



# CACFP Infant Menu and Production Record 4 through 7 Months of Age

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

Infant's Name: _____			Infant's Name: _____		
Age: _____ Formula: _____			Age: _____ Formula: _____		
Breakfast	AM/PM Snack	Lunch/Supper	Breakfast	AM/PM Snack	Lunch/Supper
IFIF / MM (Circle one) _____ oz. IFIC _____ Tbsp.	IFIF / MM (Circle one) _____ oz.	IFIF / MM (Circle one) _____ oz. IFIC _____ Tbsp. Fruit &/or Vegetable _____ Tbsp.	IFIF / MM (Circle one) _____ oz. IFIC _____ Tbsp.	IFIF / MM (Circle one) _____ oz.	IFIF / MM (Circle one) _____ oz. IFIC _____ Tbsp. Fruit &/or Vegetable _____ Tbsp.
IFIF / MM (Circle one) _____ oz. IFIC _____ Tbsp.	IFIF / MM (Circle one) _____ oz.	IFIF / MM (Circle one) _____ oz. IFIC _____ Tbsp. Fruit &/or Vegetable _____ Tbsp..	IFIF / MM (Circle one) _____ oz. IFIC _____ Tbsp.	IFIF / MM (Circle one) _____ oz.	IFIF / MM (Circle one) _____ oz. IFIC _____ Tbsp. Fruit &/or Vegetable _____ Tbsp..
IFIF / MM (Circle one) _____ oz. IFIC _____ Tbsp.	IFIF / MM (Circle one) _____ oz.	IFIF / MM (Circle one) _____ oz. IFIC _____ Tbsp. Fruit &/or Vegetable _____ Tbsp.	IFIF / MM (Circle one) _____ oz. IFIC _____ Tbsp.	IFIF / MM (Circle one) _____ oz.	IFIF / MM (Circle one) _____ oz. IFIC _____ Tbsp. Fruit &/or Vegetable _____ Tbsp.
IFIF / MM (Circle one) _____ oz. IFIC _____ Tbsp.	IFIF / MM (Circle one) _____ oz.	IFIF / MM (Circle one) _____ oz. IFIC _____ Tbsp. Fruit &/or Vegetable _____ Tbsp..	IFIF / MM (Circle one) _____ oz. IFIC _____ Tbsp.	IFIF / MM (Circle one) _____ oz.	IFIF / MM (Circle one) _____ oz. IFIC _____ Tbsp. Fruit &/or Vegetable _____ Tbsp..
IFIF / MM (Circle one) _____ oz. IFIC _____ Tbsp.	IFIF / MM (Circle one) _____ oz.	IFIF / MM (Circle one) _____ oz. IFIC _____ Tbsp. Fruit &/or Vegetable _____ Tbsp.	IFIF / MM (Circle one) _____ oz. IFIC _____ Tbsp.	IFIF / MM (Circle one) _____ oz.	IFIF / MM (Circle one) _____ oz. IFIC _____ Tbsp. Fruit &/or Vegetable _____ Tbsp..
IFIF / MM (Circle one) _____ oz. IFIC _____ Tbsp.	IFIF / MM (Circle one) _____ oz.	IFIF / MM (Circle one) _____ oz. IFIC _____ Tbsp. Fruit &/or Vegetable _____ Tbsp.	IFIF / MM (Circle one) _____ oz. IFIC _____ Tbsp.	IFIF / MM (Circle one) _____ oz.	IFIF / MM (Circle one) _____ oz. IFIC _____ Tbsp. Fruit &/or Vegetable _____ Tbsp.

## Infant Meal Pattern

### Breakfast:

■ IFIF or MM \*  
 4-8 fluid oz.

■ IFIC \*\*  
 0-3 Tablespoons

### AM/PM Snack:

■ IFIF or MM \*  
 4-6 fluid oz.

### Lunch/Supper:

■ IFIF or MM \*  
 4-8 fluid oz.

■ IFIC \*\*  
 0-3 Tablespoons

■ Fruit/Vegetable or both \*\*  
 0-3 Tablespoons  
 (no juice)

- 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.

\*\* A serving of this component is required when the infant is developmentally ready.

This menu and production record covers the week of \_\_\_\_\_  
 Date

Signature \_\_\_\_\_