

PROVIDER: _____

CACFP FAMILY DAY CARE HOMES INFANT MENU

WEEK BEGINNING: _____

Does parent provide formula? _____

MEAL	FOOD REQUIRED	MINIMUM MEAL REQUIREMENTS				SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
		8 TO 11 MONTHS	12 MONTHS	15 MONTHS	18 MONTHS							
B	IRON FORTIFIED INFANT FORMULA OR BREAST MILK	4-6 OUNCES	4-6 OUNCES	6-8 OUNCES								
E	FRUIT OR VEGETABLE	NONE	0-1 OUNCES (OPTIONAL)	2-4 TBS*8								
F	FRUIT OR VEGETABLE (NO JUICE)	NONE	NONE	1-4 TBS*8								
G	IRON FORTIFIED INFANT FORMULA OR BREAST MILK	4-6 OUNCES	4-6 OUNCES	2-4 OUNCES								
H	OR 100% FRUIT JUICE	NONE	NONE	2-4 OUNCES								
I	WINE OR GRAIN ENRICHED BREAD COMPONENT	NONE	NONE	0-1/2 SLICE OR 2 CRACKERS								
J	IRON FORTIFIED INFANT FORMULA OR BREAST MILK	4-6 OUNCES	4-6 OUNCES	6-8 OUNCES								
K	FRUIT OR VEGETABLE	NONE	0-2 TBS*8 (OPTIONAL)	1-4 TBS*8								
L	FRUIT OR VEGETABLE (NO JUICE)	NONE	0-2 TBS*8 (OPTIONAL)	1-4 TBS*8								
M	IRON FORTIFIED INFANT FORMULA OR BREAST MILK	4-6 OUNCES	4-6 OUNCES	2-4 OUNCES								
N	OR 100% FRUIT JUICE	NONE	NONE	2-4 OUNCES								
O	WINE OR GRAIN ENRICHED BREAD COMPONENT	NONE	NONE	0-1/2 SLICE OR 2 CRACKERS								
P	FRUIT OR VEGETABLE	NONE	0-2 TBS*8 (OPTIONAL)	1-4 TBS*8								
Q	FRUIT OR VEGETABLE (NO JUICE)	NONE	0-2 TBS*8 (OPTIONAL)	1-4 TBS*8								
R	IRON FORTIFIED INFANT FORMULA OR BREAST MILK	4-6 OUNCES	4-6 OUNCES	6-8 OUNCES								
S	FRUIT OR VEGETABLE	NONE	0-1 OUNCES (OPTIONAL)	1-4 TBS*8								
T	FRUIT OR VEGETABLE (NO JUICE)	NONE	0-1 OUNCES (OPTIONAL)	1-4 TBS*8								
U	IRON FORTIFIED INFANT FORMULA OR BREAST MILK	4-6 OUNCES	4-6 OUNCES	2-4 OUNCES								
V	OR 100% FRUIT JUICE	NONE	NONE	2-4 OUNCES								
W	WINE OR GRAIN ENRICHED BREAD COMPONENT	NONE	NONE	0-1/2 SLICE OR 2 CRACKERS								
X	FRUIT OR VEGETABLE	NONE	0-2 TBS*8 (OPTIONAL)	1-4 TBS*8								
Y	FRUIT OR VEGETABLE (NO JUICE)	NONE	0-2 TBS*8 (OPTIONAL)	1-4 TBS*8								
Z	IRON FORTIFIED INFANT FORMULA OR BREAST MILK	4-6 OUNCES	4-6 OUNCES	2-4 OUNCES								
AA	OR 100% FRUIT JUICE	NONE	NONE	2-4 OUNCES								
AB	WINE OR GRAIN ENRICHED BREAD COMPONENT	NONE	NONE	0-1/2 SLICE OR 2 CRACKERS								

Provider Name: _____ Menu Dates: _____

Certification capacity: _____
 Number of Provider's own children: _____

CREDITABLE FORMULA Only Iron Fortified Infant Formula (ITIF) may be served. If you use any other formula you must have a signed doctor's statement to be reimbursed.	BREAST MILK The mother's breast milk may be served in place of formula. Meats or snacks consisting of breast milk only are reimbursable if the provider serves it from a bottle.	BREAD ALTERNATES Crackers, Graham crackers, dry toast, melba toast, antebread. NOTE: avoid highly seasoned snack crackers or crackers with seeds. Only whole grain/branched bread components can be used as bread alternates.	FRUIT VEGETABLE Fruit or vegetable juice may not be substituted in place of a trained fruit or vegetable or major meal. Infants younger than 6 months old may not be served juice. If older than 6 months, juice must be served in a cup.	MEAT OR ALTERNATE 1-4 tbsp meat, poultry, or cooked dry beans or peas; or 1/2-2 oz cheese; or 1 to 4 oz cottage cheese or cheese spread.	INFANT CEREAL Regular cereal, i.e. cream of wheat, oatmeal, etc. may not be substituted in place of iron fortified infant cereal.
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List infants you are claiming this week _____ Circle meals claimed for each infant _____ Documentation of enrollment must be available on all infants claimed _____

AGE	INFANT'S FULL NAME		Circle meals claimed for each infant						
	LAST	FIRST	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
#1			BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN
#2			BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN
#3			BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN
#4			BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN
#5			BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN
#6			BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN
#7			BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN
#8			BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN
#9			BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN
#10			BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN
TOTALS									

REMEMBER: You may only claim 3 meals per child per day, 2 meals and 1 snack or 2 snacks and 1 meal. Remember, that's only 3 circles per day per child.

I certify that the information I have submitted is true and correct to the best of my knowledge, that the records are available to support the information provided, that it is in accordance with the terms of existing agreements and that payment has not been received.
 I understand that this information is being given in connection with the receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes.

Signature of Provider _____ Date _____

PROVIDER'S TOTALS FOR THE WEEK	
BREAKFAST	_____
AM SNACK	_____
LUNCH	_____
PM SNACK	_____
SUPPER	_____
LN SNACK	_____

OFFICE USE ONLY TOTALS FOR THE WEEK	
BREAKFAST	_____
AM SNACK	_____
LUNCH	_____
PM SNACK	_____
SUPPER	_____
LN SNACK	_____