

Delaware Department of Education

CACFP Daily Menu | Infants 0 through 5 Months

Name: _____

Week of: _____

Facility: _____

Age: _____ MEDICAL STATEMENT ON FILE: ☐ YES ☐ NO

Type of Formula: _____

Please circle the item served.

	Monday / DATE:	Tuesday / DATE:	Wednesday / DATE:	Thursday / DATE:	Friday / DATE:
BREAKFAST MEAL PATTERN					
(1) Breast milk*or iron-fortified infant formula	Breast milk Or Iron Fortified Formula	Breast milk Or Iron Fortified Formula	Breast milk Or Iron Fortified Formula	Breast milk Or Iron Fortified Formula	Breast milk Or Iron Fortified Formula
LUNCH OR SUPPER MEAL PATTERN					
(1) Breast milk*or iron-fortified infant formula	Breast milk Or Iron Fortified Formula	Breast milk Or Iron Fortified Formula	Breast milk Or Iron Fortified Formula	Breast milk Or Iron Fortified Formula	Breast milk Or Iron Fortified Formula
AM or PM SUPPLEMENT MEAL PATTERN					
(1) Breast milk*or iron-fortified infant formula	Breast milk Or Iron Fortified Formula	Breast milk Or Iron Fortified Formula	Breast milk Or Iron Fortified Formula	Breast milk Or Iron Fortified Formula	Breast milk Or Iron Fortified Formula

* See "Breastfeeding Support and CACFP Reimbursement" for more information on supporting mothers who breastfeed and reimbursement requirements.