



## General Reminders To Maximize Your Reimbursement

PRI, as a CACFP Sponsor wants participating providers to receive the best reimbursement possible. The "General Reminders" that we include in the monthly newsletters are based on some of the common errors that providers make, which result in deductions.

### REGULAR MENU-BREAKFAST

1. When choosing to serve a meat/meat alternate at breakfast in place of the bread/bread alternate, you must still serve a fruit or vegetable and fluid milk for the meal to be creditable. Below are two examples of creditable breakfasts, one using a meat/meat alternate and the other using a bread/bread alternate:

Scrambled Egg, sliced peaches, unfl whole/unfl 1% milk  
OR

WG Waffles, sliced peaches, unfl whole/unfl 1% milk

*Meat/meat alternates can only be substituted for the bread/bread alternate **no more than 3 times per week!***

### INFANT MEAL PATTERN

2. The Infant Meal Pattern requires you to write down the amounts of formula or food that you offer the Infant for each meal/snack, either in ounces or tablespoons.

#### Infants-Birth through 5 months:

All meals or snacks require 4-6 ounces of Iron Fortified Infant Formula or Breast Milk

*You must write the amount offered, **NOT** the amount the infant drinks*

#### Infants 6 through 11 months:

Breakfast, Lunch and Supper have the same requirements (see next column).

Snack has its own requirements (see next column).

## General Reminders Continued

- **Breakfast, Lunch and Supper:**  
6-8 ounces of Iron Fortified Infant Formula or Breast Milk  
**AND**  
0-4 Tablespoons of one of the following (Infant cereal, meat, poultry, fish, whole egg, cooked dry beans or peas). OR 0-2 ounces of natural cheese; OR 0-4 ounces of cottage cheese; OR 0-4 ounces (1/2 cup) yogurt or a combination of the above.  
**AND**  
0-2 Tablespoons of vegetable or fruit or a combination of both.
- **Snack (A.M or P.M.):**  
2-4 ounces of Iron Fortified Infant Formula or Breast Milk;  
**AND**  
0-1/2 slice of bread; or 0-2 crackers; or 0-4 Tablespoons of infant cereal or ready to eat cereal;  
**AND**  
0-2 Tablespoons vegetable or fruit, or a combination of both

*You must write the amount offered, **NOT** the amount the infant eats .*

3. The Infant Meal Pattern **does not** allow yogurt at snack.
4. You must write the name of the foods (IFIC Rice, chicken, peas, carrots, {Cheerios-snack only} etc.)

### SUMMER FOOD REVIEW VISITS

5. During the months of June–September we try to announce your food review due to providers taking vacations, however there are times when those visits might need to be unannounced. It is a requirement to contact the office in advance of time off so that we can notify your food monitor. Some monitors travel far distances to visit you and it is helpful if they are notified.



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