**CACFP Monthly Infant Menu/Meal Count 0-5 Months**

**Center Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Site/Classroom** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Month/Year**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Infant** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- |
| **Date** | **Breakfast** | **AM Snack** | **Lunch** | **PM Snack** |
| 4-6 ozIFIF, Breast Milk, MOS1 | Count Meal | 4-6 ozIFIF, Breast Milk, MOS1 | Count Meal | 4-6 ozIFIF, Breast Milk, MOS1 | Count Meal | 4-6 ozIFIF, Breast Milk, MOS1 | Count Meal |
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| **Total**  |  |  |  |  |  |  |  |  |

IFIF= Iron Fortified Infant Formula North Dakota Department of Public Instruction [www.nd.gov/dpi/](http://www.nd.gov/dpi/)

 1MOS- Mother on site to Breastfed her child. If MOS, no amount needs to be documented. This institution is an equal opportunity provider.

**CACFP Monthly Infant Menu/Meal Count 6-11 Months**

**Center Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Site/Classroom** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Month/Year**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Infant** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Breakfast** | **AM Snack** | **Lunch** | **PM Snack** |
| 6-8 oz. IFIF, Breast Milk, or MOS | 0-2 T Vegetable, Fruit, or Both\* | 0-4 TIFIC or M/MA1 | Count Meal | 2-4 oz. IFIF, Breast Milk or MOS | 0-½ slice bread\* 0-2 crackers\* or 0-4 IFIC or RTE cereal\* | 0-2 T Vegetable, Fruit, or Both\* | Count Meal | 6-8 oz. IFIF, Breast Milk, or MOS | 0-2 T Vegetable, Fruit, or Both\* | 0-4 TIFIC or M/MA1 | Count Meal | 2-4 oz. IFIF, Breast Milk or MOS | 0-½ slice bread\* 0-2 crackers\* or 0-4 IFIC or RTE cereal\* | 0-2 T Vegetable, Fruit, or Both\* | Count Meal |
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| **Total** |  |  |  |  |  |  |  |  |

**In the chart above, write in appropriate box the food offered to the infant.**

IFIF= Iron Fortified Infant Formula

MOS- Mother on site to Breastfed her child. If MOS, no amount needs to be documented.

IFIC= Iron Fortified Infant Cereal

RTE cereal: Ready-to-eat breakfast cereal

\*A serving of this component is required only when the infant is developmentally ready to accept it.

1 1-4 T lean meat, fish, poultry, eggs, cooked dry beans, or ½ -2 oz cheese, or ¼ oz cottage cheese or yogurt This institution is an equal opportunity provider.