
Nutrition Services

Infant Meals in the Child and Adult Care Food Program



Nutrition Services
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Feeding Infants

Nutrition Services Nebraska Department of Education



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Definition of Infant in the CACFP



Birth through 11 months

Up to the child's first birthday



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Infant Meals



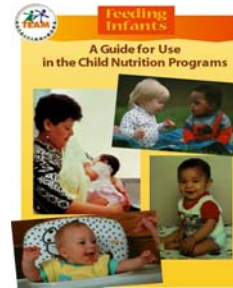
CACFP Centers caring for infants must offer meals to them.

All centers must offer iron-fortified infant formula to infants under one year of age.



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Feeding Infants Book



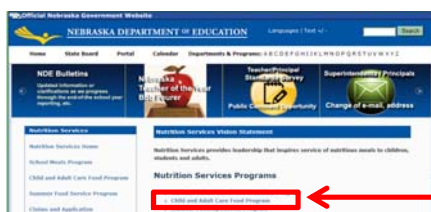
http://www.education.ne.gov/ns/CACFP/feeding_infants.pdf



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Nutrition Services web site

<http://www.education.ne.gov/ns>



Click on Child and Adult Care Food Program



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Scroll down and click on **Infant Feeding**



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Infant Formula Selection Box

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 the 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. 20250-4470, or call (800) 795-3272 (voice) or (202) 725-4540 (TDD). 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.

Has center provided: ☐ I accept the formula ☐ If received formula, check one:
☐ I decide the formula ☐ Parent will provide breast milk
☐ I accept the CACFP meal pattern ☐ Parent will provide formula (not breast)

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

Last Name	First Name	Date of Birth	Date Enrolled
Usual Days in Care	Usual Hours in Care	Usual Meals Received While in Care	Optional Ethnic Identity
<input type="checkbox"/> Monday	<input type="checkbox"/> to	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Tuesday	<input type="checkbox"/> to	<input type="checkbox"/> AM Snack	<input type="checkbox"/> Not Hispanic or Latino
<input type="checkbox"/> Wednesday	<input type="checkbox"/> to	<input type="checkbox"/> Lunch	<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Thursday	<input type="checkbox"/> to	<input type="checkbox"/> PM Snack	<input type="checkbox"/> Asian
<input type="checkbox"/> Friday	<input type="checkbox"/> to	<input type="checkbox"/> Supper	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Saturday	<input type="checkbox"/> to	<input type="checkbox"/> Evening Snack	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> Sunday	<input type="checkbox"/> to	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> New school day(s)	<input type="checkbox"/> to		
<input type="checkbox"/> Check if meal start eligible	<input type="checkbox"/> Check if meal end eligible		
Last Name	First Name	Date of Birth	Date Enrolled



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Infant Formula/Feeding Selection Form

INFANT FORMULA SELECTION FORM

To order to comply with the requirements of the Child and Adult Care Food Program (CACFP), the following must be completed when the infant is enrolled in the center:

Infant Name _____ Date of Birth _____

Formula Offered by Center: ☐ (Must be filled out in advance by the center)

☐ I accept the above named formula for my infant.

☐ I decide the infant named formula for my infant.

☐ I will provide formula for my infant.

☐ I will provide formula for my infant.

Name of Formula _____

Please use only one meal the CACFP meal plan.

Parent Signature _____

Date _____

INFANT FEEDING SELECTION FORM

To be completed when the infant is independently ready to be served child foods.

Choose one of the following:

☐ I accept the CACFP meal pattern provided by the center for my infant.

☐ I decide the CACFP meal pattern provided by the center for my infant and I will provide food and Breast Milk/Formula for my infant. Name of Formula _____

Parent Signature _____

Date _____

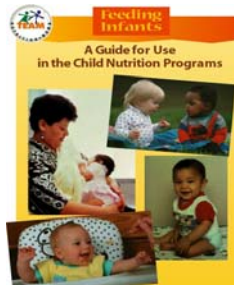


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Breast Milk

- Credited the same as formula
- Chapter 3 provides information on handling breast milk



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CACFP Meal Pattern Birth through 3 months

Breakfast	Lunch or Supper	Snack
Breast Milk or 4-6 oz Formula	Breast Milk or 4-6 oz Formula	Breast Milk or 4-6 oz Formula



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Reimbursable meals for Birth through 3 months

- Center provided formula
- Parent provided breast milk
- Parent provided formula
- Staff mother breast feeding during work hours
- Only exception is when visiting mother (non-staff) breastfeeds infant



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CACFP Meal Pattern 4 through 7 months

Breakfast	Lunch or Supper	Snack
Breast Milk or 4-8 oz. Formula	Breast Milk or 4-8 oz. Formula	Breast Milk or 4-6 oz. Formula
0-3 Tbsp. Infant Cereal	0-3 Tbsp. Infant Cereal	
	0-3 Tbsp. Fruit and/or Vegetable	



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Reimbursable meals for 4 through 7 month olds

- Center provided formula
- Parent provided formula
- Parent provided breast milk
- Foods added, as appropriate per infant, provided by Center



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Reminders

Ages 4-7 months:

- 0-3 T cereal or veg./fruit means that the meal component is optional dependent on the infant's needs.
- Portion size not listing zero as a measurement indicates the component must be offered, i.e. formula.



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CACFP Meal Pattern 8 through 11 months

<u>Breakfast</u> All 3 components must be offered	<u>Lunch or Supper</u> All 3 components must be offered	<u>Snack</u>
Breast Milk or 6-8 oz. Formula	Breast Milk or 6-8 oz. Formula	Breast Milk or 2-4 oz. Formula
2-4 Tbsp. Infant Cereal	2-4 Tbsp. Infant Cereal Or 1-4 Tbsp. Meat	Or 2 - 4 oz. Fruit Juice
1-4 Tbsp. Fruit and/or Vegetable	1-4 Tbsp. Fruit and/or Vegetable	0-1/2 Crackers/ Bread



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Reimbursable meals for 8 through 11 month olds

Center must offer meal components with either breast milk or formula



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Meat Portions for 8 - 11 Month Olds Lunch and Suppers

- 1 - 4 tablespoons of meat, poultry, egg yolk, cooked dry beans or peas
or
- 1/2 - 2 ounces of cheese
or
- 1 - 4 ounces (volume) of cottage cheese
or
- 1 - 4 ounces (weight) of cheese food or cheese spread



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Reminders

Ages 8-11 months:

- Breakfast - infant cereal is required to be offered
- Lunch & Supper: infant cereal and/or meat/meat alternate must be offered



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Reminders

- Full strength (100%) juice is reimbursable only at snack for 8 through 11 month old infants
- Juice must be pasteurized



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Reimbursement Requirements

- Infant must be enrolled
- Infant Formula Selection Form/box must be completed/filled out
- Infant Meal Record must be completed



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Reimbursement Requirements

- Meal must be offered to all ages
- Claim as "Paid" unless IEF is on file
- Point of service meal count sheets must be completed



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Infant Meal Records

- Weekly Record
One per individual per week
- OR
- Daily Record
One per day for multiple infants of the same age group



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Infant Meal Records

- Write in the date, infant's name, date of birth (DOB) and claim code.
- List what food and the amount of food OFFERED at each meal immediately after feeding the child.
- Mark the meals on a point-of-service meal sheet (blue & white)
 - Only infants' meal counts can be done at the end of the day (from infant meal production records)



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Iron Fortified Infant Cereal



Mix with breast milk or formula – you can mix in fruit

Feed with a spoon; not from a bottle



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Iron Fortified Infant Cereal

Not creditable:

- Cereal in jars
- Infant Cereal with fruit flakes
- Regular family breakfast cereals (hot or cold)



Vegetables and Fruits

- Commercially Prepared
- Center Prepared



Commercial Fruits and Vegetables

- Vegetable or fruit must be listed as first ingredient (no sugar)
- Plain vegetables and fruits are preferred



Center Prepared Fruits and Vegetables

- Texture must be appropriate; usually cooked
- Avoid canned vegetables that are high in sodium
- Avoid canned or frozen fruits with added sugar



Center Prepared Fruits and Vegetables

Choking dangers:

- Raw vegetables
- Corn kernels
- Hard fruits: apples, etc.
- Whole fruits: grapes, etc.
- Uncooked dried fruits



Meat and Meat Alternates

Eggs

- Egg yolks at 8 months
- Yolk must be hard cooked
- Avoid egg whites until after 1 year.



Meat and Meat Alternates

Cheese

- Introduced at 8 months or older
- Natural cheese rather than processed cheese



Meat and Meat Alternates

Avoid:

- Peanut butter, seeds, nuts
- Fish and shell fish
- Processed meats (chicken nuggets)



Meat and Meat Alternates

Not creditable:

- Fish sticks
- Hot dogs
- “Baby Food” meat sticks
- Commercial or home made: casseroles/combination dinners: Macaroni & cheese, turkey & noodles, spaghetti & meat sauce

Grains/Breads

Bread or crackers

- Strips of dry bread, toast, tortillas
- Plain crackers
- Teething biscuits



Grains/Breads

Avoid:

- Snacks such as pretzels or chips
- Cookies or granola bars
- Crackers with seeds, nuts, etc.
- Whole kernels, such as rice.



Foods to Avoid

Sweeteners and Sweetened Foods:

- “Baby Food” Desserts
- Cakes, cookies, candy
- Chocolate
- Added sugar, syrup, etc.



Infant Records

- Infant meal records must be complete if the meal is to be claimed.
- Creditable meals must also be marked on the Record of Meals and Supplement Served forms (meal count sheet).



Question

A parent mixes cereal and formula in a bottle and brings it to the center. Can we claim this as a creditable formula for a meal?

?



+



Answer

A parent mixes cereal and formula in a bottle and brings it to the center. Can we claim this as a creditable formula for a meal?

NO. A doctor's statement is needed to claim formula mixed with cereal in a bottle.

Question

If a parent wants an infant to have more than three meals during the day, who should furnish the formula for the meals that cannot be claimed?



Answer

If a parent wants an infant to have more than three meals during the day, who should furnish the formula for the meals that cannot be claimed?

The parent because the center is not required to provide formula for more than three meals per infant per day.



Question

If a parent wants an infant to have only a limited number of bottles/formula, which is less than the infant wants, what are you to do?

Answer

If a parent wants an infant to have only a limited number of bottles/formula, which is less than the infant wants, what are you to do?

Since infants are “fed on demand” and unless there is a medical statement, honor your responsibility to the infant.



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Question

Is yogurt a creditable food for infants?



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Answer

Is yogurt a creditable food for infants?

No. Commercially prepared, plain yogurt can be served as an extra to infants 8 months and older, but it is not creditable as a meat/meat alternate. The same would go for mixed dinners.



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Question

Are meals served to a child who just turned one year old reimbursable if they contain infant formula?



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Answer

Are meals served to a child who just turned one year old reimbursable if they contain infant formula?

Yes, for a period of one month. After the 13th month, a doctor's statement will be needed for formula to continue in place of fluid milk.



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Question

If a physician prescribes whole cow's milk as a substitute for breast milk or formula for an infant under 12 months of age, are meals reimbursable?



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Answer

If a physician prescribes whole cow's milk as a substitute for breast milk or formula for an infant under 12 months of age, are meals reimbursable?



Yes, with a doctor's statement, the meal pattern can be amended.

Question

Must all infants be fed during the period identified as meal time on the center agreement with NDE?



Answer

Must all infants be fed during the period identified as meal time in the center agreement with NDE?

No, infants are "fed on demand".



vs.



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

Site: Happy Times Child Care Day/Month/Year: Monday/ November 22, 2011

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, Christy 4/22/11	4 oz. F	1 T Rice cereal		4 B. Milk	2 T Rice	3 oz. F				
Davidson, Jody 5/2/11				2 oz. F	3 T - dwn. Potatoes	3 T Chicken	5 oz. F	7 oz. F	3 T Green Beans	2 T Mixed cereal
Smith, Deborah 6/9/11			Mom. on staff fed	Mom. on staff fed		2 T Rice		Mom. fed (on staff)		3 T Rice cereal
Jones, Grant 7/22/11			B-milk 4 oz	Mom. fed			B-milk 4 oz			

Infant Meal Records

- Supply all the information as indicated on the top of each form.
- Write *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".

Infant Meal Records

- Use in combination with a point of service meal count sheet.
- All records must be kept for 4 years

Questions?

- Please pick up your certificate
- Call us at 800-731-2233 in Nebraska or 402-471-2488 in Lincoln.



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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.education.ne.gov/ns/cacfp/infantfeed.htm>

Contact Nutrition Services with questions about the feeding and/or claiming of infant meals.

Lincoln: 402-471-2488

Toll Free (Nebraska only): 800-731-2233

* <http://www.education.ne.gov/NS/forms/cacfpforms/NS-408-G.pdf>

** http://www.education.ne.gov/ns/cacfp/feeding_infants.pdf



Infant Formula Selection

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

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>

or use the form on the next page

INFANT FORMULA SELECTION FORM

In order to comply with the requirements of the Child and Adult Care Food Program (CACFP), the following must be completed when the infant is enrolled in the center:

Infant Name: _____ Date of Birth: _____

Formula Offered by Center: _____
(must be filled out in advance by the center)

_____ I accept the above named formula for my infant.

_____ I decline the above named formula for my infant.

Check one of the following boxes:

☐ I will furnish breast milk for my infant.

☐ I will furnish formula for my infant.

Name of formula: _____
(Formulas with iron meet the CACFP meal plan)

Parent Signature

Date

INFANT FEEDING SELECTION FORM

To be completed when the infant is developmentally ready to be served solid foods.

Choose one of the following:

_____ I accept the CACFP meal pattern provided by this center for my infant.

_____ I decline the CACFP meal pattern provided by this center for my infant and I will provide food and Breast Milk/Formula for my infant.

Parent Signature

Date

Child and Adult Care Food Program

Infant Food Chart

Breakfast		
<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 ¹ or breast milk ^{2,3}	4 - 8 fluid ounces of formula ¹ or breast milk ^{2,3} 0-3 tablespoons of infant cereal ^{1,4}	6 - 8 fluid ounces of formula ¹ or breast milk ^{2,3} and 2 - 4 tablespoons of cereal ¹ and 1 - 4 tablespoons of fruit or vegetable or both

Lunch or Supper		
<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 ¹ or breast milk ^{2,3}	4 - 8 fluid ounces of formula ¹ or breast milk ^{2,3} 0 - 3 tablespoons of infant cereal ^{1,4} and 0 - 3 tablespoons of fruit or vegetable or both ⁴	6 - 8 fluid ounces of formula ¹ or breast milk ^{2,3} and 2 - 4 tablespoons of infant cereal ¹ 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 1 - 4 tablespoons of fruit or vegetable or both

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



¹ Infant formula and dry infant cereal must be iron-fortified.

² 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.

³ 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.

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

⁵ Fruit juice must be full-strength.

⁶ 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 child care.

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.education.ne.gov/NS/forms/cacfpforms/NS-408-G.pdf>

SAMPLE

DAILY INFANT MEAL RECORD Multiple Infants - 4 through 7 Months

Site: Happy Times Child CareDay/Month/Year: Monday/ November 22, 2011See 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	Code	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 4/22/11	C	4oz. F	1 T Rice cereal		4 B. Milk		2 T Rice	3 oz F			
Davidson, Joey 5/2/11	B				8 oz F	3 T - Swt. Potato	3 T Oatmeal	5 oz. F	7 oz. F	3 T Green Beans	2 T Mixed cereal
Smith, Danielle 6/31/11	A			Mom - on staff fed	Mom on staff fed		2 T Rice		Mom fed (on staff)		3 T Rice cereal
Jones, Grant 7/22/11	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	Formula or Breast Milk 4 - 6 oz	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; 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 Names: Last, First & D.O.B		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)

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.		BREAKFAST All 3 components are required			AM SNACK		LUNCH All 3 components are required			PM SNACK		SUPPER All 3 components are required		
Code	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.: 7/5/11

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
3/15/12 Monday	F- 8 oz	Oat- meal 3 T	Mixed Fruit 3 T	F - 4 oz	1 cracker	F- 7 oz	3 T Chicken	3T Plums 2T squash	4 oz Grape Juice				
3/16/12 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					
3/17/12 Wednesday				F 8 oz		F- 7 oz	Pinto beans 4 T	4 T Apple sauce	3 oz F	2 crax			
3/18/12 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					
3/31/12 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	Formula or Breast Milk 4 - 6 oz	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.

Site: _____

WEEKLY MEAL RECORD

Individual Infant - 4 through 7 Months

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

Site: _____

Individual Infant - *8 through 11 Months

Month/Day/Year: _____

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.

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