

YFCI CACFP Infant Menu Form (0-5 months)

Use one menu for EACH infant.

Use only for 0 – 5 months old infant

Infant Name: _____

Age of Infant: _____ **Months**

Provider Name: _____

Provider Number: ____ _ _ _ _

Claim Month: _____ **Year** _____

Meal Components required	Minimum serving size offered 0-5 months	Calendar Dates				
Breakfast						
Breastmilk ¹ or formula ²	4-6 fl. oz.					
AM Snack						
Breastmilk ¹ or formula ²	4-6 fl. oz.					
Lunch						
Breastmilk ¹ or formula ²	4-6 fl. oz.					
PM Snack						
Breastmilk ¹ or formula ²	4-6 fl. oz.					
Supper						
Breastmilk ¹ or formula ²	4-6 fl. oz.					
For Office use only Menu Minder #						

Example:

Supper						
Breastmilk ¹ or formula ²	5 oz Breastmilk	4 oz Breastmilk	6 oz Breastmilk	4 oz Breastmilk	4 oz Breastmilk	4 oz Breastmilk

1. Breastmilk or formula, or portions of both, must be served; however, it is recommended that breastmilk be served in place of formula from birth through 11 months. For some infants who regularly consume less than the minimum amount of [expressed] breastmilk per feeding, a serving of less than the minimum amount of [expressed] breastmilk may be offered, with additional [expressed] breastmilk offered at a later time if the infant will consume more.
2. Infant formula and dry infant cereal must be iron-fortified.