SUPPLEMENT: 4-6 fl. oz. formula[1]	4-6 f. oz. formula[1] or breast milk	2-4 fl. oz. formula[1], breast milk, whole milk, or fruit juice[3] 0-½ bread or 0-2 crackers (optional)[4]

[1]Shall be iron-fortified infant formula.
[2]Shall be iron-fortified dry infant cereal.
[3]Shall be full-strength fruit juice.
[4]Shall be from whole-grain or enriched meal or flour.

For infants four through eleven months, breast milk provided by the infant's mother may be served in place of infant formula. Meals containing only breast milk do not qualify for reimbursement. However, meals containing breast milk may be claimed for reimbursement when the other required or optional meal components are supplied to the infant.