Maryland State Department of Education

Infant Menu Planner for the CACFP

Center Name: _____ **Week of:** _____

PLEASE NOTE: Babies should be fed when they are hungry and not restricted to a rigid schedule.

Meal Patterns	**Minimum Requirements**			**Date:**				
				Monday	**Tuesday**	**Wednesday**	**Thursday**	**Friday**
BREAKFAST	**B – 3 months**	**4 – 7 months**	**8 – 11 months**					
Breast milk or formula	4 – 6 ounces	4 – 8 ounces	6 – 8 ounces					
Iron fortified cereal	None	0 – 3 Tbsp.	2 – 4 Tbsp.					
Fruit or Vegetable	None	None	1 – 4 Tbsp.					
LUNCH or SUPPER	**B – 3 months**	**4 – 7 months**	**8 – 11 months**					
Breast milk or formula	4 – 6 ounces	4 – 8 ounces	6 – 8 ounces					
Fruit/Vegetable* **Or** both	None	0 – 3 Tbsp.	1 – 4 Tbsp.					
Iron fortified cereal **And/Or**	None	0 – 3 Tbsp.	2 – 4 Tbsp.					
Meat, poultry, egg yolk, fish, cooked dry peas or beans **Or**	None	None	1 – 4 Tbsp.					
Cheese **Or**	None	None	½ - 2 ounces					
Cottage cheese **Or**	None	None	1 – 4 ounces (volume)					
Cheese food or cheese spread	None	None	1 – 4 ounces (weight)					
Extra Item** Center's option	None	None	Small amounts					
SNACK	**B – 3 months**	**4 – 7 months**	**8 – 11 months**					
Breast milk or formula **Or**	4 – 6 ounces	4 – 6 ounces	2 – 4 ounces					
100% fruit juice served in a cup	None	None	2 – 4 ounces					
And bread **Or**	None	None	0 – ½ slice					
Crackers	None	None	0 - 2					

*****All foods are appropriately modified in texture to meet each infant's needs.

******The Extra Item is not necessary for the menu to be reimbursable, but may be needed to satisfy an infant's need to practice finger feeding or to satisfy hunger. Rev 10/04