Infant Menu Planner - Age 6 weeks to 12 months (Use Regular Menu as of 1st Birthday)

Provider Name:
Provider ID #:
Claim Month:

Instructions:

1. Record the infant's meals on the meal count.
2. Fill in the top with your name, provider number and the month in the lines provided.
3. Record the infant's name and birthdate for each infant 6 weeks to 12 months in the appropriate age group box below. Answer all other questions below the child's name and birthdate, also indicate brands of IFIF & IFIC.
4. Fill in the date at the top of the menu. **TYPE THE ITEM SERVED TO THE INFANT FOR EACH DAY AND MEAL THAT THE CHILD IS PRESENT AND SERVED**
5. Infants under 6 weeks of age may not be claimed on the CACFP unless the County Licenser has issued a variance, or if the infant is the providers own child.
6. Once infants become age appropriate you must serve and record actual fruits, vegetables, meats and emat alternatives served to them at each meal.

Special notes: Meals consisting only of parent-supplied formula are eligible for reimbursement if CCNI has a formula statement on file, signed by the parent and the caregiver serves the meal. Consult the infant's parents to determine the fruits, vegetables and meats to serve. Infants must be served Iron-fortified Infant formula or breast milk. Parent supplied formula must also be Iron-fortified in order to qualify for reimbursment.

Infant Age Group: 6 weeks through 3 months		Infant Age Group: 4 months through 7 months		Infant Age Group: 8 months through 12 months	
Infant Name (7 weeks thru 3 months)	Birthdate	Infant Name (4 months thru 7 months)	Birthdate	Infant Name (8 months thru 12 months)	Birthdate
Provider Supplies the iron fortified infant formula? (Yes/No)		Provider Supplies the iron fortified infant formula? (Yes/No)		Provider Supplies the iron fortified infant formula? (Yes/No)	
Parent Supplies the iron fortified infant formula? (Yes/No)		Parent Supplies the iron fortified infant formula? (Yes/No)		Parent Supplies the iron fortified infant formula? (Yes/No)	
Formula statement on file? (Yes/No)		Formula statement on file? (Yes/No)		Formula statement on file? (Yes/No)	
Special Diet Statement on file? (Yes/No)		Special Diet Statement on file? (Yes/No)		Special Diet Statement on file? (Yes/No)	
Indicate brand of iron fortified infant formula or breast milk served	Indicate types of iron fortified infant ceral(s) served (rice, oatmeal, etc.)	Indicate brand of iron fortified infant formula or breast milk served	Indicate types of iron fortified infant ceral(s) served (rice, oatmeal, etc.)	Indicate brand of iron fortified infant formula or breast milk served	Indicate types of iron fortified infant ceral(s) served (rice, oatmeal, etc.)

	Example										
								*100% Juice served to infants 8 Months and older at creditable only at snack			
Calander Date(s)	**10/1/16**										
Breakfast											
IFIF or Breast Milk	IFIF										
Fruit or Vegetable	Banana										
IFIC(Infant Cereal)	IFIC										
Am Snack											
IFIF or Breast Milk	IFIF										
100% Fruit Juice (8 months)											
bread/crackers (optional)											
Lunch											
IFIF or Breast Milk	IFIF										
Fruit or Vegetable	Peas										
IFIC And/Or	IFIC										
Meat/Meat alternate											
Pm Snack											
IFIF or Breast Milk	IFIF										
100% Fruit Juice (8 months)											
bread/crackers (optional)											
Supper											
IFIF or Breast Milk	IFIF										
Fruit or Vegetable	Pears										
IFIC And/Or	IFIC										
Meat/Meat alternate											
Evening Snack											
IFIF or Breast Milk	IFIF										
100% Fruit Juice (8 months)											
bread/crackers (optional)											