

COVID-19 CACFP

INSERT

ENROLLMENT ROSTER

COVID-19 CACFP

CHILD (B/L/PM) DAILY PRODUCTION RECORD – MEAL DOCUMENTATION

Day & Date _____

Facility Name _____

Meal Pattern*	Meal Planning Menu - Serving Size Estimated number	Components Served	Amount of Component Used	Actual Number Served by Age
Breakfast: 1. Fluid Milk(1) 2. Vegetables and/or Fruit(2) 3. Breads/Grains(6)(7)(8)(9)** 4. Meat/Meat Alternate (optional)(3)(4)(5)		1. _____ 2. _____ 3. _____ 4. _____	1. _____ 2. _____ 3. _____ 4. _____	1-2 yrs _____ 3-5 yrs _____ 6-12 yrs _____ Staff _____
Lunch or Supper: 1. Fluid Milk(1) 2. Meat/Meat Alternates(4)(5)*** 3. Vegetables(11) 4. Fruit 5. Breads/Grains(6)(8)(9)**		1. _____ 2. _____ 3. _____ 4. _____ 5. _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____	1-2 yrs _____ 3-5 yrs _____ 6-12 yrs _____ Staff _____
All Snacks (Supplements): (select 2 of these 5 components)(10) 1. Fluid Milk(1) 2. Meat/Meat Alternates(4)(5) 3. Vegetables(2) 4. Fruit(2) 5. Breads/Grains(6)(7)(8)(9)**		1. _____ 2. _____ Daily comments:	1. _____ 2. _____	1-2 yrs _____ 3-5 yrs _____ 6-12 yrs _____ Staff _____

SEE THE CHILD AND ADULT CARE MEAL AND ATTACHED INFORMATION REGARDING MEAL OPTIONS.

Infant Daily Production Record - Meal Documentation

Facility Name _____

Classroom _____

Date _____

Meal Service	Serving Size per Age Group		Components Used	Amounts Used	Number Served by Age Group
	Birth - 5 months	6 - 11 months			
Breakfast:					
Breast milk (BM) or Iron-Fortified Infant Formula (IFIF) (1)(2)(7)	4 - 6 fluid ounces	6 - 8 fluid ounces	1.	1.	Birth-5 Mo. _____
Infant Cereal or Meat/Meat Alternate (3)(4)	None	see options below***	2.	2.	6 - 11 Mo. _____
Vegetable or Fruit or combination of both (8)(9)	None	0 - 2 tablespoons	3.	3.	
Lunch or Supper:					
Breast milk (BM) or Iron-Fortified Infant Formula (IFIF) (1)(2)(7)	4 - 6 fluid ounces	6 - 8 fluid ounces	1.	1.	Birth-5 Mo. _____
Infant Cereal or Meat/Meat Alternate (3)(4)	None	see options below***	2.	2.	6 - 11 Mo. _____
Vegetable or Fruit or combination of both(8)(9)	None	0 - 2 tablespoons	3.	3.	
Snack (Supplements):					
Breast milk (BM) or Iron-Fortified Infant Formula (IFIF) (1)(2)(7)	4 - 6 fluid ounces	2 - 4 fluid ounces	1.	1.	Birth-5 Mo. _____
Infant Cereal or Grains/Breads Product (3)(4)(6)(7)(10)	None	see options below(6)(7)(10)	2.	2.	6 - 11 Mo. _____
Vegetable or Fruit or combination of both(8)(9)	None	0 - 2 tablespoons	3.	3.	

(1). Breastmilk (BM) or Iron-Fortified Infant (IFIF), or portions of both must be served; however, it is recommended that BM be served in place of formula from birth through 11 months. For some breastfed infants who regularly consume less than the minimum amount of BM per feeding, a serving of less than that minimum amount of BM may be offered, with additional BM offered at a later time if the infant will consume more.

(2). Mother's wishing to breastfeed their infants on-site at the facility may do so and the meals are fully reimbursable. Infants cannot be taken off-site and have the meals claimed.

(3). Beginning October 1, 2019, ounce equivalents are 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 grains must be whole-grain rich, enriched meal, or enriched flour.

(6). Breakfast cereals must contain no more than 6 grams of sugars per dry ounce.

(7). Infant formula and dry infant cereal must be iron-fortified.

(8). A serving of this component is required when the infant is developmentally ready to accept it.

(9). Fruit and vegetable juices must not be served to infants.

(10). Grains/breads options for infants ages 6 - 11 months:
 0-1/2 slice bread or 0-4 tablespoons infant cereal
 0-2 crackers or 0-4 tablespoons ready-to-eat breakfast cereal

*****Eligible meat/meat alternates for infants are as follows:**

0-4 tablespoons:
 Infant cereal
 Meat, fish, poultry
 Whole egg
 Cooked, dry beans or peas
 0-2 ounces cheese
 0-4ounces cottage cheese
 0-8 ounces yogurt
 Or a combination of the above