



INFANT Menu - (age 6 months through 12 months) (SUPPER & 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	DATES						
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Breast Milk or Formula	<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
Vegetable, fruit or both (No Juice)							
Infant Cereal (specify type served) (must be Iron fortified dry cereal) <i>and/or</i> Meat, fish, poultry, whole egg, cooked dry beans or peas, cheese, cottage cheese, yogurt or a combination of these	SUPPER						
Breast Milk or Formula	<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
Bread slice, crackers, infant cereal or ready to eat cereal	LN SNACK						
Vegetable, fruit or both (No Juice)							

"THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER"