FY 2015-2016 CACFP FAMILY DAY CARE HOMES INFANT MENU

PROVIDER: _____ **WEEK BEGINNING:**_____

Does parent provide formula? _____

MINIMUM MEAL REQUIRMENTS											
MEAL	**FOOD REQUIRED**	**0 TO 3 MONTHS**	**4-7 MONTHS**	**8-11 MONTHS**	**SUNDAY**	**MONDAY**	**TUESDAY**	**WEDNESDAY**	**THURSDAY**	**FRIDAY**	**SATURDAY**
BREAKFAST	IRON FORTIFIED INFANT FORMULA OR BREAST MILK	4-6 Oz.	4-8 Oz.	6-8 Oz.							
	Iron Fortified Infant Cereal	NONE	0-3 Tbsp.	2-4 Tbsp.							
	FRUIT OR VEGETABLE (NO JUICE)	NONE	NONE	1-4 Tbsp.							
AM SNACK	IRON FORTIFIED INFANT FORMULA OR BREAST MILK	4-6 Oz.	4-6 Oz.	2-4 Oz.							
	OR 100% FRUIT JUICE	NONE	NONE	2-4 Oz.							
	Whole Grain/Enriched Bread Component	NONE	NONE	0-1/2 SLICE OR 0-2 CRACKERS							
LUNCH	IRON FORTIFIED INFANT FORMULA OR BREAST MILK	4-6 Oz.	4-8 Oz.	6-8 Oz.							
	Iron Fortified Infant Cereal	NONE	0-3 Tbsp.	2-4 Tbsp.							
	AND / OR STRAINED MEAT COMPONENT	NONE	NONE	1-4 Tbsp.							
	FRUIT OR VEGETABLE (NO JUICE)	NONE	0-3 Tbsp.	1-4 Tbsp.							
PM SNACK	IRON FORTIFIED INFANT FORMULA OR BREAST MILK	4-6 Oz.	4-6 Oz.	2-4 Oz.							
	OR 100% FRUIT JUICE	NONE	NONE	2-4 Oz.							
	Whole Grain/Enriched Bread Component	NONE	NONE	0-1/2 SLICE OR 0-2 CRACKERS							
SUPPER	IRON FORTIFIED INFANT FORMULA OR BREAST MILK	4-6 Oz.	4-8 Oz.	6-8 Oz.							
	Iron Fortified Infant Cereal	NONE	0-3 Tbsp.	2-4 Tbsp.							
	AND / OR STRAINED MEAT COMPONENT	NONE	NONE	1-4 Tbsp.							
	FRUIT OR VEGETABLE (NO JUICE)	NONE	0-3 Tbsp.	1-4 Tbsp.							
LN SNACK	IRON FORTIFIED INFANT FORMULA OR BREAST MILK	4-6 Oz.	4-6 Oz.	2-4 Oz.							
	OR 100% FRUIT JUICE	NONE	NONE	2-4 Oz.							
	Whole Grain/Enriched Bread Component	NONE	NONE	0-1/2 SLICE OR 0-2 CRACKERS							

Certification capacity: _____

Number of Provider's own children: _____

CREDITABLE FORMULA	BREAST MILK	BREAD ALTERNATES	FRUIT VEGETABLE	MEAT OR ALTERNATE	INFANT CEREAL
Only Iron Fortified Infant Formula (IFIF) may be served. *If you use any other formula you must have a signed doctor's statement to be reimbursed.*	*The mother's breast milk may be served in place of formula. Meals or snacks consisting of* ***breast milk only*** *are reimbursable* ***if*** *the provider serves it from a bottle.*	*Crackers, graham crackers, dry toast, melba toast, zwieback* *NOTE: avoid highly seasoned snack crackers or crackers with seeds.* ***Only whole grain/enriched bread components can be used as bread alternates***	*Fruit or vegetable juice may not be substituted in place of a strained fruit or vegetable at major meals. Infants younger than 6 months old may not be served juice. If older than 6 months, juice must be served in a cup.*	*1-4 tbsp. meat, poultry, or cooked dry beans or peas, or ½ -2 oz. cheese, or 1 to 4 oz. cottage cheese or cheese spread.*	*Regular cereal, i.e. cream of wheat, oatmeal, etc. may not be substituted in place of iron fortified infant cereal.*

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 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								

REMINDER: 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

***7 CFR 226.15 (e)**

PROVIDER'S TOTALS
FOR THE WEEK

BREAKFAST	_____
AM SNACK	_____
LUNCH	_____
PM SNACK	_____
SUPPER	_____
LN SNACK	_____

OFFICE USE ONLY
TOTALS FOR THE WEEK

	TIER I	*TIER II*
BREAKFAST	_____	_____
AM SNACK	_____	_____
LUNCH	_____	_____
PM SNACK	_____	_____
SUPPER	_____	_____
LN SNACK	_____	_____