

Site Name: _____

Month/Year: _____

Milk Reminders:

-Formula must be iron-fortified, regulated by the FDA, and purchased in the US.

-Breastmilk is reimbursable.



BREAK for a PLATE
CARE CENTERS

CACFP INFANT MENU PLANNING

BREAKFAST			Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
		Dates:							
Components	0-5 months	6-11 months							
Milk	4-6 oz. 1/2- 3/4 cup	6-8 oz. 3/4-1 cup							
Fruit/Vegetable		0-2 tablespoons 0-1 oz.							
Grain		0-4 tablespoons 0-2 oz.							
LUNCH/SUPPER									
Milk	4-6 oz. 1/2- 3/4 cup	6-8 oz. 3/4 - 1 cup							
Meat/Alternate		0-4 oz.							
Fruit		0-2 tablespoons 0-1 oz.							
Vegetable		0-2 tablespoons 0-1 oz.							
Grain		0-4 tablespoons 0-2 oz.							
SNACK									
Milk	4-6 oz. 1/2- 3/4 cup	6-8 oz. 3/4- 1 cup							
Meat/Alternate		0-4 oz.							
Fruit		0-2 tablespoons 0-1 oz.							
Vegetable		0-2 tablespoons 0-1 oz.							
Grain		0-4 tablespoons 0-2 oz.							

Breakfast: Meat/Alternates may be used to substitute the entire grain component a maximum of 3 times per week.

Snack: Select any 2 of the 5 components.

*Water must be available during meal service.

Reminders: No juice! Menu must be posted and current for parents. Store the menu with records at the end of the month. **Label WG.**