

Iowa Department of Education
Bureau of Nutrition and Health
Services

Infant Feeding and Recordkeeping

Resources

Meal
requirements

Recordkeeping

Q and A's

On-Line Training: Steps to Success

Iowa Learning Online Professional Development

You are logged in as Jane Heikenen (Logout)

ILOPD ▶ Iowa CACFP Steps to Success Training Modules

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CACFP Steps to Success

Module 15-Infant Feeding

Infants have unique nutrition needs as they grow and develop in the first year. There are separate CACFP requirements for infant feeding. This module has review questions for three sections:

- Section 1 is about the meal patterns for infants in CACFP.
- Section 2 covers the requirements for claiming infant meals in CACFP.
- Section 3 covers the Iowa Feeding Infants Guide.

Lesson you should:

- Identify reimbursable foods that meet the infant meal patterns.
- Document that at least one center-provided formula has been offered to families of infants.
- Keep individual daily dated menus for infants.
- Follow best practices when feeding infants.

Follow Meal Patterns

Age of Baby	Breakfast	Lunch and Supper	Snack
Birth through 3 months 	4-6 fluid ounces (fl oz) breast milk ^{1,2} or formula ³	4-6 fl oz breast milk ^{1,2} or formula ³	4-6 fl oz breast milk ^{1,2} or formula ³
4 months through 7 months 	4-8 fl oz breast milk ^{1,2} or formula ³ 0-3 Tbsp. infant cereal ^{3,4} (optional)	4-8 fl oz breast milk ^{1,2} or formula ³ 0-3 Tbsp. infant cereal ^{3,4} (optional) 0-3 Tbsp. fruit and/or vegetable (optional) ⁴	4-6 fl oz breast milk ^{1,2} or formula ³
8 months through 11 months (until 1 st birthday) 	6-8 fl oz breast milk ^{1,2} or formula ³ 2-4 Tbsp. infant cereal ³ 1-4 Tbsp. fruit and/or vegetable	6-8 fl oz breast milk ^{1,2} or formula ³ and 2-4 Tbsp infant cereal ³ and/or 1-4 Tbsp. meat, fish, poultry, egg yolk, cooked dry beans or split peas; or ½-2 oz. cheese; or 2-8 Tbsp. cottage cheese; or 1-4 oz cheese food, or cheese spread; and 1-4 Tbsp. fruit and/or vegetable	2-4 fl oz breast milk ^{1,2} or formula ³ or fruit juice ⁵ 0-½ slice of bread ^{1,6} or 0-2 crackers ^{8,9} (optional)

Birth Through 3 Months

Age of Baby	Breakfast	Lunch and Supper	Snack
Birth through 3 months 	4-6 fluid ounces (fl oz) breast milk ^{1,2} or formula ³	4-6 fl oz breast milk ^{1,2} or formula ³	4-6 fl oz breast milk ^{1,2} or formula ³



4 Through 7 Months

Age of Baby	Breakfast	Lunch and Supper	Snack
4 months through 7 months 	4-8 fl oz breast milk ^{1,2} or formula ³ 0-3 Tbsp. Infant cereal ^{3,4} (optional)	4-8 fl oz breast milk ^{1,2} or formula ³ 0-3 Tbsp. Infant cereal ^{3,4} (optional) 0-3 Tbsp. fruit and/or vegetable (optional) ⁴	4-6 fl oz breast milk ^{1,2} or formula ³

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

Introduction of Complementary Food

Age of Baby	Breakfast	Lunch and Supper
4 months through 7 months 	4-8 fl oz breast milk ^{1,2} or formula ³ 0-3 Tbsp. Infant cereal ^{3,4} (optional)	4-8 fl oz breast milk ^{1,2} or formula ³ 0-3 Tbsp. Infant cereal ^{3,4} (optional) 0-3 Tbsp. fruit and/or vegetable (optional) ⁴
8 months through 11 months (until 1 st birthday) 	6-8 fl oz breast milk ^{1,2} or formula ³ 2-4 Tbsp. Infant cereal ³ 1-4 Tbsp. fruit and/or vegetable	6-8 fl oz breast milk ^{1,2} or formula ³ and 2-4 Tbsp Infant cereal ³ and/or 1-4 Tbsp. meat, fish, poultry, egg yolk, cooked dry beans or split peas; or ½-2 oz. cheese; or 2-8 Tbsp. cottage cheese; or 1-4 oz cheese food, or cheese spread; and 1-4 Tbsp. fruit and/or vegetable



No Cow's Milk Until 1st Birthday

Low in iron

Iron is poorly absorbed

Decreases absorption of iron from other sources



Serve Reimbursable Infant Foods

Page C-9 through 15

Iowa Child and Adult Care Food Program Reimbursable Foods for Infants June 2012	
<p>This guidance is to provide additional information about what foods may or may not be counted as reimbursable when feeding infants and claiming infant meals for CACFP reimbursement.</p> <p>Reimbursable foods are foods that count toward fulfilling the requirements for a reimbursable infant meal. Child care providers are required to provide the minimum serving size as identified on the CACFP Infant Meal Pattern. Infants are not required to consume the serving size offered to them.</p> <p>Non-reimbursable or "other" foods are those foods that are not reimbursable because they do not fulfill the infant food requirements listed on the CACFP Infant Meal Pattern. When these foods are used to fulfill the food requirement, the meal served to the infant must still be claimed for CACFP reimbursement.</p> <p>If the child care provider's responsibility is to carefully read food labels before purchasing foods to be served to infants in order to determine if the food will be reimbursable according to the CACFP infant meal pattern guidelines.</p> <p>Conversations with the parent/guardian are important to determine what foods have been introduced to the infant (see "Foods fed at home") and the infant's food needs. Any additional foods to be served to infants must be carefully examined for their appropriateness of consistency for the infant's developmental abilities as well as for nutrient content to provide the necessary nutrients and calories for infant growth.</p>	
Breast Milk	
<p>Reimbursable Foods Descriptions:</p> <p>Meals including only breast milk (expressed milk) may be reimbursed if fed by the child care provider.</p> <p>If the mother comes to the child care center or child development home to nurse the infant, the meal is reimbursable only when the care provider serves another reimbursable food according to the CACFP Infant Meal Pattern guidelines.</p> <p>Breast milk is allowed to be served in place of fluid cow's milk to infants 12 months and older (periodically 1 to 2 years of age). (FNS Instruction 783-F, October 4, 1994)</p> <p>Eligible child development home providers who are breastfeeding their infants may claim the meal if other non-residential infants/children are served the same meal. Meals may be claimed for infants of center employees who breastfeed their infants when they are at work at the center.</p>	<p>Non-reimbursable foods include but are not limited to:</p> <p>If the mother comes to the child care center or child development home to nurse the infant, the meal would not be reimbursable if this is the only food served for the meal.</p>
Infant Formulas	
<p>Reimbursable Foods Descriptions:</p> <p>Infant Formula means "any non-sterilized infant formula, intended for enteral use as a sole source of foods for normal, healthy infants served in liquid state at manufacturer's recommended dilution".</p> <p>Iron-fortified infant formula is defined by the Food and Drug Administration (FDA) as a product which contains "milligram or more of iron in a quantity of product that supplies 100 kilocalories when prepared in accordance with label directions for infant consumption." The number of milligrams of iron per 100 kilocalories of formula is on the nutrition label of the infant formula.</p> <p>Meals including only a reimbursable formula provided by the parent/guardian are reimbursable if the formula is the only required food and is fed by the care provider. A current list of reimbursable non-sterilized formulas is included in this document.</p>	<p>Non-reimbursable foods include but are not limited to:</p> <p>Buttermilk Cow's Milk, 1%, 2%, Skim, Whole, Raw Custard Cream soup Evaporated Cow's Milk or home prepared Evaporated Cow's Milk Formula Formula, Low Iron (reimbursable only if there is a medical exception) Goat's Milk Hot Cream Infant Milk including those made from rice or nuts (such as almonds or mandarin creamer) Reconstituted Dry Milk Pudding Soy Milk, usually called soy leverage Sweetened Condensed Milk Yogurt</p>

Non-Reimbursable Infant Foods



Cereals/Breads and Crackers

- Cereals in a jar
- Ready to eat cereals



Fruits and Vegetables

- Wheels or puffs
- Desserts (even with fruit as 1st ingredient)



Meat/Meat Alternates

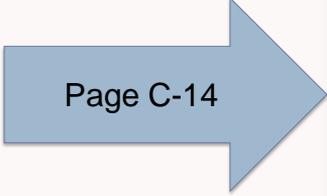
- Baby food combination dinners
- Cured meats







Meat/Meat Alternates

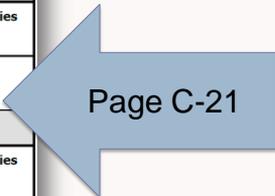


Juices	
Snacks for 8 months through 11 months only (until 1 st birthday)	
Reimbursable Foods Descriptions:	Non-reimbursable foods include but are not limited to:
Only full-strength, 100% juices (regular or infant) are allowed for infants 8 months and older at snack time (not at lunch or supper). Juices should be naturally high in or fortified with vitamin C. Juices must be pasteurized. Juices must be served from a cup and not a bottle.	Adren-16™ lemonade Citrus juice for infants under 6 months Fruit Drinks Fruit Juice with Yogurt Fruit Flavored Powders and Syrup Home Canned Fruit or Vegetable Juices Juice Cocktails Juice Drinks Kool-aid Soda Pop Vegetable Juice Vegetable Juice Blends

Meat/Meat Alternates	
Lunch/Supper for 8 months through 11 months only (until 1 st birthday)	
Reimbursable Foods Descriptions:	Non-reimbursable foods include but are not limited to:
Cheese Cheese Floss or Cheese Spread Cooked dry beans or split peas Commercial plain strained or pureed baby food meats with meat or poultry as the first ingredient Cottage Cheese Egg yolk Gerber 2 nd Foods™ Meats Beef and Beef Gravy Chicken and Chicken Gravy Ham and Ham Gravy Lamb and Lamb Gravy Turkey and Turkey Gravy Veal and Veal Gravy Mealmeat alternates must be of appropriate consistency and texture for the individual infant to avoid choking hazards. Meat, Fish and Poultry	Baby Food Combination Dinners in a Jar Baby Food Meat Sticks or "Finger Sticks" (looks like miniature hot dogs) Bacon Bologna Chicken Nuggets Commercially prepared combination dinners Cured Meats Dehydrated Dinners Egg Whites Fat trimmed from meat Fish, trimmed with bones Fish, struck, swordfish, king mackerel, tilapia Fish Sticks, commercial or other commercial breaded or battered fish or seafood products Fried Meats Green beans, frozen, fresh or canned (creditable as a vegetable only) Homes Canned Meats Hot Dogs (Frankfurters) Lunchmeat Meats Nuts Nut Butters, such as Peanut Butter Peas, frozen, fresh or canned (creditable as a vegetable only) Raw or undercooked eggs Salami Sausage Seeds Sweet Butters Shellfish, shrimp, lobster, crab, crawfish, scallops, oysters, clams Skin trimmed from meat Tofu Undercooked eggs Yogurt

Is This Meal Reimbursable?

BIRTH – 3 MONTHS			
Parent Choice ☐	Parent supplies formula ⁶	Parent supplies Breast milk ²	Child care supplies formula ⁶
All Meals	YES		
4 MONTHS – 7 MONTHS			
Parent Choice ☐	Parent supplies formula ⁶	Parent supplies Breast milk ²	Child care supplies formula ⁶
Breakfast	3, 4		YES
Lunch and Supper	3, 4		
Snack	YES	YES	
8 MONTHS UP TO FIRST BIRTHDAY			
Parent Choice ☐	Parent supplies formula ⁶	Parent supplies Breast milk ²	Child care supplies formula ⁶
Breakfast	5		YES
Lunch and Supper	3, 4		
Snack	3, 4		



¹ Medical exceptions to the CACFP Infant Meal Pattern Guidelines are allowed when there is documentation from a recognized medical authority (an allergen/reaction statement is needed for exempt infant formula). If the documentation is on file and the required CACFP records have been maintained, the meals may be claimed for reimbursement.
² If the mother comes to the center to nurse the infant, the meal cannot be claimed for reimbursement. If center employees nurse their own infants, the center may claim the meals for reimbursement.
³ This meal may be claimed if the center feeds formula or breast milk provided by the parent to the infant and it is the only food the infant is consuming because formula is not ready for solid foods.
⁴ Unless the parent indicates that the infant is ready to have solid foods for this meal, the center must serve one optional reimbursable food if the parent provides the formula or breast milk. When the parent provides the optional food(s) the center must supply the formula in order to claim this meal for CACFP reimbursement. The minimum serving size must be served.
⁵ The center must supply one required reimbursable food for these meals in order to claim the meal for reimbursement. All required foods must be served.
⁶ The formula provided must be a reimbursable, iron-fortified formula or an allergen/reaction statement is on file for the formula served.

Required Records

Daily Attendance Form
Iowa Child and Adult Care Food Program
Instructions: Parent/guardian (or participating adult) signs participant in and out daily. Post in the care room or the entry with a clock nearby.

Week of _____ Year _____ Room _____								
Last	Name	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.	
		In	Out	In	Out	In	Out	
1								
2								
3								
4								

Infants only (0-12 months): I am not enrolling an infant (skip this section).
As a participant in a USDA Child Nutrition Program, our Center offers meals to all ages of children. Info based on current nutrition guidelines, infant foods are appropriate for the age and developmental read infant. Please select (X or ✓) your choice(s) of the following options that will fulfill your infant's food needs:
 I will provide breast milk for my infant. Center formula may be used to supplement feed necessary. Yes No
 I will provide infant formula for my infant. Name of formula: _____
 I accept the Center's formula for my infant. Name of formula: _____
 I will provide a statement from a medical authority for non-reimbursable formula. Name: _____
 I accept the Center's solid foods (appropriately textured) to be served to my infant as s/ them, and after I have discussed it with the caregiver.
 I will provide solid foods for my infant. The Center may supplement with additional solid my infant needs them: Yes No

Parent Signature: _____ Date: _____

Total Reduced Price Meals _____
Total "Free" Meals (Other participant meals) _____
Total Meals _____

Iowa CACFP Individual Infant Weekly Menu
Directions: This weekly menu form is for one infant. Date and complete the menu as noted.

Iowa Eligibility Application Complete one application per household. Submit Year 2013-2014 PFF 12-13

Part 1. Check all applicable boxes:
 school meals special milk (restrictions apply) children in child care center children in child care home/PH special milk (restrictions apply) Thrift home provider (PH) Head Start/Head Start

Part 2. Children enrolled. REQUIRED OF ALL APPLICANTS: If eligible, list FIP or Food Assistance Case Number.
 List members of all enrolled children in your household. Children's Race and Ethnic identities are optional. Provide one or more if you choose (see code).
 Ethnicity: Hispanic or Latino, Non-Hispanic or Latino, Asian, Pacific Islander, American Indian or Alaska Native, White

Last Name	First Name	Middle Name or Initial	Sex	Date of Birth	Grade	OPTIONAL: ETHNICITY	RACE	Name of School/Head Start Child Care Center/Home
1.								
2.								
3.								
4.								
5.								

Part 3. Total Household Gross Income. DO NOT COMPLETE PART 3 IF YOU LISTED A FIP OR FOOD ASSISTANCE NUMBER IN PART 2.
 Report the gross income received by EACH household member one time in the current calendar year, every 2 weeks, twice a month, or monthly. Gross income is the amount earned before taxes and other deductions, not take-home pay. Report all other monthly income received. Self-employed persons, see the worksheet on reverse side of this application.

Last Name	First Name	Age	Check if No Income	Gross annual income 12 months	Gross annual income 2 weeks	Gross annual income 4 weeks	Gross annual income 2 months	Gross annual income 1 month	Monthly Payments or Income Received	Stipends, honoraria, awards, grants, etc.	Freight, interest, etc. (see instructions)	Other monthly income
1.												
2.												
3.												
4.												
5.												

Part 4. Certification and Signatures. REQUIRED OF ALL APPLICANTS.
 I certify, upon pain of perjury, that the information in this application is true and that all income is reported if required. I understand that I will receive benefits from Federal funds based on the information I give. I understand that officials may verify (check) the information. I understand that if I purposely give false information, my children may lose nutritional benefits, and I may be prosecuted. Enroll if Adult completing Form.

Signature of Adult Completing Form: _____ Printed name of Adult Completing Form: _____ Date Signed: _____

Address of Adult Completing Form: _____ Room: _____ ZIP Code: _____ Work Phone: _____ Home Phone: _____ Cell Phone: _____

APPLICANT APPROVES: Income Free Food Assistance CACFP (PH) ONLY Thrift Area (Providers own children)
 Head Start DOCUMENTATION REQUIRED Homeless/At-Risk (Schools only) Free Milk Thrift Income (All children)
 Eligibility: Free Meals Reduced Price Meals Free Milk Thrift Income (All children)
 Application Denied: Incomplete Over income limit Other: _____

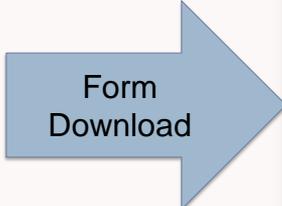
Determining Official Signature: _____ Effective Date: _____ Confirming Official Signature (Schools only): _____ Date: _____
 Follow-Up Official Signature (Schools only): _____ Date: _____

Abbreviations
 C-Child Care Center, D-Child Care Home, E-Home Provider, F-Home Provider (PH), G-Head Start, H-Homeless/At-Risk, I-Homeless/At-Risk (Schools only), J-Homeless/At-Risk (Schools only), K-Homeless/At-Risk (Schools only), L-Homeless/At-Risk (Schools only), M-Homeless/At-Risk (Schools only), N-Homeless/At-Risk (Schools only), O-Homeless/At-Risk (Schools only), P-Homeless/At-Risk (Schools only), Q-Homeless/At-Risk (Schools only), R-Homeless/At-Risk (Schools only), S-Homeless/At-Risk (Schools only), T-Homeless/At-Risk (Schools only), U-Homeless/At-Risk (Schools only), V-Homeless/At-Risk (Schools only), W-Homeless/At-Risk (Schools only), X-Homeless/At-Risk (Schools only), Y-Homeless/At-Risk (Schools only), Z-Homeless/At-Risk (Schools only).

Revised 10/01

Friday
 Date: _____
 M T W T F S S
 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

Eligibility Application



Iowa Eligibility Application Complete one application per household. Submit Year 2013-2014 PFF 12-13

Part 1. Check all applicable boxes:
 school meals special milk (restrictions apply) children in child care center children in child care home/PH special milk (restrictions apply) Thrift home provider (PH) Head Start/Head Start

Part 2. Children enrolled. REQUIRED OF ALL APPLICANTS: If eligible, list FIP or Food Assistance Case Number.
 List members of all enrolled children in your household. Children's Race and Ethnic identities are optional. Provide one or more if you choose (see code).
 Ethnicity: Hispanic or Latino, Non-Hispanic or Latino, Asian, Pacific Islander, American Indian or Alaska Native, White

Last Name	First Name	Middle Name or Initial	Sex	Date of Birth	Grade	OPTIONAL: ETHNICITY	RACE	Name of School/Head Start Child Care Center/Home
1.								
2.								
3.								
4.								
5.								

Part 3. Total Household Gross Income. DO NOT COMPLETE PART 3 IF YOU LISTED A FIP OR FOOD ASSISTANCE NUMBER IN PART 2.
 Report the gross income received by EACH household member one time in the current calendar year, every 2 weeks, twice a month, or monthly. Gross income is the amount earned before taxes and other deductions, not take-home pay. Report all other monthly income received. Self-employed persons, see the worksheet on reverse side of this application.

Last Name	First Name	Age	Check if No Income	Gross annual income 12 months	Gross annual income 2 weeks	Gross annual income 4 weeks	Gross annual income 2 months	Gross annual income 1 month	Monthly Payments or Income Received	Stipends, honoraria, awards, grants, etc.	Freight, interest, etc. (see instructions)	Other monthly income
1.												
2.												
3.												
4.												
5.												

Part 4. Certification and Signatures. REQUIRED OF ALL APPLICANTS.
 I certify, upon pain of perjury, that the information in this application is true and that all income is reported if required. I understand that I will receive benefits from Federal funds based on the information I give. I understand that officials may verify (check) the information. I understand that if I purposely give false information, my children may lose nutritional benefits, and I may be prosecuted. Enroll if Adult completing Form.

Signature of Adult Completing Form: _____ Printed name of Adult Completing Form: _____ Date Signed: _____

Address of Adult Completing Form: _____ Room: _____ ZIP Code: _____ Work Phone: _____ Home Phone: _____ Cell Phone: _____

APPLICANT APPROVES: Income Free Food Assistance CACFP (PH) ONLY Thrift Area (Providers own children)
 Head Start DOCUMENTATION REQUIRED Homeless/At-Risk (Schools only) Free Milk Thrift Income (All children)
 Eligibility: Free Meals Reduced Price Meals Free Milk Thrift Income (All children)
 Application Denied: Incomplete Over income limit Other: _____

Determining Official Signature: _____ Effective Date: _____ Confirming Official Signature (Schools only): _____ Date: _____
 Follow-Up Official Signature (Schools only): _____ Date: _____

Infant Formula/Solids

Infants only (0-12 months): I am not enrolling an infant (skip this section)

As a participant in a USDA Child Nutrition Program, our Center offers meals to all ages of children. Infant feeding is based on current nutrition guidelines. Infant foods are appropriate for the age and developmental readiness of your infant. Please select (X or ✓) your choice(s) of the following options that will fulfill your infant's food needs.

I will provide breast milk for my infant. Center formula may be used to supplement if necessary: Yes No

I will provide infant formula for my infant. Name of formula: _____

I accept the Center's formula for my infant. Name of formula: _____

I will provide a statement from a medical authority for non-reimbursable formula. Name of formula: _____

I accept the Center's solid foods (appropriately textured) to be served to my infant as s/he is ready for them, and after I have discussed it with the caregiver.

I will provide solid foods for my infant. The Center may supplement with additional solid foods when my infant needs them: Yes No

Parent Signature: _____ Date: _____

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Daily Attendance

Chapter 4, Page 19

Daily Attendance Form
 Iowa Child and Adult Care Food Program
 Instructions: Parent/guardian (or participating adult) signs participant in and out daily. Post in the care room or the entry with a clock nearby.

Week of _____ Year _____ Room _____

Last Name	First Name	Mon.		Tue.		Wed.		Thu.		Fri.	
		In	Out								
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											

Number of different participants who attended each day: _____

Iowa CACFP Individual Infant Weekly Menu



Directions: This weekly menu form is for one infant. Date and complete the menus as served.
Revised 6/2011

Month & Year: October 2011 Infant's Name: Cali Jones
 Formula Name: Enfamil Birth date: February 1, 2011 Age: 8 mo
 Who provides formula?: Parent (circle one) Optional foods tried and how required: bread + wheat crackers - water puddles

Abbreviations

C Ch = Collage Cheese
 Ch = Cheese
 Ft = Fruit
 HM = Human Milk
 IFF = Iron Fortified Infant Formula
 IFC = Iron Fortified Infant Cereal

Opt = Optional
 Tbsp = Tablespoon
 Veg = Vegetable
 Oz = Ounce

	Age	Infant Meal Pattern*	Monday Date: 3	Tuesday Date: 4	Wednesday Date: 5	Thursday Date: 6	Friday Date: 7
Breakfast	0-3 mo	4-6 oz HM or IFF					
	4-7 mo	4-8 oz HM or IFF					
	8-11 mo (until 1 st birthday)	0-3 Tbsp IFC (Opt) 2-4 Tbsp IFC 1-4 Tbsp Ft and/or Veg	HM IFC - rice applesauce	HM IFC - oats peaches	HM IFC - mix apricots	HM IFC - muffin plums	HM IFC - muffin apricots
Snack	0-7 mo	4-6 oz HM or IFF					
	8-11 mo (until 1 st birthday)	2-4 oz HM or IFF or Ft Juice 0-1/2 slice Bread or 0-2 Crackers (Opt)					
Lunch	0-3 mo	4-6 oz HM or IFF					
	4-7 mo	4-8 oz HM or IFF 0-3 Tbsp IFC (Opt) 0-3 Tbsp Ft and/or Veg (Opt)					
	8-11 mo (until 1 st birthday)	6-8 oz HM or IFF 1-4 Tbsp Ft and/or Veg 2-4 Tbsp IFC and/or 1-4 Tbsp Meat, fish, poultry, egg yolk, cooked dry beans or split peas; or 1/2-2 oz Cheese; 2-8 Tbsp C Ch; or 1-4 oz Ch Food or Ch Spread	HM green beans IFC - mix	HM potatoes ground beef	HM squash American cheese	HM bananas turkey	HM carrots Kidney beans
Snack	0-7 mo	4-6 oz HM or IFF					
	8-11 mo (until 1 st birthday)	2-4 oz HM or IFF or Ft Juice 0-1/2 slice Bread or 0-2 Crackers (Opt)	grape juice (salties)	HM (bread)	IFC (raham crackers)	HM	apple juice (bread)

Iowa CACFP 8-11 Months (until 1st birthday) - Individual Infant Monthly Menu

Directions: This monthly menu form is served to the infant.
 Month & Year: _____
 Formula Name: _____
 Who provides formula? Parent

Infant Meal Pattern*		Date
BFT	6-8 oz HM or IFF 2-4 Tbsp IFC	
AM	1-4 Tbsp Fruit and/or Vegetable	
AM	2-4 oz HM or IFF or Fruit Juice 0-1/2 slice Bread or 0-2 Crackers (C)	
Lunch	6-8 oz HM or IFF 1-4 Tbsp Fruit and/or Vegetable	
Lunch	2-4 Tbsp IFC and/or 1-4 Tbsp meat, poultry, egg yolk, cooked dry bean peas, or 1/2-2 oz cheese; 2-8 Tbsp of Ch Food or Ch Spread	
PM	2-4 oz HM or IFF or Fruit Juice 0-1/2 slice Bread or 0-2 Crackers (C)	
BFT	6-8 oz HM or IFF 2-4 Tbsp IFC	
AM	1-4 Tbsp Fruit and/or Vegetable	
AM	2-4 oz HM or IFF or Fruit Juice 0-1/2 slice Bread or 0-2 Crackers (C)	
Lunch	6-8 oz HM or IFF 1-4 Tbsp Fruit and/or Vegetable	
Lunch	2-4 Tbsp IFC and/or 1-4 Tbsp meat, poultry, egg yolk, cooked dry bean peas, or 1/2-2 oz cheese; 2-8 Tbsp of Ch Food or Ch Spread	
PM	2-4 oz HM or IFF or Fruit Juice 0-1/2 slice Bread or 0-2 Crackers (C)	

Iowa CACFP 4-7 Months - Individual Infant Monthly Menu

Directions: This monthly menu form is for one infant (age 4-7 months). Date and complete the menus (breakfast, AM snack, lunch, PM snack) when served to the infant.
 Month & Year: _____
 Formula Name: _____
 Who provides formula? Parent or Center (circle one)

Infant Meal Pattern*		Date
BFT	4-8 oz HM or IFF 0-3 Tbsp IFC (Opt)	
AM	4-6 oz HM or IFF	
Lunch	4-8 oz HM or IFF 0-3 Tbsp IFC (Opt)	
PM	4-6 oz HM or IFF	
BFT	4-8 oz HM or IFF 0-3 Tbsp IFC (Opt)	
AM	4-6 oz HM or IFF	
Lunch	4-8 oz HM or IFF 0-3 Tbsp IFC (Opt)	
PM	4-6 oz HM or IFF	
BFT	4-8 oz HM or IFF 0-3 Tbsp IFC (Opt)	
AM	4-6 oz HM or IFF	
Lunch	4-8 oz HM or IFF 0-3 Tbsp IFC (Opt)	
PM	4-6 oz HM or IFF	

Iowa CACFP 0-3 months - Individual Infant Monthly Menu

Directions: This monthly menu form is for one infant (age 0-3 months). Date and complete the menus (breakfast, AM snack, lunch and PM snack) when served to the infant. (Revised 10/2013)
 Month & Year: _____
 Formula Name: _____
 Birth date: _____
 Age: _____
 Who provides formula? Parent or Center (circle one)

Infant Meal Pattern*		Monday Date:	Tuesday Date:	Wednesday Date:	Thursday Date:	Friday Date:
BFT	4-6 oz HM or IFF					
AM	4-6 oz HM or IFF					
Lunch	4-6 oz HM or IFF					
PM	4-6 oz HM or IFF					
BFT	4-6 oz HM or IFF					
AM	4-6 oz HM or IFF					
Lunch	4-6 oz HM or IFF					
PM	4-6 oz HM or IFF					
BFT	4-6 oz HM or IFF					
AM	4-6 oz HM or IFF					
Lunch	4-6 oz HM or IFF					
PM	4-6 oz HM or IFF					

**CHILD AND ADULT CARE FOOD PROGRAM
DAILY INFANT MEAL RECORD**

Date: _____

Instructions:

- Write the full names of the infants eating the meal.
- Record who is providing formula
 - PF – Parent provides formula
 - BM – Breast milk
 - CF – Caregiver providing formula
- Record the amounts and types of food (rice cereal, peas, etc.) offered to each infant.
- Check the box if the meal is reimbursable. (only three meals per child per day)
- Record reimbursable meal counts

NAMES: Birth through 3 months	PF BM CF	BREAKFAST Formula* or Breast Milk 4-6 oz.		AM SNACK Formula* or Breast Milk 4-6 oz.	LUNCH Formula* or Breast Milk 4-6 oz.	PM SNACK Formula* or Breast Milk 4-6 oz.	

NAMES: 4 through 7 months	PF BM CF	BREAKFAST Formula* or Breast Milk 4-8 oz.		Infant Cereal** 0-3 T. (optional)	AM SNACK Formula* or Breast Milk 4-6 oz.	Formula* or Breast Milk 4-8 oz.	LUNCH Fruit/Vegetable 0-3 T. (optional)	Infant Cereal** 0-3 T. (optional)	PM SNACK Formula* or Breast Milk 4-6 oz.

NAMES: 8 through 11 months	PF BM CF	BREAKFAST Formula* or Breast Milk 6-8 oz.		Infant Cereal** 2-4 T.	Fruit/Veg. 1-4 T.	AM SNACK Formula* or Breast Milk or Juice*** 2-4 oz.	0-1/2 slice Bread or 1-2 Crackers (optional)	Formula* or Breast Milk 6-8 oz.	LUNCH Fruit/Veg. 1-4 T.	Infant Cereal** 2-4 T. and/or Meat 1-4 T.	Formula* or Breast Milk or Juice*** 2-4 oz.	0-1/2 slice Bread and 2-3 Crackers (optional)

* Iron-fortified infant formula
 ** Infant cereal must be iron fortified infant dry cereal
 *** Full-strength juice may be served as a snack only for infants, 8 months of age or older

Daily Totals: count only those meals which are reimbursable

Breakfast _____ AM Snack _____ Lunch _____ PM Snack _____

Kansas State Department of Education

What is Missing?

Breakfast: 8-11 Months

Monday: IFF/Cheerios/Pear

Tuesday: IFF/Puffs/Prune

Wednesday: IFIC/Mango

Thursday: IFF/IFIC/Egg

Friday: Puffs/Peaches

What is Missing?

Lunch: 8-11 Months

Monday: Juice/Green Beans/IFIC

Tuesday: IFF/Pears/Bread

Wednesday: IFF/Peaches

Thursday: IFF/Peas/Fish Sticks

Friday: IFF/Swt Pot/Applesauce

Choking Hazards

Supervise meals
and snacks

Place babies in
upright positions

Serve
appropriate
texture

Feed small
portions

Avoid feeding solids
before developmentally
ready



Q. Why are Cheerios or other adult dry cereals not reimbursable for snack for infants age 8 through 11 months?

A. The only reimbursable grain/bread at snack is bread or crackers for this age group.

Adult cereals do not fall under either of these categories. In addition, these cereals are often hard or sharp and contain small hard pieces of fruit or nuts that could pose a choking risk.

Cereals that are not infant cereals also often contain mixed grains that may cause an allergic reaction.

Q. Do menu components for a given meal have to be served at the same time to be recorded as a meal?

A. No, they do not need to be served at the same time to be recorded as a meal. For example, an 8-11 month old infant may receive a bottle when they arrive in the morning at 7:00 a.m., then receive IFC with fruit at 10:00 a.m. All items may be recorded for breakfast. The infant should be marked on the meal participation after the last component is served.

Q. How much is enough food? Some parents want to limit the amount their child is fed.

A. Let the child do the regulating. They eat at this age because they are hungry, not for pleasure. It is the child's job to determine how much to eat. The parent's job to give them healthy food. From babyhood, we should encourage children to eat when they are hungry and stop when they are full.



Q. A parent wants their infant to transition to whole milk between 11 and 12 months. Are these meals reimbursable?

A. No, the month after the child turns 1 may be used as a transition time where both IFF and cow's milk may be served. Appendix E-page 23.



Q. Can a purchased baby food with two different components be used for a reimbursable meal when both components are required?

A. No, when a purchased baby food contains two different components, it is not possible to determine the amount from each component.



Picky Eating



Questions?

