

Instructions for the Infant Weekly Menu and Food Service Record:

- 1.** You may print and complete the Weekly Menu and Food Service Records or complete in Excel and print once data is entered. Please do not change the print format/sizing and make sure that the worksheet prints by meal type and the full week (Monday-Friday) on one page. You should have one page per meal type claimed by the number of weeks in a month(4-5 weeks). If meals are served on weekends it will print on additional pages. The worksheets must be printed with the full week on one page, please do not print on multiple pages. If you choose to complete in Excel the worksheet will total for you for each day.
- 2.** At the service or completion of the meal or snack, enter the actual menu served along with the number of eligible, enrolled participants who were served the applicable meal or snack. Child care programs must enter the number of meals served in each of the age groups indicated. Transfer totals at the end of the week to the Monthly Record Total (last tab of workbook). Federal rules require that a center record the number of meals or snacks served to staff that work in food service or eat with children, but staff meals cannot be included on the claim for reimbursement.
- 3.** You will need to combine your monthly totals from your Monthly Record for (1-12) year olds and your Monthly Record from your weekly Infant Menu and Food Service Record prior to entering your claim. If you claim At-Risk, they are combined on a separate Weekly Record and entered separately when you enter your claim in Atlas. Do not claim At-Risk After School participants in your eligibility totals when you file a claim, unless they were present when you chose to claim the 2 meals and 1 snack in your regular CACFP program for the participant during a school holiday, summer break, or other Non-At-Risk After School program meals and Income Eligibility forms were collected for each participant. Otherwise, you can still claim 1 meal and 1 snack for At-Risk participants when there is a school holiday, however you would not include those participants in your Eligibility.
- 4.** Infants enrolled for care at a participating CACFP center or day care home must be offered a meal that complies with the CACFP infant meal pattern requirements (7 CFR 226.20(b)). CACFP regulations define an enrolled child as “a child whose parent or guardian has submitted to an institution a signed document which indicated that the child is enrolled in child care” (7 CFR 226.2). A center or day care home may not avoid this obligation by stating that the infant is not “enrolled” in the CACFP, or by citing logistical or cost barriers to offering infant meals. Decisions on offering Program meals must be based on whether the infant is enrolled for care in a participating CACFP center or day care home, not if the infant is enrolled in the CACFP. Refer to the Infant Memo; <http://www.decal.ga.gov/documents/attachments/FeedInfantsMealPatternReqsCACFPQA.pdf>
- 5.** Institutions must provide at least 2 components for each Infant to be a creditable and a reimbursable meal charged to the CACFP program. Institutions must maintain Infant Feeding plans and must ensure Infant affidavits are available for all infants enrolled for care.
- 6.** You must verify that your Roster and Income Eligibility are correct and accurate and that the Weekly Menu and Food Service Records are complete and accurate prior to filing a claim. Once your claim is ready for submission, you certify that this claim is true and correct and all records are available that support the claim and it is in accordance with the terms of the existing Agreement. Any false, fraudulent or fictitious statement or representation made to Bright from the Start is punishable by law and could result in a felony charge and/or civil penalties of up to \$11,000 plus damages for each false claim made, pursuant to O.C.G.A. §§ 16-10-20 and 23-3-121.

INFANT WEEKLY MENU AND FOOD SERVICE RECORD

Institution Name: Georgia Nutritional Services, Inc.
Site Name: _____
Agreement # 04661-A
Week of: _____

DATE:					
MEAL PATTERNS/FOOD COMPONENTS	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
BREAKFAST					
BIRTH-5 Months					
4-6 fluid ounces breastmilk or formula					
6-11 Months					
6-8 fluid ounces breastmilk or formula					
0-4 tablespoons infant cereal, meat, fish, poultry, whole egg, cooked dry beans, or cooked dry peas; or -2 ounces of cheese; or 0-4 ounces (volume) of cottage cheese; or 0-4 ounces or 1/2 cup of yogurt; or a combination of the above; and					
0-2 tablespoons vegetable or fruit or a combination of both.					
MEAL COUNTS BY AGE					
BIRTH-5 Months					
6-11 Months					
Program Staff					
TOTAL MEAL COUNTS FOR THE DAY (Less Program Staff)	0	0	0	0	0

INFANT WEEKLY MENU AND FOOD SERVICE RECORD

Institution Name: Georgia Nutritional Services, Inc.

Site Name: _____

Agreement # 04661-A

Week of: _____

DATE:					
MEAL PATTERNS/FOOD COMPONENTS	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
LUNCH					
BIRTH-5 Months					
4-6 fluid ounces breastmilk or formula					
6-11 Months					
6-8 fluid ounces breastmilk or formula					
0-4 tablespoons infant cereal, meat, fish, poultry, whole egg, cooked dry beans, or cooked dry peas; or -2 ounces of cheese; or 0-4 ounces (volume) of cottage cheese; or 0-4 ounces or 1/2 cup of yogurt; or a combination of the above; and					
0-2 tablespoons vegetable or fruit or a combination of both.					
MEAL COUNTS BY AGE					
BIRTH-5 Months					
6-11 Months					
Program Staff					
TOTAL MEAL COUNTS FOR THE DAY (Less Program Staff)	0	0	0	0	0

INFANT WEEKLY MENU AND FOOD SERVICE RECORD

Institution Name: _____

Georgia Nutritional Services, Inc.

Site Name: _____

Agreement # _____

04661-A

Week of: _____

DATE:					
MEAL PATTERNS/FOOD COMPONENTS	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
PM SNACK - (select 2 of 5)					
BIRTH-5 Months					
4-6 fluid ounces breastmilk or formula					
6-11 Months					
2-4 fluid ounces breastmilk or formula; and					
0-1/2 slice bread, or 0-2 crackers, or 0-4 tablespoons infant cereal or ready-to-eat breakfast cereal and					
0-2 tablespoons vegetable or fruit or a combination of both.					
MEAL COUNTS BY AGE					
BIRTH-5 Months					
6-11 Months					
Program Staff					
TOTAL MEAL COUNTS FOR THE DAY (Less Program Staff)	0	0	0	0	0

INFANT WEEKLY MENU AND FOOD SERVICE RECORD

Institution Name: Georgia Nutritional Services, Inc.
Site Name: _____
Agreement # 04661-A
Week of: _____

DATE:					
MEAL PATTERNS/FOOD COMPONENTS	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
SUPPER					
BIRTH-5 Months					
4-6 fluid ounces breastmilk or formula					
6-11 Months					
6-8 fluid ounces breastmilk or formula					
0-4 tablespoons infant cereal, meat, fish, poultry, whole egg, cooked dry beans, or cooked dry peas; or -2 ounces of cheese; or 0-4 ounces (volume) of cottage cheese; or 0-4 ounces or 1/2 cup of yogurt; or a combination of the above; and					
0-2 tablespoons vegetable or fruit or a combination of both.					
MEAL COUNTS BY AGE					
BIRTH-5 Months					
6-11 Months					
Program Staff					
TOTAL MEAL COUNTS FOR THE DAY (Less Program Staff)	0	0	0	0	0

INFANT WEEKLY MENU AND FOOD SERVICE RECORD

Institution Name: Georgia Nutritional Services, Inc.
Site Name: _____
Agreement # 04661-A
Week of: _____

DATE:					
MEAL PATTERNS/FOOD COMPONENTS	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
AM SNACK - (select 2 of 5)					
BIRTH-5 Months					
4-6 fluid ounces breastmilk or formula					
6-11 Months					
2-4 fluid ounces breastmilk or formula; and					
0-1/2 slice bread, or 0-2 crackers, or 0-4 tablespoons infant cereal or ready-to-eat breakfast cereal and					
0-2 tablespoons vegetable or fruit or a combination of both.					
MEAL COUNTS BY AGE					
BIRTH-5 Months					
6-11 Months					
Program Staff					
TOTAL MEAL COUNTS FOR THE DAY (Less Program Staff)	0	0	0	0	0

INFANT WEEKLY MENU AND FOOD SERVICE RECORD

Institution Name: Georgia Nutritional Services, Inc.
Site Name: _____
Agreement # 04661-A
Week of: _____

DATE:					
MEAL PATTERNS/FOOD COMPONENTS	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
EVENING SNACK - (select 2 of 5)					
BIRTH-5 Months					
4-6 fluid ounces breastmilk or formula					
6-11 Months					
2-4 fluid ounces breastmilk or formula; and					
0-1/2 slice bread, or 0-2 crackers, or 0-4 tablespoons infant cereal or ready-to-eat breakfast cereal and					
0-2 tablespoons vegetable or fruit or a combination of both.					
MEAL COUNTS BY AGE					
BIRTH-5 Months					
6-11 Months					
Program Staff					
TOTAL MEAL COUNTS FOR THE DAY (Less Program Staff)	0	0	0	0	0

MONTHLY RECORD OF MEALS AND SNACKS SERVED INFANTS

Site Name: _____

Month/Year _____

GRAND TOTAL FOR WEEK 1	
BREAKFAST	
LUNCH	
PM SNACK	
SUPPER	
AM SNACK	
EVENING SNACK	

MONTHLY TOTAL TO CLAIM	
BREAKFAST	0
LUNCH	0
PM SNACK	0
SUPPER	0
AM SNACK	0
EVENING SNACK	0

GRAND TOTAL FOR WEEK 2	
BREAKFAST	
LUNCH	
PM SNACK	
SUPPER	
AM SNACK	
EVENING SNACK	

GRAND TOTAL FOR WEEK 3	
BREAKFAST	
LUNCH	
PM SNACK	
SUPPER	
AM SNACK	
EVENING SNACK	

GRAND TOTAL FOR WEEK 4	
BREAKFAST	
LUNCH	
PM SNACK	
SUPPER	
AM SNACK	
EVENING SNACK	

GRAND TOTAL FOR WEEK 5	
BREAKFAST	
LUNCH	
PM SNACK	
SUPPER	
AM SNACK	
EVENING SNACK	