



CACFP Infant Menu and Production Record 0 through 3 Months of Age

MM = Mother's Milk*
IFIF = Iron Fortified Infant Formula

Infant's Name: _____			Infant's Name: _____			
Age: _____ Formula: _____			Age: _____ Formula: _____			
	Breakfast	AM/PM Snack	Lunch/Supper	Breakfast	AM/PM Snack	Lunch/Supper
Infant Meal Pattern	Monday	IFIF / MM (Circle one) _____ OZ.	IFIF / MM (Circle one) _____ OZ.	IFIF / MM (Circle one) _____ OZ.	IFIF / MM (Circle one) _____ OZ.	IFIF / MM (Circle one) _____ OZ.
	Tuesday	IFIF / MM (Circle one) _____ OZ.	IFIF / MM (Circle one) _____ OZ.	IFIF / MM (Circle one) _____ OZ.	IFIF / MM (Circle one) _____ OZ.	IFIF / MM (Circle one) _____ OZ.
	Wednesday	IFIF / MM (Circle one) _____ OZ.	IFIF / MM (Circle one) _____ OZ.	IFIF / MM (Circle one) _____ OZ.	IFIF / MM (Circle one) _____ OZ.	IFIF / MM (Circle one) _____ OZ.
	Thursday	IFIF / MM (Circle one) _____ OZ.	IFIF / MM (Circle one) _____ OZ.	IFIF / MM (Circle one) _____ OZ.	IFIF / MM (Circle one) _____ OZ.	IFIF / MM (Circle one) _____ OZ.
	Friday	IFIF / MM (Circle one) _____ OZ.	IFIF / MM (Circle one) _____ OZ.	IFIF / MM (Circle one) _____ OZ.	IFIF / MM (Circle one) _____ OZ.	IFIF / MM (Circle one) _____ OZ.

Infant Meal Pattern

Breakfast:

IFIF or MM *
4-6 fluid oz.

AM/PM Snack:

IFIF or MM *
4-6 fluid oz.

Lunch/Supper:

IFIF or MM *
4-6 fluid oz.

- I verify that I have served Mother's Milk or Iron-Fortified Infant Formula (NOT low-iron formula).
- I verify that there is a Formula Decision Form on file (not required if the infant is receiving Mother's Milk.)
- I verify that infants were offered the required foods listed for their age group, as developmentally appropriate.
- I verify that the above information is correct and I have kept a copy for my records.

*** A serving of less than the minimum amount of Mother's Milk may be offered, with additional Mother's Milk offered if the infant is still hungry.**

This menu and production record covers the week of _____
Date

Signature