# CACFP Infant Menu and Production Record 8 through11 Months of Age

**Infant Meal Pattern**

### Breakfast
- IFIF or MM * 6-8 fluid oz.
- IFIC 2-4 Tablespoons
- Fruit/Vegetable or both (no juice) 1-4 Tablespoons

### AM/PM Snack
- IFIF or MM * or Full Strength Fruit Juice 2-4 fluid oz.
- Bread ** 0-1/2 Slice
- Crackers** 0-2 Crackers

### Lunch/Supper
- IFIF or MM * 6-8 fluid oz.
- Meat/Meat Alt. *** 1-4 Tablespoons or 1/2 oz. Cheese or 1-4 oz. Cottage Cheese or 1-4 oz. Cheese Spread or 2-4 Tablespoons IFIC
- Fruit/Vegetable or both (no juice) 1-4 Tablespoons

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**Monday**
- Breakfast: IFIF/ MM ________ oz.
- AM/PM Snack: IFIC _______ Tbsp. Fruit/Vegetable _______ Tbsp.
- Lunch/Supper: IFIF/MM _______ oz. or Full Strength Juice _______ oz. Meat or Meat Alternate or IFIC _______ Tbsp. Fruit/Vegetable Tbsp.

**Tuesday**
- Breakfast: IFIF/ MM ________ oz.
- AM/PM Snack: IFIC _______ Tbsp. Fruit/Vegetable _______ Tbsp.
- Lunch/Supper: IFIF/MM _______ oz. or Full Strength Juice _______ oz. Meat or Meat Alternate or IFIC _______ Tbsp. Fruit/Vegetable Tbsp.

**Wednesday**
- Breakfast: IFIF/MM ________ oz.
- AM/PM Snack: IFIC _______ Tbsp. Fruit/Vegetable _______ Tbsp.
- Lunch/Supper: IFIF/MM _______ oz. or Full Strength Juice _______ oz. Meat or Meat Alternate or IFIC _______ Tbsp. Fruit/Vegetable Tbsp.

**Thursday**
- Breakfast: IFIF/MM ________ oz.
- AM/PM Snack: IFIC _______ Tbsp. Fruit/Vegetable _______ Tbsp.
- Lunch/Supper: IFIF/MM _______ oz. or Full Strength Juice _______ oz. Meat or Meat Alternate or IFIC _______ Tbsp. Fruit/Vegetable Tbsp.

**Friday**
- Breakfast: IFIF/MM ________ oz.
- AM/PM Snack: IFIC _______ Tbsp. Fruit/Vegetable _______ Tbsp.
- Lunch/Supper: IFIF/MM _______ oz. or Full Strength Juice _______ oz. Meat or Meat Alternate or IFIC _______ Tbsp. Fruit/Vegetable Tbsp.

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- 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.

This menu and production record covers the week of __________________________

Date

Signature

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* 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 for it and must be made from whole-grain or enriched flour.
***Hot dogs, frankfurters, corn dogs, and sausages are NOT CREDITABLE FOR INFANTS. Fish sticks, patties, nuggets, or other commercial breaded or battered seafood products or canned, fresh, or frozen fish with bones are NOT creditable for infants.