

# CACFP Daily Menu | Infants 0 through 5 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.*

	Monday / DATE:	Tuesday / DATE:	Wednesday / DATE:	Thursday / DATE:	Friday / DATE:
<b>BREAKFAST</b>					
(1) Breast milk* or iron-fortified fluid infant formula					
<b>LUNCH OR SUPPER</b>					
(1) Breast milk* or iron-fortified fluid infant formula					
<b>AM OR PM SUPPLEMENT</b>					
(1) Breast milk* or iron-fortified fluid infant formula					

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