



CACFP Infant Menu and Production Record 0 through 3 Months of Age

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

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.					
IFIF / MM (Circle one) _____ OZ.					
IFIF / MM (Circle one) _____ OZ.					
IFIF / MM (Circle one) _____ OZ.					
IFIF / MM (Circle one) _____ OZ.					

Infant Meal Pattern

Breakfast:

IFIF or MM *
4-6 fluid oz.

AM/PM Snack:

IFIF or MM *
4-6 fluid oz.

Lunch/Supper:

IFIF or MM *
4-6 fluid oz.

- 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.

This menu and production record covers the week of _____
Date

Signature