
Nutrition Services

Infant Resource Materials

Fiscal Year 2024

July 1, 2023 – June 30, 2024



These resources you can photocopy for use in your center.

Other resources are available at the Nutrition Services website:

<https://www.education.ne.gov/ns/forms-resources/child-and-adult-care-food-program>

Infant Resources

- General Infant Guidelines & Instructions
- Infant Meal Pattern
- Formula & Breastmilk Storage Information
- Infant Formula & Solid Permission Form (*Master*)
- Infant Production Record (*Sample*)
- Infant Production Records (*Master*)



**Nebraska Department of Education
Nutrition Services**

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

Child and Adult Care Food Program (CACFP) Feeding Infants

Child care centers may choose to participate in the Child and Adult Care Food Program (CACFP). CACFP Centers caring for infants **must** offer at least one formula to infants less than one year of age. The parent/guardian will accept or decline the center's formula. If they decline the center offered formula, they must indicate they will provide either breastmilk or the specific type of infant formula. If the parent/guardian provides their own formula, it must meet USDA requirements to be reimbursable unless a medical statement is obtained.

When the infant is developmentally ready for solid foods to be added to the meal pattern the center must offer these components. However, parents/guardians may **voluntarily** provide one meal component per meal. This is considered one donated item and the center may claim that infant's meal for reimbursement. If two or more components are provided from a source other than the center, the center may **NOT** claim that meal for reimbursement. This means for infants developmentally ready for solid foods and a parent/guardian provides breast milk or formula the center must supply all solid food components for the meal to be eligible for reimbursement. If the infant is receiving the formula offered by the center, the parent/guardian could bring one solid food component per meal for a reimbursable meal.

Centers and sponsoring organizations also need to ensure that the parent or guardian is truly *choosing* to provide the preferred component(s). The center **must not solicit, request or require** the parent or guardian to provide the components to reduce centers cost.

The introduction of solids is based on the developmental readiness of each infant. The parent/guardian will determine, in consultation with their doctor, when to start solid foods. Written documentation is required to be on file identifying solid foods the infant may be served. NDE provides the Infant Formula Selection & Solid Foods form to record specific solids approved by the parent/guardian. The form is designed to be updated as the infants are developmentally ready to accept more foods. It is recommended to have the Infant Formula & Solid Foods forms posted or readily available for parents to update regularly.

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





Infant Formula Selection & Solid Foods
Nebraska Child & Adult Care Food Program



The **Infant Formula Selection & Solid Foods Form** is intended to be a living document shared between the child care provider and families to ensure that formula/solid baby foods (texture appropriate) are served at the discretion of the parents. **As new foods are introduced at home, the form must be updated.** This allows the child care providers to know when and what solid foods should be served.

Infant Name: _____	Date of Birth: _____
A. Infant Formula Selection: This center provides _____ (brand) iron fortified infant formula to all infants under one year of age. I ACCEPT or DECLINE (Please circle one) the center's formula. If declined, please identify what will be provided BREASTMILK (circle) or FORMULA (list brand) _____.	
Approximate Feeding Times: _____ Approximate Quantity (Ounces): _____	
Parent Signature: _____ Date: _____	

If the parent provides the formula, the name of the brand they use must be indicated. The center must ensure that the iron-fortified infant formula is reimbursable in the CACFP; regulations require that to be eligible for reimbursement infant formula served must be iron-fortified [7 CFR 226.20(b)(2)]. The Food and Drug Administration (FDA) defines iron-fortified infant formula one that contains 1 milligram or more of iron per 100 Calories when prepared according to label directions [21 CFR 107.10(b)(4)(i)]. The number of milligrams (mg) of iron per 100 kilocalories (calories) of formula can be found on the nutrition facts label of infant formulas.

The following criteria may be used to determine whether a formula is eligible for reimbursement without a medical statement:

1. Ensure that the formula is not an FDA Exempt Infant Formula. An exempt infant formula is an infant formula labeled for use by infants who have inborn errors of metabolism or low birth weight, or who otherwise have unusual medical or dietary problems, as defined in 21 CFR 107.3.
2. Look for “Infant Formula with Iron” or a similar statement on the front of the formula package. All iron-fortified infant formulas must have this type of statement on the package.
3. Use the nutrition facts label as a guide to ensure that the formula is iron-fortified. The nutritive values of each formula are listed on the product’s nutrition facts label. To be considered iron-fortified, an infant formula must have 1 mg of iron or more per 100 calories of formula when prepared in accordance with label directions.
4. All Infant Formulas must be approved by the FDA. Therefore, infant formula purchased outside the United States are not acceptable.





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 two age groups: Birth through five months and six months 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 quantities begin with a zero quantity **does not mean these foods are optional**. Rather, this indicates the variations that exist from infant to infant and even day-to-day within an infant's feeding preferences. 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.

Daily Infant Meal Records – This form is for several children for one day. Supply the name of the site and the date (MM/DD/YR). 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, 1/2 oz rice cereal, 2 T chicken.

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 including the first and last name. Supply the name of the site and the date (MM/DD/YR).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, 1/2 oz rice cereal.

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.

Child and Adult Care Food Program (CACFP) Feeding Infants

For a list of creditable and non-creditable food items, refer to the *Feeding Infants, in the Child and Adult Care Food Program* guide, Appendix F., pages 149 – 171. This is not an all-inclusive list but includes foods that are most commonly served to infants. The guide is available for download, or to order a print copy at: <https://www.fns.usda.gov/tn/feeding-infants-child-and-adult-care-food-program>.

For more information on creditable foods in CACFP see the Food Buying Guide for Child Nutrition Programs available online and mobile app at: <https://www.fns.usda.gov/tn/food-buying-guide-for-child-nutrition-programs>

Infant Reminders:

- In the CACFP, a child is considered an infant until his/her first birthday and the entire CACFP Infant Meal Pattern must be followed.
- Each infant must have a complete “Infant Formula Selection” section on the Infant Formula Selection & Solid Foods form.
- Each center is responsible to maintain documentation that provides specific instructions and permission from parents/guardian for each infant being fed solid foods (Infant Formula Selection & Solid Foods form). The documentation should include what foods and textures each infant is developmentally ready to eat.
- A complete enrollment form must be on file for all infants.
- In order to claim a child in the “Free” or “Reduced” category, the sponsor must have a complete and current Income Eligibility and Enrollment Form on file that shows the child qualifies for “Free” or “Reduced” meals based on household size and income.
- 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. breastmilk, 2 T. beef, 1/2 oz rice cereal, 2 T. plums). A staff member must complete the Infant Meal Record at the time the infant meal is prepared.
- The meal must be documented on the point-of-service Meal Count Sheets (blue and whites).
- 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 breastfed by his/her visiting mother, that meal can be claimed by the center.
- All infant records must be kept for four years.

Visit NDE Nutrition Services website for additional information and forms.

<https://www.education.ne.gov/ns/forms-resources/child-and-adult-care-food-program/>



INFANT MEAL PATTERN REQUIREMENTS

Breakfast

Birth to 5 months	6 through 11 months
4—6 fluid ounces of breastmilk ¹ or formula ²	6-8 fluid ounces of breastmilk ¹ or formula ² AND 0-1/2 oz eq infant cereal ^{2,3} ; or 0-4 Tablespoons meat, fish, poultry, whole egg, cooked dry beans, or cooked dry peas; or 0-2 ounces of cheese: or 0-4 ounces (volume) cottage cheese; or 0-4 ounces or 1/2 cup of yogurt ⁴ ; or combination of the above ⁵ ; AND 0-2 Tablespoons vegetable, fruit or a combination of both ^{5,6}

Lunch & Supper

Birth to 5 months	6 through 11 months
4—6 fluid ounces of breastmilk ¹ or formula ²	6-8 fluid ounces of breastmilk ¹ or formula ² AND 0-1/2 oz eq infant cereal ^{2,3} ; or 0-4 Tablespoons meat, fish, poultry, whole egg, cooked dry beans, or cooked dry peas; or 0-2 ounces of cheese: or 0-4 ounces (volume) cottage cheese; or 0-4 ounces or 1/2 cup of yogurt ⁴ ; or combination of the above ⁵ ; AND 0-2 Tablespoons vegetable, fruit or a combination of both ^{5,6}

Snack (s)

Birth to 5 months	6 through 11 months
4—6 fluid ounces of breastmilk ¹ or formula ²	2-4 fluid ounces of breastmilk ¹ or formula ² AND 0-1/2 oz eq bread ^{3,7} ; or 0-1/2 oz eq infant cereal ^{2,3,7} ; or 0-1/4 oz eq crackers ^{3,7} ; or 0-1/4 oz eq ready-to-eat breakfast cereal ^{3,5,7,8} AND 0-2 Tablespoons vegetable, fruit or a combination

INFANT MEAL PATTERN REQUIREMENTS

IMPORTANT—Superscript Notations

















- ¹— Breastmilk or formula, or portions of both, must be served; however it is recommended that breastmilk be served in place of formula from birth through 11 months. For some breastfed infants who regularly consume less than the minimum amount of breastmilk per feeding, a serving of less than the minimum amount of breastmilk may be offered, with additional breastmilk offered at a later time if the infant will consume more.
- ²— Infant formula and dry infant cereal must be iron-fortified.
- ³— Beginning October 1, 2019, ounce equivalents are used to determine the quantity of creditable grains.
- ⁴—Yogurt must contain no more than 23 grams of total sugars per 6 ounces.
- ⁵— A serving of this component is **required** when the infant is developmentally ready to accept it.
- ⁶— Fruit and/or vegetable juices must **not** be served.
- ⁷— A serving of grains must be whole grain-rich, enriched meal, or enriched flour.
- ⁸— Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21.2 grams sucrose and other sugars per 100 grams of dry cereal).



BREASTMILK STORAGE

The Nebraska Child Care Licensing Regulations for child care facilities have established stricter breastmilk storage guidelines than the recommended guidelines for families to use in their own home. The goal of this document is to help families and child care providers follow the appropriate breastmilk storage guidelines.

STORAGE LOCATIONS AND TEMPERATURES

TYPES OF BREASTMILK	COUNTERTOP (77°F)	REFRIGERATOR (40°F)	FREEZER (0°F)
FRESHLY EXPRESSED	 Refrigerate Promptly	 Up to 2 days	 3 months
	 Up to 4 hours	 Up to 4 days (optimal) 5-8 days (acceptable)	 6 months (optimal) 12 months (acceptable)
THAWED, PREVIOUSLY FROZEN	 Refrigerate Promptly	 Up to 2 days	  NEVER refreeze thawed milk
	 1-2 hours	 Up to 1 day	
LEFTOVER FROM FEEDING (baby did not finish the bottle)	 Use within 1 hour after the baby has finished feeding		
	 Use within 2 hours after the baby has finished feeding		
<p>Note: Breastmilk that is past the Nebraska Child Care Licensing Regulations should be returned promptly to the family.</p>		<p>KEY:</p>  HOME  CHILD CARE FACILITY (includes both Child Care Centers & Family Child Care Homes)	

How to Label Breastmilk for Child Care

It is very important to label all breastmilk that is given to the child care facility. See below for an example of the required information for each label.

MOMMY'S MILK	
BABY'S NAME	Tommy Jones
DATE TO PROVIDER	Sept. 2, 2020
AMOUNT	3 oz
DATE EXPRESSED	Sept. 1, 2020
DATE FROZEN	Not applicable
Note: Milk that is not labeled should be discarded.	

STORE



- Store breastmilk in small amounts of 1 to 4 ounces to avoid wasting.
- Keep a small frozen supply of milk at child care for your baby. If the frozen milk passes the 3 month date, the child care facility should return the breastmilk to the family.

THAW



- Always thaw the oldest frozen milk first.
- Thaw frozen milk under lukewarm running water, in a container of lukewarm water, or overnight in the refrigerator; never thaw milk in a microwave.
- Use milk within 24 hours of thawing in the refrigerator (from the time it is completely thawed, not from the time when you took it out of the freezer).

FEED



- Milk can be served cold, room temperature, or warm.
- To heat milk, place the sealed container into a bowl of warm water or hold under warm running water. Do not heat milk directly on the stove or in the microwave.
- Test the temperature before feeding it to the baby by putting a few drops on your wrist. It should feel warm, not hot.

CLEAN



- To prevent the spread of germs, wash your hands before feeding the baby.
- Encourage mothers to express milk in a clean space (not a bathroom), wash hands before pumping, and chill or refrigerate the milk promptly.

Resources:

Nebraska Child Care Licensing Rules and Regulations (2013):

- dhhs.ne.gov/licensure/pages/child-care-licensing.aspx
- dhhs.ne.gov/licensure/Documents/QandAonNewCenterRegs.pdf
- dhhs.ne.gov/licensure/Documents/QandAonNewFCCHlandIIRegs.pdf

CDC Proper Storage and Preparation of Breastmilk

www.cdc.gov/breastfeeding/recommendations/handling_breastmilk.htm



NEBRASKA Nutrition And Physical Activity
Self-Assessment for Child Care



Infant Formula Selection & Solid Foods Parent Instruction Guide

Nebraska Child and Adult Care Food Program

Revised March 2023



Dear Parent:

The **Infant Formula Selection & Solid Foods Form** is intended to be a living document shared between the childcare provider and families to ensure that breastmilk/formula/solid baby foods (texture appropriate) are served at the discretion of the parents. **As new foods are introduced at home, the form should be updated.** This allows the childcare provider to know what and when to serve solid foods.

Section Instructions:

- A. Infant Formula Selection:** This section is completed upon enrollment. Childcare providers are required to offer an iron-fortified formula to all infants in their care. This section will state which iron-fortified formula is provided. Parents must either **accept or decline** the formula offered. If the parent declines the formula provided by the childcare provider, an approved formula and/or breastmilk must be provided by the parent.
- B. Infant Meals:** Once texture appropriate foods have been introduced at home, this section must be updated. The parent must identify which texture appropriate foods and which meals and snacks they wish their child to be offered. An approval date must be entered into the box next to the meals and snack as well as next to the foods the parent wishes be offered. This form should be updated as foods are introduced at home or as the feeding schedule changes. Once an infant is regularly consuming a variety of foods, the childcare provider must offer the child meals/snacks consistent with the CACFP Infant Meal Pattern (shown below).

CACFP Infant Meal Pattern

Meal	Birth through 5 months	6 through 11 months*
Breakfast, Lunch, Supper	4-6 fluid oz of breastmilk ¹ or iron-fortified infant formula	6-8 fluid oz of breastmilk ¹ or iron-fortified infant formula -AND-² 0* – 1/2 ounce iron-fortified infant cereal; or 0 – 4 Tbsp meat, fish, poultry, whole eggs, cooked dry beans, cooked dry peas: or 0 – 2 oz cheese; or 0 – 1/2 cup cottage cheese; or 0 – 4 oz or 1/2 cup yogurt ³ ; or A combination of the above -AND- *0 - 2 Tbsp vegetables or fruit or a combination of both ⁴
Snacks	4-6 fluid oz of breastmilk ¹ or iron-fortified infant formula	2-4 fluid oz breastmilk ¹ or iron-fortified infant formula -AND-² 0 – 1/2 oz eq bread ⁵ ; or 0 – 1/2 oz iron-fortified infant cereal or 0 – 1/4 ounce crackers ⁵ ; or 0 – 4 Tbsp ready-to-eat breakfast cereal ⁵⁻⁶ -AND- 0 - 2 Tbsp vegetable or fruit, or a combination of both

*Foods should be introduced when the infant is developmentally ready. Once parent has approved baby/solid foods (texture appropriate), these components must be provided. **Zero means a gradual introduction to foods, not an optional food.**
¹Breastfeeding on site is creditable as part of a reimbursable meal or snack. For infants who regularly consume a smaller amount of breastmilk, a smaller amount can be served as long as the full serving is available and offered. ²Foods from the following components are required when developmentally ready. ³Yogurt must contain no more than 23 grams of sugar per 6 ounces. ⁴Juice is not creditable for infants. ⁵A serving of grains must be whole grain-rich, enriched meal, or enriched flour. ⁶Breakfast cereals must contain no more than 6 grams of sugar per dry ounce.



Infant Formula Selection & Solid Foods

Nebraska Child & Adult Care Food Program



The **Infant Formula Selection & Solid Foods Form** is intended to be a living document shared between the childcare provider and families to ensure that formula/solid baby foods (texture appropriate) are served at the discretion of the parents. **As new foods are introduced at home, the form must be updated.** This allows the childcare providers to know when and what solid foods should be served.

Infant Name: _____	Date of Birth: _____
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A. **Infant Formula Selection:** This center provides _____ (brand) iron fortified infant formula to all infants under one year of age. I **ACCEPT** or **DECLINE** (Please circle one) the center's formula. If declined, please identify what will be provided **BREASTMILK** (circle) or **FORMULA** (list brand) _____.

Approximate Feeding Times: _____ **Approximate Quantity (Ounces):** _____

Parent Signature: _____ **Date:** _____

B. **Infant Solids Permission:** My infant is ready for solid foods to be introduced and served according to the CACFP Infant meal pattern, in addition to formula or breast milk. Please insert date (month/yr.) each food may be served and check all meals those foods may be served:

Food	Date (Month/Yr)	Meals (Please check)			Food	Date (Month/Yr)	Meals (Please check)			Food	Date (Month/Yr)
		BK	LU/SU	SN			BK	LU/SU	SN		
Iron-Fortified Infant Cereals					Fruit/Vegetables				Ready-to-eat Breakfast Cereal (SNACK ONLY)		
Rice					Applesauce				Cereal:		
Oat					Apricots				Cereal:		
Barley					Avocados				Cereal:		
Mixed					Bananas				Grains (SNACK ONLY)		
Wheat					Carrots				Bread/Rolls		
Meat & Meat Alternatives					Corn				Biscuits		
Beef					Green Beans				Saltine Crackers		
Dry Beans					Mango				Pancakes		
Cheese, Natural					Melon				Waffles		
Chicken					Peaches				Tortillas soft		
Cottage Cheese					Pears				Other:		
Dry peas					Peas				Please note changes to infant's feeding schedule on the back of this page.		
Fish					Plums/Prunes						
Pork					Potatoes						
Tuna					Squash						
Turkey					Sweet Potatoes						
Whole Egg					Other:						
Yogurt					Other:						
Other:					Other:						

Changes in Schedule

Date	New Instructions	Parent or Staff Signature



Infant Formula Selection & Solid Foods Child Care Provider Instruction Guide

Nebraska Child and Adult Care Food Program



Revised March 2023

Dear Childcare Provider:

The **Infant Formula Selection & Solid Foods Form** is intended to be a living document shared between the childcare provider and families to ensure that breastmilk/formula/solid baby foods (texture appropriate) are served at the discretion of the parents. As new foods are introduced at home, the form should be updated to include the service of those foods at the childcare. This allows the childcare provider to know what and when to serve solid foods.

Instructions:

1. **Infant Formula Selection:** This section is completed upon enrollment. Childcare providers are required to offer an iron-fortified formula to all infants in their care. This section must state which iron-fortified formula the childcare provider is providing. Parents must either **accept or decline** the formula offered. If the parent declines the formula provided by the childcare provider, an approved formula and/or breastmilk must be provided by the parent.
2. **Solid Foods:** Once texture appropriate foods have been introduced at home, this section must be updated. The parent must identify which texture appropriate foods and which meals and snacks they wish their child to be offered. An approval date must be entered into the box next to the meals and snack as well as next to the foods the parent wishes be offered. This form should be updated as foods are introduced at home or as the feeding schedule changes.
 - a. If the parent/guardian is unable to complete the date of each new solid food but verbally states to the childcare provider the infant has begun a new solid food, the childcare provider may document on the Solid Foods portion of the Infant Formula Selection & Solid Foods Form the date and meals the new food(s) may be served. The childcare provider must initial next to the dates of those new foods.
 - b. Once an infant is regularly consuming a variety of foods, the childcare provider **must** offer the child meals/snacks consistent with the CACFP Infant Meal Pattern. (All three components must be offered for all meals including snacks) All infants must be served at least the minimum portion of each required component. **Zero does not mean that the food is optional, it means that a gradual increase in the quantity of food offered is to occur.**
 - c. The childcare provider should write in the type of "ready to eat" breakfast cereal being offered on the Infant Formula Selection & Solid Foods form. (All ready to eat breakfast cereal must meet the sugar limit requirement of no more than 6 grams of sugar per dry ounce.)
 - d. If an infant normally eats solids foods for all meals but the parent requests no solid foods due to special circumstances (i.e., child has had an upset stomach) then the childcare provider needs to document the parent/guardian's statement, initial, and date on page 2 of the Infant Formula Selection & Solid Foods form or directly on the infant meal production record.
3. **Infant Meal Production Records:** All required components and quantities prepared of those components must be documented on the infant meal production records at the time of each infant's meal preparation. This is considered the point of service for infant meals.
4. **Infant Meal Count Records:** Once the infant has a complete meal production record for each meal, the meal count sheet (the blue/white sheet) must be marked to claim that meal for reimbursement.

For more information, please contact:

Nebraska Department of Education

Office of Nutrition Services

P.O. Box 94987

Lincoln, NE 68509

Telephone: 402-471-2967 or 800-731-2233

Email: nde.nsweb@nebraska.gov

Web site: <http://www.education.ne.gov/NS>

This institution is an equal opportunity provider.

WEEKLY MEAL RECORD

Individual Infant – Breakfast, Lunch and PM Snack

**All food components are required when infant is developmentally ready*

Child's Name: Abigail Flowers

Date of Birth: 02/3/2023

Site: Hokey Pokey CDC

Meal Benefit Category: B

Common Abbreviations:
 B.M. = Breast milk
 F = Formula
 Rice = "Rice" Cereal
 Oat = "Oatmeal" Cereal
 Mixed = "Mixed" Cereal
 Infants fed on-site by breastfeeding mothers = B.M. by mom

Month, Day, Year	BREAKFAST			LUNCH			PM SNACK			
	4-6 Fl. Oz (0-5 months) 6-8 Fl. Oz (6-11 months) Breast Milk ¹ or Formula	0 – ½ oz eq. Infant Cereal &/or 0-4 Tbsp Meat/meat alternate ²	0 – 2 Tbsp. Vegetable, or Fruit or a combination of both	4-6 Fl. Oz (0-5 months) 6-8 Fl. Oz (6-11 months) Breast Milk ¹ or Formula	0 – ½ oz eq. Infant Cereal &/or 0-4 Tbsp Meat/meat alternate ²	0 – 2 Tbsp. Vegetable, or Fruit or a combination of both	4-6 Fl. Oz (0-5 months) 2-4 Fl. Oz (6-11 months) Breast Milk ¹ or Formula	0-1/2 oz eq Infant Cereal/ or Bread or 0 – ¼ oz eq Crackers or Ready-to-eat Breakfast Cereal	0 – 2 Tbsp. Vegetable, or Fruit or a combination of both	
8/5/22	Monday	6 oz BM	½ oz Rice	1 Tbsp Bananas	BM by mom	½ oz Oat	2 Tbsp Peas	3 oz BM	¼ oz Cheerios (Plain)	2 Tbsp Peaches
8/4/22	Tuesday	6 oz BM	½ oz Rice	1 Tbsp Applesauce	6 oz BM	4 Tbsp Beef	2 Tbsp Green Beans	3 oz BM	½ oz Pancakes	2 Tbsp Plums
8/3/22	Wednesday	6 oz BM	2 Tbsp Eggs	2 Tbsp Potatoes	6 oz BM	3 Tbsp Chicken	2 Tbsp Squash	3 oz F	¼ oz Graham Crackers	2 Tbsp Mangos
8/2/22	Thursday	4 oz BM & 2 oz F	½ oz Oat	1 ½ Tbsp Pears	BM by mom	½ oz Rice	2 Tbsp Apricots	Absent	—————→	
8/1/22	Friday	Absent	—————→		4 oz BM & 2 oz F	½ oz Rice	2 Tbsp Sweet Potatoes	3 oz F	¼ oz Saltine Crackers	2 Tbsp Squash

¹ – Breastfed infants who regularly consume less than the minimum amount of breastmilk per feeding, a serving of less than the minimum amount of breastmilk may be offered, with additional breastmilk offered at a later time if the infant will consume more.

² – Meats include beef, pork, fish poultry, whole egg (0-4 Tbsp.). Meat alternates include cooked dry beans or dry peas (0-4 Tbsp.), cheese (0-2 ounces), cottage cheese (0-4 ounces), or Yogurt (0-4 ounces or ½ cup).

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 form.

DAILY INFANT MEAL RECORDS:
Multiple Infants – Breakfast, AM Snack, Lunch, PM Snack
**All food components are required when infant is developmentally ready.*

Month/Day/Year: _____

Site: _____

		BREAKFAST			AM SNACK			LUNCH			PM SNACK		
Common Abbreviations: B.M. = Breast milk F = Formula Rice = "Rice" Cereal Oat = "Oatmeal" Cereal Mixed = "Mixed" Cereal Infants fed on-site by breastfeeding mothers = B.M. by mom	Meal Benefit Category	4-6 Fl. Oz (0-5 months)	0 – ½ oz eq	0 – 2 Tbsp.	4-6 Fl. Oz (0-5 months)	0-1/2 oz eq	0-2 Tbsp.	4-6 Fl. Oz (0-5 months)	0 – ½ oz eq	0 – 2 Tbsp.	4-6 Fl. Oz (0-5 months)	0-1/2 oz eq	0-2 Tbsp.
		6-8 Fl. Oz (6-11 months)	Infant Cereal and/or 0-4 Tbsp Meat/ meat alternate ²	Vegetable, or Fruit or a combination of both	2-4 Fl. Oz (6-11 months)	Infant Cereal Or Bread or 0 – ¼ oz eq Crackers or Ready-to-eat Breakfast Cereal	Vegetable, or Fruit or a combination of both	6-8 Fl. Oz (6-11 months)	Infant Cereal and/or 0-4 Tbsp Meat/ meat alternate ²	Vegetable, or Fruit or a combination of both	2-4 Fl. Oz (6-11 months)	Infant Cereal or Bread or 0 – ¼ oz eq Crackers or Ready-to-eat Breakfast Cereal	Breast Milk ¹ or Formula
Last Name, First Name & Date of Birth													

¹ - Breastfed infants who regularly consume less than the minimum amount of breastmilk per feeding, a serving of less than the minimum amount of breastmilk may be offered, with additional breastmilk offered at a later time if the infant will consume more. ² - Meats include beef, pork, fish poultry, whole egg (0-4 Tbsp.). Meat alternates include cooked dry beans or dry peas (0-4 Tbsp.), cheese (0-2 ounces), cottage cheese (0-4 ounces), or Yogurt (0-4 ounces or ½ cup).

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 form.

**DAILY INFANT MEAL RECORDS:
Multiple Infants – Breakfast, Lunch, PM Snack**

**All food components are required when infant is developmentally ready.*

Month/Day/Year: _____

Site: _____

		BREAKFAST			LUNCH			PM SNACK		
Common Abbreviations: B.M. = Breast milk F = Formula Rice = "Rice" Cereal Oat = "Oatmeal" Cereal Mixed = "Mixed" Cereal Infants fed on-site by breastfeeding mothers = B.M. by mom	Meal Benefit Category	4-6 Fl. Oz (0-5 months)	0 – ½ oz eq	0 – 2 Tbsp.	4-6 Fl. Oz (0-5 months)	0 – ½ oz eq	0 – 2 Tbsp.	4-6 Fl. Oz (0-5 months)	0-1/2 oz eq	0 – 2 Tbsp.
		6-8 Fl. Oz (6-11 months)	Infant Cereal &/or 0-4 Tbsp Meat/ meat alternate ²	Vegetable, or Fruit or a combination of both	6-8 Fl. Oz (6-11 months)	Infant Cereal &/or 0-4 Tbsp Meat/ meat alternate ²	Vegetable, or Fruit or a combination of both	2-4 Fl. Oz (6-11 months)	Infant Cereal or Bread or 0 – ¼ oz eq Crackers or Ready-to-eat Breakfast Cereal	Vegetable, or Fruit or a combination of both
Last Name, First Name & Date of Birth										

¹ – Breastfed infants who regularly consume less than the minimum amount of breastmilk per feeding, a serving of less than the minimum amount of breastmilk may be offered, with additional breastmilk offered at a later time if the infant will consume more. ² – Meats include beef, pork, fish poultry, whole egg (0-4 Tbsp.). Meat alternates include cooked dry beans or dry peas (0-4 Tbsp.), cheese (0-2 ounces), cottage cheese (0-4 ounces), or Yogurt (0-4 ounces or ½ cup).

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 form.

WEEKLY MEAL RECORD

Individual Infant – Breakfast, Lunch and PM Snack

**All food components are required when infant is developmentally ready*

Child's Name: _____
 Site: _____

Date of Birth: _____
 Meal Benefit Category: _____

Common Abbreviations:
 B.M. = Breast milk
 F = Formula
 Rice = "Rice" Cereal
 Oat = "Oatmeal" Cereal
 Mixed = "Mixed" Cereal
 Infants fed on-site by breastfeeding mothers = B.M. by mom

Month, Day, Year	BREAKFAST			LUNCH			PM SNACK		
	4-6 Fl. Oz (0-5 months) 6-8 Fl. Oz (6-11 months) Breast Milk ¹ or Formula	0 – ½ oz eq. Infant Cereal &/or 0-4 Tbsp Meat/meat alternate ²	0 – 2 Tbsp. Vegetable, or Fruit or a combination of both	4-6 Fl. Oz (0-5 months) 6-8 Fl. Oz (6-11 months) Breast Milk ¹ or Formula	0 – ½ oz eq. Infant Cereal &/or 0-4 Tbsp Meat/meat alternate ²	0– 2 Tbsp. Vegetable, or Fruit or a combination of both	4-6 Fl. Oz (0-5 months) 2-4 Fl. Oz (6-11 months) Breast Milk ¹ or Formula	0-1/2 oz eq Infant Cereal/ or Bread or 0 – ¼ oz eq Crackers or Ready-to-eat Breakfast Cereal	0 – 2 Tbsp. Vegetable, or Fruit or a combination of both
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									

¹ – Breastfed infants who regularly consume less than the minimum amount of breastmilk per feeding, a serving of less than the minimum amount of breastmilk may be offered, with additional breastmilk offered at a later time if the infant will consume more.

² – Meats include beef, pork, fish poultry, whole egg (0-4 Tbsp.). Meat alternates include cooked dry beans or dry peas (0-4 Tbsp.), cheese (0-2 ounces), cottage cheese (0-4 ounces), or Yogurt (0-4 ounces or ½ cup).

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 form.

WEEKLY MEAL RECORD
Individual Infant – Breakfast, AM Snack, Lunch & PM Snack
**All food components are required when infant is developmentally ready*

Common Abbreviations:
 B.M. = Breast milk
 F = Formula
 Rice = "Rice" Cereal
 Oat = "Oatmeal" Cereal
 Mixed = "Mixed" Cereal
 Infants fed on-site by breastfeeding mothers = B.M. by mom

Child's Name: _____
 Site: _____

Date Of Birth: _____
 Meal Benefit Category: _____

Month, Day, Year	BREAKFAST			AM SNACK			LUNCH			PM SNACK		
	4-6 Fl. Oz (0-5 months) 6-8 Fl. Oz (6-11 months) Breast Milk ¹ or Formula	0 – ½ oz eq Infant Cereal &/or 0-4 Tbsp Meat/meat alternate ²	0 – 2 Tbsp. Vegetable, or Fruit or a combination of both	4-6 Fl. Oz (0-5 months) 2-4 Fl. Oz (6-11 months) Breast Milk ¹ or Formula	0-1/2 oz eq Infant Cereal or Bread or 0 – ¼ oz eq Crackers or Ready-to- eat Breakfast Cereal	0 – 2 Tbsp. Vegetable, or Fruit or a combination of both	4-6 Fl. Oz (0-5 months) 6-8 Fl. Oz (6-11 months) Breast Milk ¹ or Formula	0 - ½ oz eq Infant Cereal &/or 0-4 Tbsp Meat/meat alternate ²	0 – 2 Tbsp. Vegetable, or Fruit or a combination of both	4-6 Fl. Oz (0-5 months) 2-4 Fl. Oz (6-11 months) Breast Milk ¹ or Formula	0-1/2 oz eq Infant Cereal or Bread or 0 – ¼ oz eq Crackers or Ready-to- eat Breakfast Cereal	0 – 2 Tbsp. Vegetable, or Fruit or a combination of both
	Monday											
	Tuesday											
	Wednesday											
	Thursday											
	Friday											

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² – Meats include beef, pork, fish poultry, whole egg (0-4 Tbsp.). Meat alternates include cooked dry beans or dry peas (0-4 Tbsp.), cheese (0-2 ounces), cottage cheese (0-4 ounces), or Yogurt (0-4 ounces or ½ cup). **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 form.**