

## Chapter HFS 45

### APPENDIX A

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#### FIELD OFFICES OF THE DIVISION OF CHILDREN AND FAMILY SERVICES

The Department of Health and Family Services licenses day care centers through its 5 Division of Children and Family Services field offices. Below are addresses and phone numbers of the field offices and related counties:

#### COUNTIES

##### Northeastern Office

(Green Bay)  
Suite 411  
200 North Jefferson  
Green Bay, WI 54301-5191  
(414) 448-5312

Brown, Calumet, Door, Fond du Lac, Green Lake, Kewaunee, Manitowoc, Marinette, Marquette, Menominee, Oconto, Outagamie, Shawano, Sheboygan, Waupaca, Waushara, Winnebago

##### Northern Office

(Rhineland)  
1853 N. Stevens Street  
P. O. Box 697  
Rhineland, WI 54501-0697  
(715) 365-2500

Ashland, Bayfield, Florence, Forest, Iron, Langlade, Lincoln, Marathon, Oneida, Portage, Price, Sawyer, Taylor, Vilas, Wood

##### Southeastern Office

(Waukesha)  
141 N.W. Barstow Street  
Room 209  
Waukesha, WI 53188-3789  
(414) 521-5100

Jefferson, Kenosha, Milwaukee, Ozaukee, Racine, Walworth, Washington, Waukesha

##### Southern Office

(Madison)  
3601 Memorial Drive  
Madison, WI 53704-1105  
(608) 243-2400

Adams, Columbia, Crawford, Dane, Dodge, Grant, Green, Iowa, Juneau, Lafayette, Richland, Rock, Sauk

##### Western Office

(Eau Claire)  
Suite 3  
312 S. Barstow Street  
Eau Claire, WI 54701-3695  
(715) 836-2174

Barron, Buffalo, Burnett, Chippewa, Clark, Douglas, Dunn, Eau Claire, Jackson, LaCrosse, Monroe, Pepin, Pierce, Polk, Rusk, St. Croix, Trempealeau, Vernon, Washburn

**Chapter HFS 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
<b>BREAKFAST</b>			
1. Milk	1/2 cup	3/4 cup	1 cup
2. Juice <sup>a</sup> or fruit or vegetable	1/4 cup	1/2 cup	1/2 cup
3. Bread or cereal or bread alternate <sup>b</sup>			
Bread	1/2 slice	1/2 slice	1 slice
Cereal:			
Cold dry	1/4 cup or 1/3 oz. <sup>c</sup>	1/3 cup or 1/2 oz.	3/4 cup or 1 oz.
Hot cooked	1/4 cup	1/4 cup	1/2 cup
<b>LUNCH OR SUPPER</b>			
1. Milk	1/2 cup	3/4 cup	1 cup
2. Meat or meat alternate:			
Meat, poultry, fish, cheese	1 oz.	1 1/2 cup	2 oz.
Egg	1 egg	1 egg	1 egg
Cooked dry beans or peas	1/4 cup	3/8 cup	1/2 cup
Peanut butter or other nut or seed butter	2 Tbsp	3 Tbsp	4 Tbsp
Peanuts or soynuts or tree nuts or seeds	1/2 oz. = 50% <sup>d</sup>	3/4 oz. = 50% <sup>d</sup>	1 oz. = 50% <sup>d</sup>
3. Vegetable and/or fruit (at least two)	1/4 cup	1/2 cup	3/4 cup
4. Bread or bread alternate	1/2 slice	1/2 slice	1 slice
<b>SNACK</b>			
Select two of the following four components:			
1. Milk	1/2 cup	1/2 cup	1 cup
2. Juice <sup>a</sup> or fruit or vegetable	1/2 cup	1/2 cup	3/4 cup
3. Bread or cereal or bread alternate: <sup>b</sup>			
Bread	1/2 slice	1/2 slice	1 slice
Cereal: Cold dry	1/4 cup or 1/3 oz. <sup>c</sup>	1/3 cup or 1/2 oz.	3/4 cup or 1 oz.
Hot cooked	1/4 cup	1/4 cup	1/2 cup
4. Meat or meat alternate:			
Meat, poultry, fish, cheese	1/2 oz.	1/2 oz.	1 oz.
Egg	1/2 egg	1/2 egg	1 egg
Cooked dry beans or peas	1/8 cup	1/8 cup	1/4 cup
Peanut butter or other nut or seed butter	1 Tbsp	1 Tbsp	2 Tbsp
Peanuts or soynuts or tree nuts or seeds	1/2 oz.	1/2 oz.	1 oz.

<sup>a</sup> Shall be full strength fruit or vegetable juice.

<sup>b</sup> Shall be whole grain or enriched.

<sup>c</sup> Either volume (cup) or weight (oz.), whichever is less.

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

**APPENDIX B – Continued**

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
<b>BREAKFAST</b>		
4–6 fl. oz. formula <sup>1</sup>	4–8 fl. oz. formula <sup>1</sup> or breast milk 0–3 T. infant cereal <sup>2</sup> (optional)	6–8 fl. oz. formula <sup>1</sup> , breast milk, or whole milk 2–4 T. infant cereal <sup>2</sup> 1–4 T. fruit and/or vegetable
<b>LUNCH OR SUPPER</b>		
4–6 fl. oz. formula <sup>1</sup>	4–8 fl. oz. formula <sup>1</sup> or breast milk 0–3 T. infant cereal <sup>2</sup> (optional) 0–3 T. fruit and/or vegetable (optional)	6–8 fl. oz. formula <sup>1</sup> , breast milk or whole milk 2–4 T. infant cereal <sup>2</sup> and/or 1–4 T. meat, fish, poultry, egg yolk, or cooked dry beans or peas, or <sup>1</sup> / <sub>2</sub> –2 oz. cheese or 1–4 oz. cottage cheese, cheese food, or cheese spread 1–4 T. fruit and/or vegetable
<b>SNACK</b>		
4–6 fl. oz. formula <sup>1</sup>	4–6 fl. oz. formula <sup>1</sup> or breast milk	2–4 fl. oz. formula <sup>1</sup> , breast milk, whole milk, or fruit juice <sup>3</sup> 0– <sup>1</sup> / <sub>2</sub> bread or 0–2 crackers (optional) <sup>4</sup>

<sup>1</sup> Shall be iron–fortified infant formula.

<sup>2</sup> Shall be iron–fortified dry infant cereal.

<sup>3</sup> Shall be full–strength fruit juice.

<sup>4</sup> 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.