

Michigan Department of Education  
Grants Coordination and School Support  
Child and Adult Care Food Program

# Infant Menu

# Handouts



Michigan Department of Education  
Child and Adult Care Food Program

## Infant Meal Pattern Requirements

	<b>Birth Through 3 Months</b>	<b>4 Through 7 Months</b>	<b>8 Through 11 Months</b>
<b>Breakfast</b>	4 – 6 fluid ounces of infant formula or breast milk	4 - 8 fluid ounces of infant formula or breast milk  (optional) 0 - 3 Tbsp. of infant cereal	6 - 8 fluid ounces of infant formula or breast milk; and  2 - 4 Tbsp. of infant cereal; and  1 - 4 Tbsp. of fruit and/or vegetable
<b>Lunch or Supper</b>	4 - 6 fluid ounces of infant formula or breast milk	4 - 8 ounces of infant formula or breast milk  (optional) 0 - 3 Tbsp. of infant cereal  0 - 3 Tbsp. of fruit and/or vegetable	6 - 8 fluid ounces of infant formula or breast milk; and  2 - 4 Tbsp. of infant cereal <i>or</i> 1 - 4 Tbsp. of meat, fish, poultry, egg yolk, or cooked dry beans or peas; <i>or</i> ½ - 2 ounces (weight) of cheese, <i>or</i> 1 - 4 ounces (weight or volume) of cottage cheese or cheese food or cheese spread; and  1 - 4 Tbsp. of fruit and/or vegetable
<b>Snack</b>	4 - 6 fluid ounces of infant formula or breast milk	4 - 6 fluid ounces of infant formula or breast milk	2 - 4 fluid ounces of infant formula or breast milk or full-strength fruit juice  (optional) 0 - ½ slice of crusty bread; <i>or</i> 0 - 2 crackers

- Infant formula and dry infant cereal must be iron-fortified.
- Foods shall be of texture and consistency appropriate for the particular age served.
- Foods shall be served during a span of time consistent with the child's eating habits.
- Additional foods may be served to infants 4 months of age and older, with the intent of improving their overall nutrition.
- Breast milk must be provided by the infant's own mother.
- Bread or crackers must be made from whole grain or enriched meal or flour and suitable for an infant for use as finger food.
- Do not serve peanut butter, egg whites, commercially prepared fish products (such as fish sticks) and honey (including graham crackers made with honey) to infants.

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## Infant Menu Record Instructions

Institutions must provide infant formula and food to all infants unless a Formula/Food Sign-off statement is on file from the parents declining the center offered food.

The Infant Menu Record is used to record food served to children under one year old. These instructions apply to the sample forms or an infant menu record developed by the institution.

There are separate menu records for infant's ages 0 through 3 months, 4 through 7 months, and 8 through 11 months. Institutions may use a separate menu record for each infant or include infants on the same meal pattern on one form.

1. Insert the name of center, site/room, month and year in the appropriate spaces.
2. Date the menu. *Example:* 10/01/08
3. List the complete names and birth dates of the infants on the appropriate infant menu record.
4. Record the food/beverage before or during the meal/snack.
  - a. Clearly identify specific meals and snacks on the menu record.  
*Example:* Breakfast, AM Snack, Lunch, PM Snack, Supper, Eve Snack
  - b. List the food/beverage for each meal/snack. *Note:* Iron-fortified infant formula or breast milk is the only required component for infants 0 through 7 months.
  - c. List the specific food. Do not use generic food terms such as cereal or fruit.

**Examples: Instead of...**

*cereal*  
*fruit*

**List...**

*rice cereal, barley cereal*  
*applesauce, peaches*

5. Follow the new meal pattern on the day the infant turns four, eight or twelve months.
6. Use a separate infant menu record for each month. Do not combine two different months on the same form.
7. Before or during the meal, record any substitutions on the infant menu record. Remember, the menu is a record of the food actually served.

8. Record all food/beverage substitutions on the infant menu served to children with allergies or disabilities. A Medical Statement for a Child With or Without a Disability form must be on file for food/beverage substitutions.
9. Review the menus to be sure meals and snacks meet meal pattern requirements. If requirements are not met, the meal/snack is not reimbursable. Claim only those meals and snacks approved on the CACFP application.

### ***Reminders***

- If menus are distributed to parents, they must include the most current non-discrimination statement.
- Refer to the USDA website for information regarding creditable infant formulas. You can only claim reimbursement for meals and snacks containing creditable formulas.
- An infant menu record must be kept for each child under 12 months of age.
- Claim infants only if staff feeds them.

Site/Room INFANT ROOM

Month OCTOBER Year 20xx

Michigan Department of Education  
Child and Adult Care Food Program

NOTE: On the day the infant turns 4 months, the new menu pattern must be followed

**Sample Infant Menu Record  
for Infants 0 through 3 Months**

Full names and birth dates of children served this menu  Alger, Anna Calhoun, Carla	Required Components	List of Food (s) Actually Served Each Day				
		Date: 10-1-XX	Date: 10-2-XX	Date: 10-3-XX	Date: 10-4-XX	Date: 10-5-XX
8/12/XX 9/3/XX	<b>Breakfast</b> 4 to 6 fluid ounces of iron-fortified infant formula or breast milk	Anna - formula Carla- breast milk-B*	Anna - formula Carla- breast milk-B*	Anna - formula Carla- breast milk-B*	Carla- breast milk-B*	Anna - formula
	<b>A.M. Snack</b> 4 to 6 fluid ounces of iron-fortified infant formula or breast milk	Anna - formula Carla- breast milk-B*	Anna - formula Carla- breast milk-B*	Anna - formula Carla- breast milk-B*	Anna - formula Carla- breast milk-B*	Anna - formula
	<b>Lunch</b> 4 to 8 fluid ounces of iron-fortified infant formula or breast milk	Anna - formula Carla- breast milk-M*	Anna - formula Carla- breast milk-M*	Anna - formula Carla- breast milk-M*	Anna - formula Carla- breast milk-M*	Anna - formula
	<b>P.M. Snack</b> 4 to 6 ounces of iron-fortified formula or breast milk	Anna - formula Carla- breast milk-B*	Anna - formula Carla- breast milk-B*	Anna - formula Carla- breast milk-B*	Anna - formula Carla- breast milk-B*	Anna - formula
	<b>Supper</b> 4 to 8 fluid ounces of iron-fortified infant formula or breast milk	Anna - formula Carla- breast milk-B*	Anna - formula Carla- breast milk-B*	Anna - formula Carla- breast milk-B*	Anna - formula Carla- breast milk-B*	Anna - formula

\* B=Breast milk from bottle

\*M=Mom breast feeds (not reimbursable)

In accordance with Federal law and U.S. Department of Agriculture (USDA) policy, this institution is prohibited from discriminating 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, SE, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

An infant menu record must be kept for each child under 12 months of age.

Claim infants only if staff feeds them.

Michigan Department of Education  
Child and Adult Care Food Program

NOTE: On the day the infant turns 8 months, the new menu pattern must be followed

Site/Room INFANT ROOM

Month OCTOBER Year 20xx

**Sample Infant Menu Record  
for Infants 4 through 7 Months**

Full names and birth dates of children served this menu	Required Components	List of Food (s) Actually Served Each Day				
		Date: 10-1-XX	Date: 10-2-XX	Date: 10-3-XX	Date: 10-4-XX	Date: 10-5-XX
<u>Barry, Brenda</u> 3-22-XX <u>Wexford, William</u> 4-18-XX <u>Clark, Sarah</u> 4-18-XX	<b>Breakfast</b> 4 to 8 fluid ounces of iron-fortified infant formula or breast milk. <b>and (Optional)</b> 0 to 3 Tbsp. iron-fortified dry infant cereal.	Brenda-formula, rice cereal Sarah-formula, cereal William – breast milk	Brenda-formula, rice cereal Sarah-formula William – breast milk	Brenda – formula William – breast milk	Brenda-formula, rice cereal Sarah-formula, cereal William – breast milk	Brenda-formula, rice cereal Sarah – formula William – breast milk
	<b>A.M. Snack</b> 4 to 6 fluid ounces of iron-fortified infant formula or breast milk	Brenda –formula, cracker Sarah – formula William – breast milk	Brenda – formula Sarah – formula William – breast milk	Brenda – formula William – breast milk	Brenda – formula, cracker Sarah – formula William – breast milk	Brenda – formula Sarah – formula William – breast milk
	<b>Lunch</b> 4 to 8 fluid ounces of iron-fortified infant formula or breast milk <b>and (Optional)</b> 0 to 3 Tbsp. iron-fortified dry infant cereal, 0 to 3 Tbsp. fruit and/or vegetable	Brenda – formula, rice cereal Sarah – formula, rice cereal William – breast milk	Brenda – formula, rice cereal Sarah – formula, green beans, rice cereal William – breast milk	Brenda – formula, rice cereal William – breast milk	Brenda – formula, apple sauce, rice cereal Sarah – formula, rice cereal William – breast milk	Brenda – formula, rice cereal Sarah – formula, plums William – breast milk
	<b>P.M. Snack</b> 4 to 6 ounces of iron-fortified formula or breast milk	Brenda – formula Sarah – formula William – breast milk	Brenda – formula, cracker Sarah – formula William – breast milk	Brenda – formula William – breast milk	Brenda – formula, cracker Sarah – formula William – breast milk	Brenda – formula Sarah – formula, cracker William – breast milk
	<b>Supper</b> 4 to 8 fluid ounces of iron-fortified infant formula or breast milk	Sarah – formula, rice cereal, peaches William – breast milk	Sarah –formula, green beans, rice cereal William – breast milk	William – breast milk	Sarah – formula, rice cereal, carrots William – breast milk	Sarah – formula, plums William – breast milk

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Site/Room INFANT ROOM

Michigan Department of Education  
Child and Adult Care Food Program

NOTE: On the day the infant turns 12 months, the new menu pattern must be followed

Month OCTOBER Year 20xx

**Sample Infant Menu Record  
for Infants 8 through 11 Months**

	Required Components	List of Food (s) Actually Served Each Day				
		Date: 10-1-XX	Date: 10-2-XX	Date: 10-3-XX	Date: 10-4-XX	Date: 10-5-XX
Full names and birth dates of children served this menu  Kent, Kimberly  Livingston, John	<b>Breakfast</b> 6 to 8 fluid ounces of iron-fortified infant formula or breast milk and 2 to 4 Tbsp. iron-fortified dry infant cereal and 1 to 4 Tbsp. fruit/vegetable	formula/breast milk mixed cereal apricots	formula/breast milk infant oatmeal sweet potato	formula/breast milk rice cereal apple sauce	formula/breast milk barley cereal banana	formula/breast milk rice cereal plums
	<b>A.M. Snack</b> 2 to 4 fluid ounces of iron-fortified infant formula, breast milk, or fruit juice and (Optional) 0 to 1/2 slice crusty bread or 0 to 2 cracker type products	formula/breast milk	formula/breast milk	formula/breast milk	formula/breast milk	formula/breast milk
	<b>Lunch</b> 6 to 8 fluid ounces of iron-fortified infant formula or breast milk and 2 to 4 Tbsp. iron-fortified dry infant cereal or 1 to 4 Tbsp. meat, fish, poultry, egg yolk, or cooked dry beans or peas, or 1/2 to 2 ounces of cheese or 1 to 4 ounces of cottage cheese, or cheese food, or cheese spread. and 1 to 4 Tbsp. fruit/vegetable	formula/breast milk chicken squash	formula/breast milk barley cereal pear/pineapple	formula/breast milk turkey mashed potato	formula/breast milk ground beef peaches	formula/breast milk egg yolk pear
	<b>P.M. Snack</b> 2 to 4 ounces of iron-fortified infant formula, breast milk, or fruit juice and (Optional) 0 to 1/2 slice crusty bread or 0 to 2 cracker type products	formula	apple-banana juice	formula	mixed fruit juice	apple – cherry juice
	<b>Supper</b> 6 to 8 fluid ounces of iron-fortified infant formula or breast milk and 2 to 4 Tbsp. iron-fortified dry infant cereal or 1 to 4 Tbsp. meat, fish, poultry, egg yolk, or cooked dry beans, or peas, or 1 to 4 ounces cottage cheese, or cheese food, or cheese spread or 1/2 to 2 ounces of cheese. and 1 to 4 Tbsp. fruit/vegetable	formula mixed cereal apple – blueberry	formula pinto beans banana	formula ham peaches	formula cottage cheese apricots	formula turkey squash

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Child and Adult Care Food Program

## Formula/Food Sign-Off Statement

Dear Parent,

Your childcare center participates in the Child and Adult Care Food Program (CACFP). The CACFP is a child nutrition program of the United States Department of Agriculture (USDA). Childcare centers are reimbursed a meal rate to help with the cost of serving nutritious meals to enrolled children. The meals must meet CACFP meal pattern requirements for children and infants.

To meet CACFP requirements, this child care center offers formula and other required infant food to all enrolled infants. The iron-fortified infant formula(s) provided for infants until they turn one year of age is \_\_\_\_\_.

As the parent or guardian, you may decline the formula offered by the center and supply the infant's formula yourself. However, when your infant turns one year of age, the center will begin to provide milk and the other required food items to meet the meal pattern requirements for toddler-age children.

To assist us in your infant formula and food preferences, please complete the questions below by checking one item each in the formula and solid food sections.

### Please Check Your Preferences:

#### Formula or Breast Milk: (check up to two)

- I want the center to provide formula for my infant.
- I will bring iron-fortified infant formula for my infant.
- I will bring expressed breast milk for my infant.
- I will come to the center to breast feed my infant.

#### Solid Food: (check one)

- I want the center to provide solid food for my infant when s/he is developmentally ready for it.
- I will bring solid food for my infant when s/he is developmentally ready for it.

Infant's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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STATE OF MICHIGAN  
DEPARTMENT OF EDUCATION  
LANSING



JENNIFER M. GRANHOLM  
GOVERNOR

THOMAS D. WATKINS, JR.  
SUPERINTENDENT OF  
PUBLIC INSTRUCTION

**FISCAL YEAR 2004  
CHILD AND ADULT CARE FOOD PROGRAM  
OPERATIONAL MEMO #15**

**TO:** Child and Adult Care Food Program Sponsors

**FROM:** Mary Ann Chartrand, Director  
Grants Coordination and School Support

**DATE:** June 16, 2004

**SUBJECT: Clarification Regarding Reimbursement of Infant Meals**

Reimbursable meals for infants may contain either breast milk or iron-fortified formula, or both, supplied by the caregiver or by the parent. The following information is being provided to clarify reimbursement of infant meals:

- For infants 0 through 3 months old - child care centers, family day care homes, emergency shelters and schools can claim reimbursement for meals containing parent-provided breast milk or infant formula served by the facility staff.
- For infants 4 through 7 months old who are NOT developmentally ready for other foods - child care centers, family day care homes, emergency shelters and schools can claim reimbursement for meals containing parent-provided breast milk or infant formula served by facility staff.
- For infants 4 through 7 months old who ARE developmentally ready for other foods, and for infants 8 through 11 months old - child care centers, family day care homes, emergency shelters and schools must 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.

Remember, meals must be served to the infant by the caregiver to claim reimbursement. If the parent feeds the child (breast milk or food), infant meals cannot be claimed for reimbursement.

If you have additional questions about the reimbursement of infant meals, please contact our office at (517) 373-7391.

Please keep this memo on file or in a notebook for quick and easy reference.

**STATE BOARD OF EDUCATION**

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(Insert Institution Name, Address and Phone Number)

## Medical Exception Statement for Food Substitution

Dear Parent/Guardian:

This institution participates in the Child and Adult Care Food Program (CACFP) and serves meals and snacks meeting the CACFP requirements. Food substitutions may be made only when supported by a physician's statement. Please ask your physician to complete and sign this form. Return the completed form to the institution. If you have any questions, please contact me at \_\_\_\_\_.

Institution Phone Number

Sincerely,

\_\_\_\_\_  
Institution Contact Person

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

### Complete All Information

1. Does the child have a disability according to 7CFR Part 15b.3 (*see definitions on the back of this form*)?

Yes – If yes, provide the following information and complete questions 3, 4, and 5.

a. What is the disability? \_\_\_\_\_

b. How does the disability restrict the diet? \_\_\_\_\_

c. What major life activity is affected? \_\_\_\_\_

No – If no, proceed to question 2.

2. If a child has no disability but has special dietary needs, identify the medical problem which restricts the child's diet, and complete questions 3, 4, and 5.

3. List food/type of food to be omitted.

4. List food/type of food to be substituted.

5. \_\_\_\_\_  
Signature\* \_\_\_\_\_ Date \_\_\_\_\_

\* Child with a disability – physician's signature only

\* Child without a disability – recognized medical authority signature

**Definition of Handicapped Person (person with a disability)**  
**7CFR Part 15b.3 Definitions**

- (i) "Handicapped person" means any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment.
- (j) "Physical or mental impairment" means (1) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genitourinary; hemic and lymphatic; skin; and endocrine; or (2) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. The term "physical or mental impairment" includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech, and hearing impairment; cerebral palsy; epilepsy; muscular dystrophy; multiple sclerosis; cancer; heart disease; diabetes; mental retardation; emotional illness; and drug addiction and alcoholism.
- (k) "Major life activities" means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working;

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