



# Department of Health

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**DOH-CACFP:** Number 214 (06/22)  
Supersedes Number 196 (11/17)

**TO:** CACFP Sponsoring Organizations of Day Care Centers and Day Care Homes

**FROM:** Danielle Quigley, MS, RD, CDN  
Director, Bureau of Child and Adult Care Food Programs

**SUBJECT:** Updated Meal Patterns for Infants, Children, and Adults

## I. Purpose and Scope

This policy memo provides updates to the Child and Adult Care Food Program (CACFP) meal patterns for infants, children, and adults.

## II. Summary of Changes

The United States Department of Agriculture (USDA) is requiring that grains be credited using ounce equivalents. This provides a more accurate measure of how much of a grain item must be served to meet the CACFP meal pattern requirement. Effective July 1, 2022, all participating CACFP programs must determine the quantity of creditable grains using ounce equivalents. Refer to the new CACFP meal patterns for serving size information for the age group(s) you serve.

## III. Resources

CACFP meal patterns are available in English, Spanish, Chinese, Russian, Yiddish, Bengali, Korean, Haitian Creole, Italian, Arabic, Polish, Urdu, and French. To place an order for printed CACFP meal patterns, please submit an Order Form or call 1-800-942-3858, option 5. The CACFP meal patterns are also available on our website at [www.health.ny.gov/cacfp](http://www.health.ny.gov/cacfp).

Training specific to grains ounce equivalents will be available via webinar and online courses (use enclosed CACFP-193 CACFP NY Training Website User Account Form). The *Crediting Foods in CACFP Guide* is also being revised to meet the grains ounce equivalents requirements. Sponsoring organizations will be notified when training courses and the revised *Crediting Foods in CACFP Guide* are available.

If you have questions, please contact us at [cacfp@health.ny.gov](mailto:cacfp@health.ny.gov) or call 1-800-942-3858.

Enclosure:  
CACFP-193 2019-02 CACFP NY Training Website User Account Form



**CACFP NY Training Website User Account Form**

Use this form to request a new CACFP NY Training Website account or to make changes to an existing account. Submit the form to: [cacfpadmin@health.ny.gov](mailto:cacfpadmin@health.ny.gov).

**Sponsoring Organization Name** \_\_\_\_\_

**Type of Request** (Choose one)

- New Account
- Change Request
- Remove Account

**User Account Requirements**

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

E-mail \_\_\_\_\_

EACH USER MUST HAVE A UNIQUE EMAIL ADDRESS

County \_\_\_\_\_

Job Title \_\_\_\_\_

<b>FOR STATE USE ONLY</b>	
<b>Security Group Membership</b>	
<input type="checkbox"/> CACFP – Staff – Training Managers	<input type="checkbox"/> CACFP Staff – Admin Limited
<input type="checkbox"/> CACFP – Staff – Seminar Administrators	<input type="checkbox"/> CACFP Staff – Administrators
<input type="checkbox"/> CACFP – Staff – Event Managers	<input type="checkbox"/> CACFP Staff – Authors
<input type="checkbox"/> CACFP Sponsors – Centers	<input type="checkbox"/> CACFP Staff – Learners
<input type="checkbox"/> CACFP Sponsors – Homes	<input type="checkbox"/> CACFP Staff – Event Administrators
Date Entered _____ Completed by _____	