

## APPENDIX A

## Regional Offices of the Division of Community Services

The Department of Health and Social Services licenses day care centers through its six Division of Community Services Regional Offices. Below are addresses and phone numbers of the regional offices and the counties:

<b>EASTERN REGION</b> (Green Bay) Suite 411 200 N. Jefferson Green Bay, WI 54301 (414)436-4226	<b>COUNTIES</b> Brown, Calumet, Door, Fond du Lac, Green Lake, Kewaunee, Manitowoc, Marinette, Marquette, Menominee, Oconto, Outagamie, Shawano, Sheboygan, Waupaca, Waushara, Winnebago
<b>MILWAUKEE REGION</b> 819 N. 6th St., 6th Fl., Milwaukee, WI 53202 (414)227-4501	Milwaukee
<b>NORTHERN REGION</b> (Rhinelander) 1853 N. Stevens P.O. Box 697 Rhinelander, WI 54501 (715)862-7800	Adams, Ashland, Bayfield, Douglas, Florence, Forest, Iron, Langlade, Lincoln, Marathon, Oneida, Portage, Price, Sawyer, Taylor, Vilas, Wood
<b>SOUTHEASTERN REGION</b> (Waukesha) 141 NW Barstow St., Rm. 209 Waukesha, WI 53188 (414)521-5100	Jefferson, Kenosha, Ozaukee, Racine, Walworth, Washington, Waukesha
<b>SOUTHERN REGION</b> (Madison) 3601 Memorial Drive Madison, WI 53704 (608)249-0441	Columbia, Dane, Dodge, Grant, Green, Iowa, Juneau, LaFayette, Richland, Rock, Sauk
<b>WESTERN REGION</b> (Eau Claire) 718 W. Clairmont Ave. P.O. Box 228 Eau Claire, WI 54701 (715)836-2174	Barron, Buffalo, Burnett, Chippewa, Clark, Crawford, Dunn, Eau Claire, Jackson, LaCrosse, Monroe, Pepin, Pierce, Polk, Rusk, St. Croix, Trempealeau, Vernon, Washburn

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 oz.	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 $\bar{d}$ 50%	3/4 oz $\bar{d}$ 50%	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>Must be full strength fruit or vegetable juice.

<sup>b</sup>Must 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 shall be met with nuts or seeds. Nuts and seeds shall be combined with another meat/meat alternate to fulfill the requirement.

## APPENDIX B

## 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 f. 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 f. 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 1/2-2 oz. cheese or 1-4 oz. cottage cheese, cheese food, or cheese spread 1-4 T. fruit and/or vegetable
<b>SUPPLEMENT:</b> 4-6 fl. oz. formula <sup>1</sup>	4-6 f. 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> 0-1/2 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.