

MENU FOR INFANTS (age 8 through 12 months)

“THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER”

Provider’s Name: _____ Month _____ Year _____

1. Infant Name: _____ DOB _____ 2. Infant Name: _____ DOB _____

3. Infant Name: _____ DOB _____ 4. Infant Name: _____ DOB _____

CACFP REQUIREMENTS		Date: Monday	Date: Tuesday	Date: Wednesday	Date: Thursday	Date: Friday	Date: Saturday	Date: Sunday
Breast Milk or Formula	BREAKFAST	<input type="checkbox"/> Formula <input type="checkbox"/> Breast milk	<input type="checkbox"/> Formula <input type="checkbox"/> Breast milk	<input type="checkbox"/> Formula <input type="checkbox"/> Breast milk	<input type="checkbox"/> Formula <input type="checkbox"/> Breast milk	<input type="checkbox"/> Formula <input type="checkbox"/> Breast milk	<input type="checkbox"/> Formula <input type="checkbox"/> Breast milk	<input type="checkbox"/> Formula <input type="checkbox"/> Breast milk
Fruit and/ or Vegetable (no juice)								
Infant Cereal (specify type served) (must be Iron fortified dry cereal)								
Breast Milk or Formula or 100% Juice *juice only for infants over 8 months old * LIST Type of Juice served	AM SNACK	<input type="checkbox"/> Formula <input type="checkbox"/> Breast milk <input type="checkbox"/> *Juice 100% *	<input type="checkbox"/> Formula <input type="checkbox"/> Breast milk <input type="checkbox"/> *Juice 100% *	<input type="checkbox"/> Formula <input type="checkbox"/> Breast milk <input type="checkbox"/> *Juice 100% *	<input type="checkbox"/> Formula <input type="checkbox"/> Breast milk <input type="checkbox"/> *Juice 100% *	<input type="checkbox"/> Formula <input type="checkbox"/> Breast milk <input type="checkbox"/> *Juice 100% *	<input type="checkbox"/> Formula <input type="checkbox"/> Breast milk <input type="checkbox"/> *Juice 100% *	<input type="checkbox"/> Formula <input type="checkbox"/> Breast milk <input type="checkbox"/> *Juice 100% *
Whole grain Bread or Whole grain Cracker –type product or Teething biscuit or Arrowroot Cookies								
Breast Milk or Formula	LUNCH	<input type="checkbox"/> Formula <input type="checkbox"/> Breast milk	<input type="checkbox"/> Formula <input type="checkbox"/> Breast milk	<input type="checkbox"/> Formula <input type="checkbox"/> Breast milk	<input type="checkbox"/> Formula <input type="checkbox"/> Breast milk	<input type="checkbox"/> Formula <input type="checkbox"/> Breast milk	<input type="checkbox"/> Formula <input type="checkbox"/> Breast milk	<input type="checkbox"/> Formula <input type="checkbox"/> Breast milk
Fruit and /or Vegetable (no juice)								
Infant Cereal or Lean meat, Poultry or Fish or Egg Yolk or Cheese or Cottage Cheese								
Breast Milk or Formula or 100% Juice *juice only for infants over 8 months old * LIST Type of Juice served	PM SNACK	<input type="checkbox"/> Formula <input type="checkbox"/> Breast milk <input type="checkbox"/> *Juice 100% *	<input type="checkbox"/> Formula <input type="checkbox"/> Breast milk <input type="checkbox"/> *Juice 100% *	<input type="checkbox"/> Formula <input type="checkbox"/> Breast milk <input type="checkbox"/> *Juice 100% *	<input type="checkbox"/> Formula <input type="checkbox"/> Breast milk <input type="checkbox"/> *Juice 100% *	<input type="checkbox"/> Formula <input type="checkbox"/> Breast milk <input type="checkbox"/> *Juice 100% *	<input type="checkbox"/> Formula <input type="checkbox"/> Breast milk <input type="checkbox"/> *Juice 100% *	<input type="checkbox"/> Formula <input type="checkbox"/> Breast milk <input type="checkbox"/> *Juice 100% *
Whole grain Bread or Whole grain Cracker –type product or Teething biscuit or Arrowroot Cookies								

MENU FOR INFANTS -

“THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER”

(age 8 months through 12 months) (SUPPER and LATE NIGHT SNACK)

Provider’s Name: _____ Month _____ Year _____

1. Infant Name: _____ DOB _____ 2. Infant Name: _____ DOB _____

4. Infant Name: _____ DOB _____ 4. Infant Name: _____ DOB _____

CACFP REQUIREMENTS		Date: Monday	Date: Tuesday	Date: Wednesday	Date: Thursday	Date: Friday	Date: Saturday	Date: Sunday
Breast Milk or Formula	SUPPER	<input type="checkbox"/> Formula <input type="checkbox"/> Breast milk	<input type="checkbox"/> Formula <input type="checkbox"/> Breast milk	<input type="checkbox"/> Formula <input type="checkbox"/> Breast milk	<input type="checkbox"/> Formula <input type="checkbox"/> Breast milk	<input type="checkbox"/> Formula <input type="checkbox"/> Breast milk	<input type="checkbox"/> Formula <input type="checkbox"/> Breast milk	<input type="checkbox"/> Formula <input type="checkbox"/> Breast milk
Fruit and/ or Vegetable (no juice)								
Infant Cereal or Lean meat, Poultry or Fish or Egg Yolk or **Cheese or Cottage Cheese								
Breast Milk or Formula or 100% Juice * juice only for infants over 8 months old * LIST Type of Juice served	LN SNACK	<input type="checkbox"/> Formula <input type="checkbox"/> Breast milk <input type="checkbox"/> *Juice 100% *	<input type="checkbox"/> Formula <input type="checkbox"/> Breast milk <input type="checkbox"/> *Juice 100% *	<input type="checkbox"/> Formula <input type="checkbox"/> Breast milk <input type="checkbox"/> *Juice 100% *	<input type="checkbox"/> Formula <input type="checkbox"/> Breast milk <input type="checkbox"/> *Juice 100% *	<input type="checkbox"/> Formula <input type="checkbox"/> Breast milk <input type="checkbox"/> *Juice 100% *	<input type="checkbox"/> Formula <input type="checkbox"/> Breast milk <input type="checkbox"/> *Juice 100% *	<input type="checkbox"/> Formula <input type="checkbox"/> Breast milk <input type="checkbox"/> *Juice 100% *
Whole grain Bread <u>or</u> Whole grain Cracker –type product <u>or</u> Teething biscuit <u>or</u> Arrowroot Cookies								

For some breastfed infants who regularly consume less than the minimum amount of breast milk per feeding, a serving of less than the minimum amount of breast milk may be offered, with additional breast milk offered if the infant is still hungry.

Full –strength, 100% fruit juice may be substituted for breast milk or infant formula at snack for infants 8 through 11 months only and must be served from a cup.

No more than one serving of juice may be served per day.

The provider must supply at least one component of the meal to request reimbursement, either formula or a food item.