

# INFANT MENU

Provider's Name: \_\_\_\_\_

Month \_\_\_\_\_ Year \_\_\_\_\_

Infant's Name \_\_\_\_\_

Age \_\_\_\_\_

Infant Formula \_\_\_\_\_

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

\* Juice must be fed from a cup. No more than one serving of juice per day for infants over 8 months of age. \*\*\* Must list type of Cereal served

\*\*Cheese food and cheese spread are not allowed as a meat component ❖Commercial combination dinners and food are NOT creditable

RETAIN COPIES FOR YOUR RECORDS