

CACFP Daily Menu | Infants 6 through 11 Months

Facility: _____ Week of: _____

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

RECORD THE AMOUNT(S) SERVED AFTER EACH MEAL. SEE THE INFANT MEAL PATTERN FOR MEAL COMPONENT REQUIREMENTS.

FOOD COMPONENTS	DAY:	DATE:	DAY:	DATE:	DAY:	DATE:	DAY:	DATE:
BREAKFAST								
(1) Breast milk* or iron-fortified fluid infant formula								
(2) Infant cereal, meat, fish, poultry, whole egg, cooked dry beans, or cooked dry peas; or cheese; or cottage cheese, or yogurt; or combination of the above**								
(3) tablespoons of fruit or vegetables or a combination of both**								
LUNCH OR SUPPER								
(1) Breast milk* or iron-fortified fluid infant formula								
(2) Infant cereal, meat, fish, poultry, whole egg, cooked dry beans, or cooked dry peas; or cheese; or cottage cheese; or yogurt; or combination of the above**								
(3) tablespoons of fruit or vegetables or a combination of both**								
AM OR PM SUPPLEMENT								
(1) Breast milk* or iron-fortified fluid infant formula or full-strength fruit juice								
(2) slice bread; or crackers; or tablespoons of infant cereal or ready-to-eat breakfast cereal**								
(3) tablespoons of fruit or vegetables or a combination of both**								

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

** This component is only required when the infant is developmentally ready.