



# Infant Meals in the Child and Adult Care Food Program



## **Infant Meals in the Child and Adult Care Food Program**

Child care centers may choose to participate in the Child and Adult Care Food Program (CACFP). CACFP Centers caring for infants must offer formula to infants less than one year of age. When solid foods are added to the meal pattern, the center must also offer these. However, parents may **voluntarily** provide some meal components. The center cannot request or require that the parent bring food for their infant.

Question and Answer from USDA Policy Memo CACFP-617:

**(5) Is a meal reimbursable if the parent or guardian provides the majority of the meal components for infants older than three months?**

In addition to medical or special dietary needs, parents may *insist on* providing one or several of the meal components under the CACFP infant meal pattern for infants older than three months, as long as this is in compliance with local health codes. Because we recognize that parents or guardians are often most in touch with their child's individual dietary preferences, we believe the CACFP infant meal pattern can accommodate these preferences. In such a case, the center or provider would still be required to provide at least one of the components in at least the minimum quantities specified in the meal pattern in order for the meal to be reimbursable. Centers and sponsoring organizations also need to ensure that the parent or guardian is truly choosing to provide the preferred component(s), and that the center or provider **has not solicited (requested or required)** the parent or guardian to provide the components in order to complete the meal and reduce cost to the center or provider.

This means that for an infant from 4 months through 11 months who is receiving more than formula alone at breakfast, lunch or supper the center must provide (pay for) at least one meal component in order for a breakfast, lunch or supper to be claimed.

If the parent provides formula or breast milk, fruit and infant cereal, the breakfast cannot be claimed.

If you have any questions, please call Nutrition Services at 800-731-2233 or 402-471-2488.

# CHILD AND ADULT CARE FOOD PROGRAM (CACFP)

## FEEDING INFANTS



The book *Crediting Foods in the Child and Adult Care Food Program\**, page 60 shows foods which are allowable to feed infants. Also the book, *Feeding Infants, A Guide for Use in the Child Nutrition Programs*, is available on our web site\*\*. This book gives excellent guidance in the feeding and caring of infants.

As the sponsor of a center you must know the following:

- In the CACFP a child is considered an infant until their first birthday.
- Each infant must have a completed "Infant Formula Selection" section on an enrollment form and an Income Eligibility Form (IEF) on file for each infant in care.
- The entire CACFP Infant Meal Pattern must be followed until the child's first birthday.
- A medical statement must be on file for any variation from the Infant Meal Pattern.
- The required Infant "Meal Record" must show specifically what and how much each child was offered, i.e.; 4 oz. breast milk, 2 T. rice cereal, 2 T. plums. The person feeding him/her must complete these at the time the infant eats.
- All infant records must be kept for four years.

To claim or not to claim - reimbursement for infant meals is based on specific criteria.

- Infants in care must be enrolled.
- Meals must be claimed in the paid category unless a correctly approved Free or Reduced Income Eligibility Form is on file.
- The Infant Meal Record must demonstrate the Infant Meal Pattern has been met.
- The meal must be documented on the point-of-service Meal Count Sheets.
- Up to three meals per day per child may be claimed: if three meals are claimed, at least one must be a snack.
- When an infant is breast-fed by his/her visiting mother, but not given other food by the center staff, that meal cannot be claimed by the center.

Visit our web site on infants for forms and resources: <http://www.nde.state.ne.us/ns/cacfp/infantfeed.htm>

Please call Nutrition Services with questions you may have regarding the feeding and/or claiming of infants. Ask for a CACFP program specialist; in Lincoln at, 471-2488, or toll free outside-of-Lincoln/in Nebraska at 800-731-2233.

\* [http://www.nde.state.ne.us/NS/adobe/ns\\_408\\_g.pdf](http://www.nde.state.ne.us/NS/adobe/ns_408_g.pdf)

\*\* [http://www.nde.state.ne.us/ns/cacfp/feeding\\_infants.pdf](http://www.nde.state.ne.us/ns/cacfp/feeding_infants.pdf)

Parents of all infants must complete the INFANT FORMULA SELECTION section on the Enrollment form seen below or from a form designed by the center and approved by the Nebraska Department of Education – Nutrition Services.

Child and Adult Care Food Program Annual Child Enrollment Form  
 NS-105-C  
 Revised: April 2009

**CACFP Annual Child Enrollment Form**

Annual enrollment in the Child and Adult Care Food Program is required by federal regulation for all children who receive program meals. Complete the following information for each child enrolled at the center. Provide your signature and contact information at the bottom of this form. The U.S. Department of Agriculture (USDA) prohibits discrimination in its programs and activities on the basis of race, color, national origin, sex, age or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

**INFANT FORMULA SELECTION: Complete this section if any child listed is an infant under one year of age.**

This center provides \_\_\_\_\_ (brand) iron fortified infant formula to all infants under one year of age.

I Accept the formula  
 I Decline the formula  
 I Accept the CACFP meal pattern (4 - 11 months)

If declined formula, check one:  
 Parent will provide breast milk  
 Parent will provide formula (list brand): \_\_\_\_\_

**Complete a separate section for each child in the household. Attach additional pages if necessary.**

Last Name	First Name	Date of Birth	Date Enrolled
<b>Usual Days in Care</b>	<b>Usual Hours in Care</b>	<b>Usual Meals Received While in Care</b>	<b>Optional: Ethnic Identity</b>
<input type="checkbox"/> Monday	_____ to _____	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Tuesday	_____ to _____	<input type="checkbox"/> AM Snack	<input type="checkbox"/> Not Hispanic or Latino
<input type="checkbox"/> Wednesday	_____ to _____	<input type="checkbox"/> Lunch	<b>Racial Identity</b>
<input type="checkbox"/> Thursday	_____ to _____	<input type="checkbox"/> PM Snack	<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Friday	_____ to _____	<input type="checkbox"/> Supper	<input type="checkbox"/> Asian
<input type="checkbox"/> Saturday	_____ to _____	<input type="checkbox"/> Evening Snack	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Sunday	_____ to _____		<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> Non-school days/holidays	_____ to _____		<input type="checkbox"/> White
<input type="checkbox"/> Check if Head Start eligible	<input type="checkbox"/> Check if infant under one year of age		

Last Name	First Name	Date of Birth	Date Enrolled

If the parent provides the formula, the center must get the name of the brand they use. The center must cross check their brand with the CACFP Updated list of the Iron-fortified Infant Formulas, at:

<http://www.fns.usda.gov/cnd/Care/Regs-Policy/InfantMeals/FormulaList.htm>

If the brand is not on this list contact the nutrition office for further information.

# Child Care Food Program

## Infant Food Chart

<b>Breakfast</b>		
<i>Birth through 3 Months</i>	<i>4 through 7 Months</i>	<i>8 through 11 Months - these 3 components are required</i>
4 - 6 fluid ounces of formula <sup>1</sup> or breast milk <sup>2,3</sup>	4 - 8 fluid ounces of formula <sup>1</sup> or breast milk <sup>2,3</sup>  0-3 tablespoons of infant cereal <sup>1,4</sup>	6 - 8 fluid ounces of formula <sup>1</sup> or breast milk <sup>2,3</sup>  and <hr style="border: 1px solid #fce4ec;"/> 2 - 4 tablespoons of cereal <sup>1</sup>  and <hr style="border: 1px solid #fce4ec;"/> 1 - 4 tablespoons of fruit or vegetable or both

<b>Lunch or Supper</b>		
<i>Birth through 3 Months</i>	<i>4 through 7 Months</i>	<i>8 through 11 Months - these 3 components are required</i>
4 - 6 fluid ounces of formula <sup>1</sup> or breast milk <sup>2,3</sup>	4 - 8 fluid ounces of formula <sup>1</sup> or breast milk <sup>2,3</sup>  0 - 3 tablespoons of infant cereal <sup>1,4</sup> and  0 - 3 tablespoons of fruit or vegetable or both <sup>4</sup>	6 - 8 fluid ounces of formula <sup>1</sup> or breast milk <sup>2,3</sup>  and <hr style="border: 1px solid #e0f2f1;"/> 2 - 4 tablespoons of infant cereal <sup>1</sup> and/or  1 - 4 tablespoons of meat, fish, poultry, egg yolk, cooked dry beans or peas or  ½-2 ounces of cheese or  1-4 ounces (volume) of cottage cheese or  1- 4 ounces (weight) of cheese food or cheese spread  and <hr style="border: 1px solid #e0f2f1;"/> 1 - 4 tablespoons of fruit or vegetable or both

<b>Snack</b>		
<i>Birth through 3 Months</i>	<i>4 through 7 Months</i>	<i>8 through 11 Months</i>
4 - 6 fluid ounces of formula <sup>1</sup> or breast milk <sup>2,3</sup>	4 - 6 fluid ounces of formula <sup>1</sup> or breast milk <sup>2,3</sup>	2 - 4 fluid ounces of formula <sup>1</sup> or breast milk <sup>2,3</sup> , or fruit juice <sup>5</sup> and  0 - ½ bread <sup>4, 6</sup> or  0 - 2 crackers <sup>4, 6</sup>



<sup>1</sup> Infant formula and dry infant cereal must be iron-fortified.

<sup>2</sup> Breast milk or formula, or portions of both, may be served; however, it is recommended that breast milk is served in place of formula from birth through 11 months.

<sup>3</sup> For some breastfed infants who regularly consume less than the minimum amount of breast milk per feeding, a serving of less than the minimum amount of breast milk may be offered, with additional breast milk offered if the infant is still hungry.

<sup>4</sup> A serving of this component is required when the infant is developmentally ready to accept it.

<sup>5</sup> Fruit juice must be full-strength.

<sup>6</sup> A serving of this component must be made from whole-grain or enriched meal or flour.

## INSTRUCTIONS FOR INFANT MEAL RECORDS



The infant meal pattern for the Child and Adult Care Food Program (CACFP) divides the infant's first year into three age groups: Birth through 3 months, 4 through 7 months, and 8 through 11 months. Ranges are given for each food portion in the meal pattern to allow for flexibility based on the infant's rate of development and his or her appetite. The amounts listed are the minimum portions that must be served to meet requirements. Some infants may have progressed to larger servings and/or additional foods. Communication with parents is important to coordinate what the infants are being fed at home with what they are being fed in childcare.

A record documenting what and the amount of food offered at each meal and snack must be completed for each infant claimed for reimbursement. Either a Daily Infant Meal Record or a Weekly Infant Meal Record must be completed. Providers may decide which record is more appropriate for their center. Both types are divided into the three age groups of the first year: Birth through 3 months, 4 through 7 months, and 8 through 11 months.

### INSTRUCTIONS:

**Daily Infant Meal Records** – This form is for several children of one age group, for one day. Supply the name of the site and the date. Write the names of all infants served that day. Indicate the *specific kinds* and *amounts* of foods offered to each infant based on the meal pattern requirements; i.e., 6 oz. formula, 3 T. Green Beans, 2 T. rice cereal.

Add complete and creditable Infant Meals to a point-of-service meal count sheet, i.e. the blue and white Record of Meals and Supplements Served forms. The meal counts from this form must then be transferred to the Claim for Reimbursement Worksheet, form NS-401-G.

**Weekly Infant Meal Records** – This form is for one child for all week. Supply all the information as indicated on the top of each form. Write the *specific* kinds and amounts of food offered to the infant based on meal pattern requirements; i.e., 6 oz. formula, 4 T. plums, 2 T. chicken.

This form must be used in combination with a point-of-service (POS) meal count sheet, i.e.: blue and white Record of Meals and Supplements Served forms or an approved alternative form.

All records must be kept for 4 years.

For further information, please refer to "INFANT FEEDING" beginning on page 60 in the *Crediting Foods in the Child and Adult Care Food Program* reference book available on the Nebraska Department of Education Nutrition Services web site: [http://www.nde.state.ne.us/NS/adobe/ns\\_408\\_g.pdf](http://www.nde.state.ne.us/NS/adobe/ns_408_g.pdf)

# SAMPLE

## DAILY INFANT MEAL RECORD Multiple Infants - 4 through 7 Months

Site: Happy Times Child Care

Day/Month/Year: Monday/ May 22, 2009

See the *Crediting Foods in the Child and Adult Care Food Program* book for a list of creditable foods and amounts to feed infants.

INFANT NAMES  Names: Last, First & D.O.B		BREAKFAST		AM SNACK	LUNCH			PM SNACK	SUPPER		
		Formula or Breast Milk 4 - 8 oz	Infant Cereal 0 - 3 T (Optional)	Formula or Breast Milk 4 - 6 oz	Formula or Breast Milk 4 - 8 oz	Veg./ Fruit 0 - 3 T (Optional)	Infant Cereal 0 - 3 T (Optional)	Formula or Breast Milk 4 - 6 oz	Formula or Breast Milk 4 - 8 oz	Veg./ Fruit 0 - 3 T (Optional)	Infant Cereal 0 - 3 T (Optional)
Brown, Chrissy 1/12/06	C	4oz. F	1 T Rice cereal		4 B. Milk		2 T Rice	3 oz F			
Davidson, Joey 10/2/05	B				8 oz F	3 T - Swt. Potato	3 T Oatmeal	5 oz. F	<b>7</b> oz. F	3 T Green Beans	2 T Mixed cereal
Smith, Danielle 12/31/05	A			Mom - on staff fed	Mom on staff fed		2 T Rice		Mom fed (on staff)		3 T Rice cereal
Jones, Grant 1/22/06	A	B-milk 7 oz		B-milk 4 oz	Mom fed			B-milk 4 oz			

This form must be used in combination with a point-of-service meal count sheet, i.e.; the blue and white Record of Meals and Supplement Served forms

**DAILY INFANT MEAL RECORD:  
Multiple Infants - Birth through Three Months**

Site: \_\_\_\_\_

Month/Day/Year: \_\_\_\_\_

See the *Crediting Foods in the Child and Adult Care Food Program* book for a list of creditable foods and amounts to feed infants.

INFANT NAMES		BREAKFAST	AM SNACK	LUNCH	PM SNACK	SUPPER
Names: Last, First & D.O.B	Code	Formula or Breast Milk 4 - 6 oz.	Formula or Breast Milk 4 - 6 oz			

This form must be used in combination with a point-of-service meal count sheet, i.e.; the blue and white Record of Meals and Supplement Served forms

## DAILY INFANT MEAL RECORDS

### Multiple Infants - 4 through 7 months

Site: \_\_\_\_\_

Month/Day/Year: \_\_\_\_\_

See the *Crediting Foods in the Child and Adult Care Food Program* book for a list of creditable foods and amounts to feed infants.

INFANT NAMES	BREAKFAST		AM SNACK	LUNCH			PM SNACK	SUPPER			
	Code	Formula or Breast Milk 4 – 8 oz	Infant Cereal 0 - 3 T (Optional)	Formula or Breast Milk 4 - 6 oz	Formula or Breast Milk 4 - 8 oz	Infant Cereal 0 - 3 T (Optional)	Vegetable and/or Fruit 0 - 3 T (Optional)	Formula or Breast Milk 4 - 6 oz	Formula or Breast Milk 4 - 8 oz	Infant Cereal 0 - 3 T (Optional)	Vegetable and/or Fruit 0 - 3 T (Optional)

This form must be used in combination with a point-of-service meal count sheet, i.e.; the blue and white Record of Meals and Supplement Served forms

**DAILY INFANT MEAL RECORDS:  
Multiple Infants - \*8 through 11 Months**

Site: \_\_\_\_\_

Month/Day/Year: \_\_\_\_\_

See the *Crediting Foods in the Child and Adult Care Food Program* for complete listings of foods and amounts to serve infants in this age group.

INFANT NAMES  Last, First & D.O.B.	Code	BREAKFAST All 3 components are required			AM SNACK		LUNCH All 3 components are required			PM SNACK		SUPPER All 3 components are required		
		Formula or Breast Milk 6 - 8 oz	Infant Cereal 2 - 4 T	Vegetable and/or Fruit 1 - 4 T	Formula or Breast Milk or Fruit Juice 2 - 4 oz	0 - ½ slice Bread or 0 - 2 Crackers (Optional)	Formula or Breast Milk 6 - 8 oz	Infant Cereal 2 - 4 T and/or Meat, Fish, Poultry, Egg yolk, Cheese 1 - 4 T	Vegetable and/or Fruit 1 - 4 T	Formula or Breast Milk or Fruit Juice 2 - 4 oz	0 - ½ slice bread or 0 - 2 crackers (Optional)	Formula or Breast Milk 6 - 8 oz	Infant Cereal 2 - 4 T and/or Meat, Fish, Poultry, Egg yolk, Cheese 1 - 4 T	Vegetable and/or Fruit 1 - 4 T

This form must be used in combination with a point-of-service meal count sheet, i.e.; the blue and white Record of Meals and Supplement Served forms

\*The center cannot claim meals if parents provide all required components.

# SAMPLE

## WEEKLY MEAL RECORD: Individual Infant - \*8 through 11 Months

SITE: Happy Kids Day Care

Child's Name: Rachel Hahn

D.O.B.: 7/5/08

Code: C

See the *Crediting Foods in the Child and Adult Care Food Program* book for a list of creditable foods and amounts to feed infants.

Dates	BREAKFAST All 3 components are required			AM SNACK		LUNCH All 3 components are required			PM SNACK		SUPPER All 3 components are required		
	Formula or Breast Milk 6-8 oz	Infant Cereal 2-4 T	Vegetable and/or Fruit 1-4 T	Formula, Breast Milk or Fruit Juice 2-4 oz	0-1/2 slice Bread or 0-2 Crackers	Formula or Breast Milk 6-8 oz	Infant Cereal 2-4 T and/or Meat, Fish, Poultry, Egg Yolk, Cheese 1-4 T	Vegetable and/or Fruit 1-4 T	Formula, Breast Milk or Fruit Juice 2-4 oz	0-1/2 slice Bread or 0-2 Crackers	Formula or Breast Milk 6-8 oz	Infant Cereal 2-4 T and/or Meat, Fish, Poultry, Egg Yolk, Cheese 1-4 T	Vegetable and/or Fruit 1-4 T
5/15/09 Monday	F- 8 oz	Oat-meal 3 T	Mixed Fruit 3 T	F- 4 oz	1 cracker	F- 7 oz	3 T Chicken	3 T Plums 2 T squash	4 oz Grape Juice				
5/16/09 Tuesday	F- 8 oz	Mixed 3 T	Peaches 3 T	F- 4 oz	1/2 slice toast	F- 6 oz	Pork roast 2 T	Peas 3 T					
5/17/09 Wednesday				F- 8 oz		F- 7 oz	Pinto beans 4 T	4 T Apple sauce	3 oz F	2 crax			
5/18/09 Thursday	F- 8 oz	Oat-meal 3 T	Pears 5 T	F- 4 oz	1 cracker	F- 6 oz	3 T Ham	Gr. Beans 3 T					
5/19/09 Friday	F- 8 oz	Mixed 4 T	Peaches 3 T	F- 4 oz		F- 6 oz	1 T Egg yolk	2 T Peas 2 T Apl. sauce					

This form must be used in combination with a point-of-service meal count sheet, i.e.; the blue and white Record of Meals and Supplement Served forms.

\*The center cannot claim meals if parents provide all required components.

## WEEKLY MEAL RECORD

### Individual Infant - Birth through 3 Months

Site : \_\_\_\_\_

Child's Name: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ Code: \_\_\_\_\_

See the *Crediting Foods in the Child and Adult Care Food Program* book for a list of creditable foods and minimum amounts to feed infants.

Dates		BREAKFAST	AM SNACK	LUNCH	PM SNACK	SUPPER
		Formula or Breast Milk 4 - 6 oz.	Formula or Breast Milk 4 - 6 oz			
	Monday					
	Tuesday					
	Wednesday					
	Thursday					
	Friday					
	Saturday					
	Sunday					

This form must be used in combination with a point-of-service meal count sheet, i.e.; blue and white Record of Meals and Supplements Served forms.

## WEEKLY MEAL RECORD

### Individual Infant - 4 through 7 Months

Site: \_\_\_\_\_

Child's Name: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

Code: \_\_\_\_\_

See the *Crediting Foods in the Child and Adult Care Food Program* book for a list of creditable foods and minimum amounts to feed infants.

Dates	BREAKFAST		AM SNACK	LUNCH			PM SNACK	SUPPER		
	Formula or Breast Milk 4 - 8 oz	Infant Cereal 0 - 3 T (Optional)	Formula or Breast Milk 4 - 6 oz	Formula or Breast Milk 4 - 8 oz	Infant Cereal 0 - 3 T (Optional)	Vegetable and/or Fruit 0 - 3 T (Optional)	Formula or Breast Milk 4 - 6 oz	Formula or Breast Milk 4 - 8 oz	Infant Cereal 0 - 3 T (Optional)	Vegetable and/or Fruit 0 - 3 T (Optional)
	Monday									
	Tuesday									
	Wednesday									
	Thursday									
	Friday									
	Saturday									
	Sunday									

This form must be used in combination with a point-of-service meal count sheet, i.e.; blue and white Record of Meals and Supplements Served forms.

## WEEKLY MEAL RECORD

Individual Infant - \*8 through 11 Months

Month/Day/Year: \_\_\_\_\_

Site: \_\_\_\_\_

Child's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Code: \_\_\_\_\_

See the *Crediting Foods in the Child and Adult Care Food Program* book for a list of creditable foods and minimum amounts to offer infants.

Dates	BREAKFAST All 3 components are required			AM SNACK		LUNCH All 3 components are required			PM SNACK		SUPPER All 3 components are required		
	Formula or Breast Milk 6 – 8 oz	Infant Cereal 2 – 4 T	Vegetable and/or Fruit 1 – 4 T	Formula, Breast Milk or Fruit Juice 2 – 4 oz	0 – 1/2 slice Bread or 0 – 2 Crackers	Formula or Breast Milk 6 – 8 oz	Infant Cereal 2 - 4 T and/or Meat, Fish, Poultry, Egg Yolk, Cheese 1 - 4 T	Vegetable and/or Fruit 1 – 4 T	Formula, Breast Milk or Fruit Juice 2 – 4 oz	0 – 1/2 slice Bread or 0 – 2 Crackers	Formula or Breast Milk 6 – 8 oz	Infant Cereal 2 - 4 T and/or Meat, Fish, Poultry, Egg Yolk, Cheese 1 - 4 T	Vegetable and/or Fruit 1 – 4 T
Monday													
Tuesday													
Wednesday													
Thursday													
Friday													
Saturday													

This form must be used in combination with a point-of-service meal count sheet, i.e.; blue and white Record of Meals and Supplements Served forms.

\*The center cannot claim meals if parents provide all required components.