# CACFP Monthly Infant Menu/Meal Count 0-3 Months

**Center Name** _____ **Site/Classroom** _____ **Month/Year**_____
**Name of Infant** _____ **Date of Birth** _____

| Date | Breakfast | | AM Snack | | Lunch | | PM snack | |
|---|---|---|---|---|---|---|---|---|
| | 4-6 oz IFIF or Breast Milk | Count Meal | 4-6 oz IFIF or Breast Milk | Count Meal | 4-6 oz IFIF or Breast Milk | Count Meal | 4-6 oz IFIF or Breast Milk | Count Meal |
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| **Total** | | | | | | | | |

IFIF= Iron Fortified Infant Formula

# CACFP Monthly Infant Menu/Meal Count 4-7 Months

**Center Name**_____ **Site/Classroom**_____ **Month/Year**_____
**Name of Infant** _____ **Date of Birth**_____

| Date | Breakfast | | | AM Snack | | Lunch | | | | PM Snack | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | 4-8 oz IFIF&/or Breast Milk | 0-3T IFIC* | Count Meal | 4-6 oz IFIF&/or Breast Milk | Count Meal | 4-8 oz IFIF&/or Breast Milk | 0-3 T Vegetable or Fruit * | 0-3 T IFIC* | Count Meal | 4-8 oz IFIF&/or Breast Milk | Count Meal |
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| **Total** | | | | | | | | | | | |

IFIF= Iron Fortified Infant Formula
IFIC= Iron Fortified Infant Cereal
Write in appropriate box the food offered to the infant
* A serving of this component is required only when the infant is developmentally ready to accept it.

# CACFP Monthly Infant Menu/Meal Count 8-12 Months

**Center Name** _____ **Site/Classroom** _____ **Month/Year**_____

**Name of Infant** _____ **Date of Birth** _____

| Date | Breakfast | | | | AM Snack | | | Lunch | | | | PM Snack | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 6-8 oz IFIF or Breast Milk | 1-4 T Fruit or Vegetable | 2-4 T IFIC | Count Meal | 2-4 oz IFIF, Breast Milk or Fruit Juice | ½ slice bread or 0-2 crackers** | Count Meal | 6-8 oz IFIF or Breast Milk | 1-4 T Fruit or Vegetable | 2-4 T IFIC &/or Meat/Alt* | Count Meal | 2-4 oz IFIF, Breast Milk or Fruit Juice | ½ slice bread or 0-2 crackers** | Count Meal |
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| **Total** | | | | | | | | | | | | | | |

IFIF= Iron Fortified Infant Formula
IFIC= Iron Fortified Infant Cereal
Write in appropriate box the food offered to the infant
*1-4 T lean meat, fish, poultry, egg yolk, cooked dry beans, or ½ -2 oz cheese, or ¼ oz cottage cheese or yogurt
** Bread and Crackers are optional at snack time