Adults' & Children's Alliance
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Fresh Ideas

Fiscal Year 2026
Trimester 2

Inside this Issue

Common Menu Errors to Avoid.

(meal patterns, review procedures)

Serving nutritious, appealing meals takes time and money—so it's understandably frustrating when a meal or snack is disallowed during claims processing. Below are some of the most common menu errors CACFP home providers make, along with tips to help you avoid them.

- **Claiming a product labeled "Made with Whole Wheat" as your daily required whole grain-rich food only to find out it does not meet the CACFP whole grain-rich criteria.**
  Products made with almond flour, chickpea flour, tapioca flour, potato flour, or other nut/legume/vegetable flours do not count as grains in CACFP. Only the following qualify as creditable grains: whole grains, enriched grains (e.g., enriched white flour, enriched rice) bran, germ, fortified cereals. If the primary flour is not one of these, the item cannot be counted as a grain component.

- **Assuming "Made with Whole Wheat" Meets the Whole Grain-Rich Requirement**
  This is a very common misunderstanding.
  In CACFP:
  - **"100% Whole Wheat"** means the product is entirely whole grain and *does* meet whole grain-rich requirements.
  - **"Made with Whole Wheat"** only means the product contains *some* whole wheat. It does **not** guarantee the product is whole grain-rich.

Most products labeled "Made with Whole Wheat" do **not** meet CACFP whole grain-rich criteria and cannot be used to fulfill the daily whole grain-rich requirement.

- **Forgetting to Mark the Whole Grain-Rich Slider in KidKare**

  Even when you serve a qualifying whole grain-rich item, it may be disallowed if the whole grain-rich slider is not marked "Yes."
  To prevent this:

  - Use the **KidKare Foods Served Report** to double-check that the whole grain-rich indicator was selected for each applicable item.
  - Make reviewing this part of your daily or weekly routine to avoid accidental disallowances.

Use the KidKare Foods Served Report to double-check that the whole grain-rich indicator was selected for each applicable item.

Fluid Milk Substitutions

(meal pattens)

Definition: A Fluid Milk Substitute is defined as a non-dairy beverage that is nutritionally equivalent to the level of nutrients found in one cup of cow's milk.

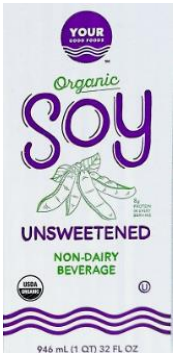
Regulations: Sponsors who participate in Child and Adult Food Program (CACFP) may offer their participants a fluid milk substitute.

Requests: A Special Diet Statement is **not** required. A child's parent/guardian or a medical authority ***must provide a written and signed request that includes the reason for the substitution.*** Any reasonable request can be accepted (e.g. milk allergy or intolerance, dietary preference, religious, cultural or ethical reasons).

To be considered an allowable Fluid Milk Substitute, a product must meet or exceed the following nutrient standards.

Milk Substitute Nutrition Standards

Nutrient	Requirement per cup (8 fluid ounces)
Protein	8 grams
Calcium	276 mg
Vitamin A	150 mcg
Vitamin D	2.5 mcg
Magnesium	24 mg
Phosphorus	222 mg
Potassium	349 mg
Riboflavin	0.44 mg
Vitamin B12	1.1 mcg



A list of creditable fluid milk substitutions compiled by the Minnesota Department of Education (MDE) is attached. You can download the list form the Forms section of ACA' s website.

Fluid Milk Substitution

https://www.acainc.org/forms.html

Offering Infant Formula

(meal patterns, review procedures)

Infant Formula Requirements under CACFP

CACFP participants are required to offer **at least one brand of Iron-Fortified Infant Formula (IFIF)** to every infant in their care.

Parents have the right to choose one of the following options for feeding their infant:

- Accept the provider-offered iron-fortified infant formula
- Supply their own qualifying infant formula
- Supply breastmilk

The parent's choice must be documented on the Child Enrollment Report.

Important Clarification on Breast Milk Documentation

Sometimes providers list "breast milk" as the formula offered by the provider. This is **not correct**.

- Breast milk is provided by the parent, not the provider.
- Even when a parent declines the provider-offered formula and chooses to supply breast milk, the provider must still list the iron-fortified infant formula that was offered.
- The formula listed should be the specific brand of IFIF that you make available to infants.

Why This Is Important

If no infant formula is listed on the Child Enrollment Report, it may be interpreted as the provider not offering **a** required iron-fortified infant formula, which would place the provider **o**ut of compliance with CACFP regulations. Accurate documentation helps ensure compliance and protects both providers and families.

Breastmilk and Iron-Fortified Infant Formula (IFIF)

Your provider is required to offer Iron-Fortified Infant Formula (IFIF) to your infant and must inform you of the brand offered. It is your choice whether or not to use this formula based on your preference and your infant's needs. You may choose to supply breastmilk or formula for your infant. If you accept the formula offered by the provider, you give your permission for the formula to be mixed for your infant by the facility staff. You may be required to provide sufficient sanitized bottles each day for your child's use. If this is required, the bottles must be labeled with your child's name/date and be taken home daily. If you choose to supply breastmilk for your infant, write "Parent Supplies Breastmilk" on this form. If you refuse the provider's formula and choose to supply formula for your infant, you must write the brand of formula you will be supplying in the space provided on this form and write "Parent Supplies Formula (IFIF)" on this form. If the formula you provide is low-iron fortified, non-iron fortified, or a specialty formula, a medical statement is required.If you choose to supply both breastmilk and Iron-Fortified Infant Formula (IFIF) for your infant, write "Parent Supplies Breastmilk and Formula (IFIF)" and write the brand of the formula you will supply on this form.

When your infant is six months old or older and is developmentally ready for baby food, your provider is required to offer additional, supplemental foods in compliance with the infant meal pattern as required by 7CFR226.20. These foods will include iron-fortified infant cereal, fruits, vegetables, meats, and meat alternates, when developmentally appropriate for your child. You have the option of supplying these supplimental foods and refusing the provider's supplemental foods.

Note to parents who receive formula through the WIC program: Your infant is eligible to receive formula from this child care facility as well as from the WIC program.It is your decision which formula you want your infant to use when in child care.

Formula: Parent Supplies Breastmilk
Food: Provider Supplies Food

Formula Offered by Provider: Breastmilk
Formula Offered by Parent:

Pending Enrollments

(claim submission, review procedure, record keeping)

When a child is first enrolled in the CACFP, their name will appear in the **KidKare "My Children" → Pending** section.

Only children in Active status are eligible for meal and snack reimbursement.

Once ACA receives a complete, signed, and dated enrollment form, we will activate the enrollment. After activation, the child's name will move to the **KidKare "My Children" → Active** section.

Do not submit your claim to ACA if a child is in Pending status.

Only children in **Active** status are eligible for meal and snack reimbursement.

Do not submit your claim to ACA if:

- A child is still in Pending status and
- You want to be reimbursed for that child's meals and snacks

Claims cannot be adjusted or reconsidered for children who were pending at the time the claim was submitted to MDE.

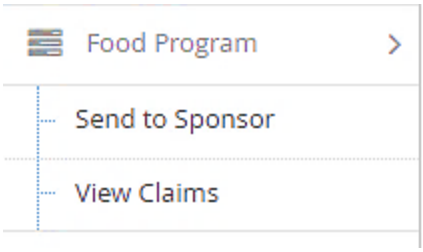
Claims cannot be adjusted or reconsidered for children who were pending at the time the claim was submitted. If ACA receives the enrollment form after we have already requested funds from MDE, we are not allowed to submit a second request for additional reimbursement.

KidKare helps prevent disallowances by displaying a warning if your have claimed meals or snacks for a pending child.

KidKare helps prevent this issue by displaying a warning if you have claimed meals or snacks for a pending child.

You can find this warning in:

- **KidKare → Food Program → View Claims**



When you see this warning, do not submit your claim if you want reimbursement for a pending child.

Look for the light bulb icon next to "Pending Children." When you hover your cursor over the light bulb, a message will appear explaining the issue.

When you see this warning, do not submit your claim if you want reimbursement for a pending child. If you believe ACA should already have the enrollment form, contact our office right away.

Once the enrollment is activated, the light bulb icon will disappear, and you may submit your claim.

Accurately monitoring enrollment status helps ensure timely reimbursement and prevents denied meals.

Provider's Own Children Present for Meals

(meal counts, program reimbursement system)

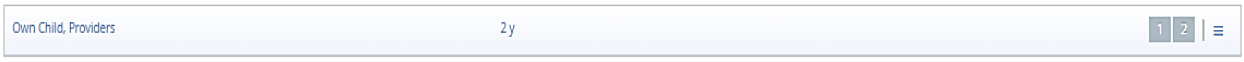
When a Provider's Own Child Is Considered "In Care"

- A provider's own child under age 5 is considered in care for all meals and snacks.
- A provider's school-age child is considered in care for all meals and snacks, except:
  - A.M. snack and lunch on school days

Marking Your Own Child in KidKare

If you are *not* eligible to be reimbursed for meals and snacks served to your own child:

- You do not need to mark your own child as present for meals or snacks in KidKare.
- KidKare automatically assumes your own child is present and includes them in your licensed capacity.



If you *are* eligible to be reimbursed for meals and snacks served to your own child:

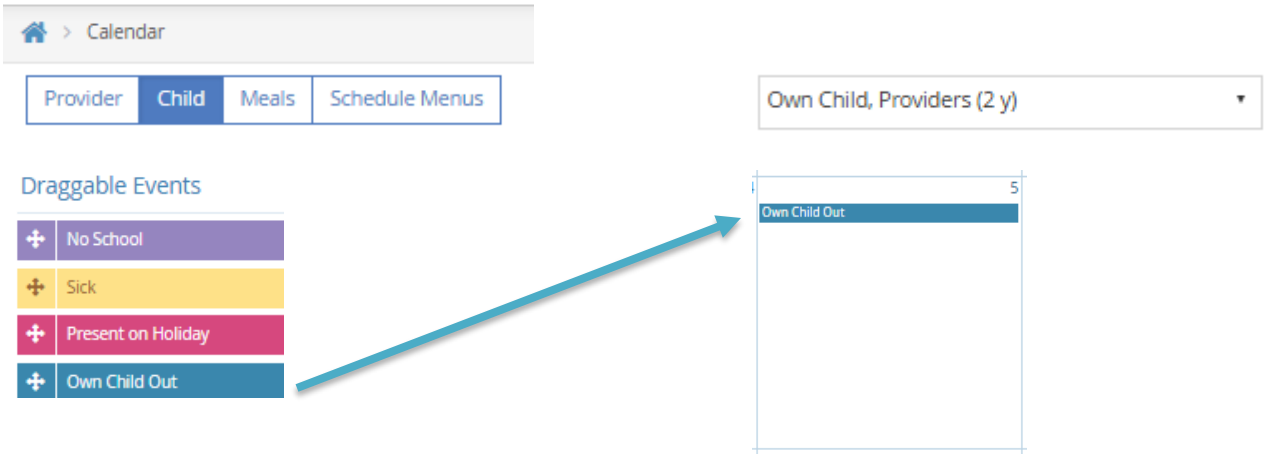
- You must mark the meals and/or snacks your child participated in within KidKare.
- This ensures you receive reimbursement for those meals and snacks.
- Even if you do not mark a meal or snack for reimbursement, KidKare still considers your own child to be in care for licensing capacity purposes, with the exception of:
  - School-age children during A.M. snack and lunch on school days

When Your Own Child Is Not in Care

Whether you are or are not eligible for reimbursement for your own child's meals and snacks, there may be times when your child is not in care (for example, they are away with another caregiver).

To prevent KidKare from showing that you are over your licensed capacity, you must indicate that your child was not in care by using the Child Calendar – Draggable Events feature.

- For assistance, visit the KidKare Knowledge Base: 👉 https://knowledge.kidkare.com/homes/provider-calendar
- Or contact ACA if you need help using the Child Calendar.



CACFP Reimbursement Timeframe

(reimbursement system)

Minnesota providers are fortunate—CACFP reimbursements are typically processed very quickly once a Food Program claim is submitted. In most cases, providers receive reimbursement within 1–2 weeks. This quick turnaround is due to dedicated staff and reliable technology.

Under federal guidelines, the Minnesota Department of Education (MDE) has **up to 45 days** from the date they process a submitted claim to release funds to ACA. Once ACA receives the funds, they have **5 business days** to release reimbursement to childcare providers.

Please remember that CACFP funds are reimbursements, not a paycheck. Because of this, they cannot be counted on to arrive on a specific day each month. Many factors—such as banking holidays, severe weather, or technology slowdowns—can affect when reimbursements are received. This does not mean your reimbursement is late, but it may arrive later in the month than you are accustomed to.

If you have not received your CACFP reimbursement and believe you should have, please contact ACA for assistance.

KidKare Same-Day Entry Feature

(recordkeeping)

CACFP participants are required to record menus and meal counts by the end of each day. Failing to keep required records is one of the most common reasons for receiving a finding or serious deficiency, and it can also lead to termination from the CACFP.

If a provider has a history of not recording required information on time, ACA may activate the KidKare “Require Same-Day Entry” feature. When this feature is turned on, KidKare will not allow menus, or meal counts to be entered after midnight for that day.

This feature helps ensure compliance with federal regulations. Because late entry is no longer possible, findings, serious deficiencies, or terminations related to late records are avoided. However, meals and snacks that are not entered on time will not be reimbursed.

If ACA determines that this feature needs to be activated for your account, you will be notified in writing before it is turned on.

Providers may also request to have the Same-Day Entry feature activated. If you feel this tool would be helpful for you, please contact ACA, and we will be happy to assist.

Office Closed Dates

February 16 – President's Day
May 25 – Memorial Day
July 3 – Independence day

You may leave us an email, or a voice mail and we will get back to you on the next business day.

Email – cacfp@acainc.org
Phone – (651)481-9320

ACA's Drop Box

Enrollment forms and other documents can be mailed or dropped off in the white mailbox near the front door of our office. The address is:

Adults' & Children's Alliance
10 Yorkton Court
St. Paul, MN 55117

ACA is in Think Small's building. If you drop off documents, please remember to write ACA on the envelope to ensure your documents go to the correct organization. Do not put loose forms in the drop box.

Fluid Milk Substitutions in Child Nutrition Programs

Definitions and Rules

Definition: A Fluid Milk Substitute is defined as a non-dairy beverage that is nutritionally equivalent to the level of nutrients found in one cup of cow's milk.

Regulations: Sponsors who participate in the National School Lunch Program (NSLP), the Child and Adult Food Program (CACFP) and the Special Milk Program (SMP) may offer their participants a fluid milk substitute. School Food Authorities who participate in the Summer Food Service Program and follow the NSLP meal patterns may also offer a fluid milk substitute.

Requests: A Special Diet Statement is **not** required. Parents, guardians, adult participants or the caregivers of an adult participant, or a medical authority must provide a written and signed request that includes the reason for the substitution. Any reasonable request can be accepted (e.g. milk allergy or intolerance, dietary preference, religious, cultural or ethical reasons).

To be considered an allowable Fluid Milk Substitute, a product must meet or exceed the following nutrient standards.

Milk Substitute Nutrition Standards

Nutrient	Requirement per cup (8 fluid ounces)
Protein	8 grams
Calcium	276 mg
Vitamin A	150 mcg
Vitamin D	2.5 mcg
Magnesium	24 mg
Phosphorus	222 mg
Potassium	349 mg
Riboflavin	0.44 mg
Vitamin B12	1.1 mcg

NOTE: *In the NSLP and SBP, flavored milk substitutes are not subject to the product-based added sugar limit for flavored milk.*

Non-dairy beverages that meet U.S. Department of Agriculture's fluid milk substitution criteria

Manufacturer information was evaluated, and the following products meet the nutrient requirements as of 10/15/2025. If utilizing a product not listed below, sponsors are responsible for ensuring that it meets the nutrient requirements by comparing the nutrition label to the USDA nutrient requirements listed on this resource. Products included in the list are not endorsed by the Minnesota Department of Education (MDE). Manufacturers not currently included on the list may provide nutrient information to MDE to be included.

Soy-Free Milk Substitutes

Silk Kids • Oat Milk Blend, Original *59 oz container*	
Ripple (pea protein base) • Original *8 oz or 32 oz shelf stable containers* • Original, Unsweetened *32 oz shelf stable container* • Vanilla* *8 oz shelf stable container* • Chocolate* *8 oz shelf stable container* *48 oz refrigerated container*	
Ripple Kids (pea protein base) • Original *8 oz or 32 oz shelf stable containers* *48 oz refrigerated container* • Unsweetened Original *8 oz or 32 oz shelf stable containers* *48 oz refrigerated container* • Chocolate* *8 oz shelf stable container* *48 oz refrigerated container*	

Soy-Based Milk Substitutes

Pacific • Ultra Soy, Original *32 oz container*	
Bettergoods • Plant-Based Soymilk, Original *64 oz container*	
8th Continent • Original Soymilk *64 oz container*	
Your Good Foods • Organic Unsweetened Soymilk *32 oz container*	
Kikkoman Pearl • Organic Smart, Original Soymilk *8 oz shelf-stable containers* • Organic Smart Vanilla* *8 oz shelf-stable containers* • Chocolate Soymilk* *8 oz shelf-stable containers*	  
Silk • Original *32 oz shelf stable container* *64 oz refrigerated container* • Very Vanilla* *8 oz shelf-stable container* • Chocolate Soymilk* *8 oz shelf-stable container*	  

***IMPORTANT:** Flavored milk and flavored fluid milk substitutes are not creditable for infants and children ages 1-5 years old in CACFP and schools using the preschool meal patten. Refer to the CACFP and NSLP/SBP meal patterns for more information.

Adults & Childrens Alliance

Child and Adult Care Food Program Appeal Procedure

A provider who participates in the Child and Adult Food Program (CACFP) under the sponsorship of Adults & Childrens Alliance (ACA) may appeal actions taken by ACA in accordance with this procedure. CACFP appeal procedures are authorized at 7 CFR 226.6(1). The following types of actions are appealable:

- Proposed termination for cause of CACFP agreement between Provider and ACA
- Suspension of Provider's participation in CACFP

To appeal an ACA action:

- Submit your written request for an appeal to: Executive Director, Adults' & Children's Alliance, 10 Yorkton Court, St. Paul, MN 55117. Your request for an appeal must be submitted no later than 10 calendar days after this notice was sent. Your appeal request must include all of the required information listed in (2) Appeal Request and Deadline under Appeal Procedure-Rights and Responsibilities below. If you are appealing a temporary immediate suspension of your license taken by the Department of Human Services (DHS) and have been declared seriously deficient for health and safety with CACFP; then you must also appeal to ACA to avoid termination and disqualification from CACFP

- ACA strongly recommends that an appeal request and any other written documentation be sent in a manner that provides proof of delivery, such as certified mail - return receipt requested.
- Within 10 calendar days of receipt of your appeal request, ACA will notify you by certified mail - return receipt requested that your request has been received. The notification will include the name and contact information for the Appeal Official.

Appeal Procedure - Rights and Responsibilities

(1) **Notice of Action** When an action is being taken or proposed that is subject to appeal according to CACFP regulations, ACA provides notice of the action to the Provider. The notice describes the action being taken or proposed, the basis for the action, and includes this CACFP Appeal Procedure.

(2) **Appeal Request and Deadline** To appeal the Sponsoring Organization's action, the Provider must submit an appeal request in writing to Executive Director, Adults' & Children's Alliance, 10 Yorkton Court, St. Paul MN 55117 no later than 10 calendar days after the date the notice of action is sent. The Sponsoring Organization will acknowledge the receipt of an appeal request by certified mail - return receipt requested within 10 calendar days of ACA's receipt of the request, including the name of the Appeal Official and contact information. **An appeal must include:**

- Provider's name, address, phone number and Provider's CACFP number assigned by ACA.
- Identification of ACA action(s) that are being appealed.
- **If Provider's license is in Temporary Immediate Suspension status, the Provider must inform ACA whether the Provider is appealing the licensing action to (DHS). In this case the ACA appeal decision will be delayed until DHS decision is rendered**

- An indication whether the request is for the appeal to be based on a review of the written records by the Appeal Official **or** a hearing before the Appeal Official. See Section 7 of this procedure for a list of the Minnesota Department of Education (MDE) actions for which a hearing is not available. - The appeal request must be signed and dated.

(3) **Representation** Provider may represent her/himself, or retain legal counsel, or be represented by another person.

(4) **Review of Record** Information on which ACA's action was based must be available to Provider from the date of receipt of Provider's written appeal request during ACA's regular business hours.

(5) **Opposition** Provider may refute the findings contained in the notice of action by submitting written information to the Appeal Official. In order to be considered, written documentation must be submitted to the Appeal Official no later than 20 calendar days after the receipt of the notice of action unless the Provider's is appealing a "Temporary Immediate Suspension" of the child care license to DHS. If a Provider's is appealing a "Temporary Immediate Suspension" the written documentation must be submitted no later than 20 calendar days after the final action is taken by the licensing authority.

6) **Hearing** The Appeal Official will hold a hearing if Provider requests a hearing in the written appeal request. If a hearing is requested, ACA will provide at least 10 calendar days advance notice of the time and place of the hearing by certified mail - return receipt requested. At least one ACA representative will attend the hearing to respond to Provider's testimony and answer questions posed by the Appeal Official.

Prior to the hearing, the Appeal Official will review all written information submitted by the Provider and ACA.

If Provider fails to appear at a scheduled hearing, Provider waives the right to a personal appearance before the Appeal Official, unless the Appeal Official agrees to reschedule the hearing.

(7) **Decision without Hearing** In the following situations, no hearing will be held and the Appeal Official will base his or her decision on a review of the written information submitted by the Provider and ACA.

-The Provider did not request a hearing in accordance with the requirements in Section 2 of this procedure.

-The Provider waived the right to a hearing by failing to appear at a scheduled hearing as described in Section 6 of this procedure and the Appeal Official did not reschedule the hearing.

(8) **Appeal Official** The Appeal Official must not have been involved in the action that is being appealed and not have a direct personal or financial interest in the outcome of the appeal. Provider may directly contact the Appeal Official.

(9) **Basis for Decision** The Appeal Official will make a determination based solely on the information provided by Provider, information provided by Sponsoring Organization, Federal and State Laws, regulations, policies, and procedures governing the Program.

(10) **Time for Issuing Decision** Unless the Provider's is appealing a "Temporary Immediate Suspension" of the child care license to DHS, within 60 calendar days of the Appeal Official's receipt of the appeal request, the Appeal Official will inform the Provider of the appeal outcome(s) by certified mail-return receipt requested, with a copy to ACA. This time frame is an administrative requirement for ACA and may not be used as a basis for overturning ACA's action if a decision is not made within the specified time frame. If the Provider is appealing a "Temporary Immediate Suspension" to DHS, the Appeal Official will inform the Provider of the appeal outcome(s) by certified mail-return receipt requested, with a copy to ACA within 60 calendar days after the final action by the licensing authority.

(11) **Final Decision** The determination made by the Appeal Official is the final administrative determination to be afforded to the Provider.

(12) **Record** ACA maintains searchable records of appeals and results, subject to Child and Adult Care Food Program requirements and the Minnesota Government Data Practices Act.

Nondiscrimination Statement

In accordance with federal civil rights 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 (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English.
Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), 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**.

To file a program discrimination complaint, a complainant should complete **Form AD-3027, USDA Program Discrimination Complaint Form**, which can be obtained online at
https://www.usda.gov/sites/default/files/documents/ad-3027.pdf
or from any USDA office, by calling **(866) 632-9992**, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation.

Submit the completed AD-3027 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:** (833) 256-1665 or (202) 690-7442
- **Email:** Program.Intake@usda.gov

This institution is an equal opportunity provider.