**CHILD CARE & NUTRITION, INC. (CCNI)** - PO BOX 138 - IVANHOE, MN 56142

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

**Provider Name:** _____

**Provider ID #:** _____

**Claim Month:** _____

Instructions:

1. Fill in the top with your name, provider number and the month in the lines provided.
2. 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.
3. Fill in the date at the top of the menu. CIRCLE either breastmilk or formula then write in additionally served components.
4. **All infant's meals must also be recorded on the daily meal count with all the other claimed children.**
5. Infants under 6 weeks of age may not be claimed on the CACFP unless the County Licensor has issued a variance, or if the infant is the providers own child.
6. For the infant age group 6 weeks through 5 months breast milk and formula are the only required components. If the parent/guardian determines the infant is developmentally ready and wishes to introduce solid foods they should also be served and recorded in the menu.
7. Once the infant turns 6 months and the parent/guardian determines the infant is developmentally ready, you must serve and record all required components (see the reverse side of this form for more detail on the required components).
8. Send the top copy of this form, along with your meal count, regular menu form, and any other claim material to CCNI after the last meal or snack has been claimed for the month.

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 when the infant is developmentally ready for solid foods. Infants must be served breastmilk or Iron-fortified Infant formula; even if the parent chooses to supply the formula it must be Iron-fortified in order to qualify for reimbursement. Some formulas may require a diet statement.

| **Infant Age Group: 6 weeks through 5 months - solid foods can be gradually introduced by parent request when developmentally ready** | | | | | **Infant Age Group: 6 months through 11 months - all components should be served when the infant is developmentally ready** | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Infant Name (6wks-5mo) | | | | Birthdate | Infant Name (6mo-11mo) | | | | | Birthdate |
| Provider Supplies the iron fortified infant formula? **Yes / No**<br>Parent Supplies the iron fortified infant formula? **Yes / No**<br>Formula statement on file? **Yes / No**<br>Special Diet Statement on file? **Yes / No** | | | | | ☐ Infant not developmentally ready for solids<br>☐ Gradually introducing solids to infant<br>☐ Infant eats solids on a regular basis | | | Provider Supplies the iron fortified infant formula? **Yes / No**<br>Parent Supplies the iron fortified infant formula? **Yes / No**<br>Formula statement on file? **Yes / No**<br>Special Diet Statement on file? **Yes / No** | | |
| Indicate brand of infant formula or breastmilk served | | | | | Indicate brand of infant formula or breastmilk served | | | Indicate types of infant cereal(s) served (rice, oatmeal, etc.) | | |
| **Calendar Date(s)** | | | | | | | | | | |
| **Breakfast** | | | | | | | | | | |
| Breastmilk/Formula | Breastmilk / Formula | Breastmilk / Formula | Breastmilk / Formula | Breastmilk / Formula | Breastmilk / Formula | Breastmilk / Formula | Breastmilk / Formula | Breastmilk / Formula | Breastmilk / Formula | Breastmilk / Formula |
| Fruit and/or Vegetable | | | | | | | | | | |
| Infant Cereal or Meat / Meat Alternate | | | | | | | | | | |
| **Am Snack** | | | | | | | | | | |
| IFIF or Breast Milk | Breastmilk / Formula | Breastmilk / Formula | Breastmilk / Formula | Breastmilk / Formula | Breastmilk / Formula | Breastmilk / Formula | Breastmilk / Formula | Breastmilk / Formula | Breastmilk / Formula | Breastmilk / Formula |
| Fruit and/or Vegetable | | | | | | | | | | |
| Infant Cereal or Bread / Grain | | | | | | | | | | |
| **Lunch** | | | | | | | | | | |
| Breastmilk/Formula | Breastmilk / Formula | Breastmilk / Formula | Breastmilk / Formula | Breastmilk / Formula | Breastmilk / Formula | Breastmilk / Formula | Breastmilk / Formula | Breastmilk / Formula | Breastmilk / Formula | Breastmilk / Formula |
| Fruit and/or Vegetable | | | | | | | | | | |
| Infant Cereal or Meat / Meat Alternate | | | | | | | | | | |
| **Pm Snack** | | | | | | | | | | |
| IFIF or Breast Milk | Breastmilk / Formula | Breastmilk / Formula | Breastmilk / Formula | Breastmilk / Formula | Breastmilk / Formula | Breastmilk / Formula | Breastmilk / Formula | Breastmilk / Formula | Breastmilk / Formula | Breastmilk / Formula |
| Fruit and/or Vegetable | | | | | | | | | | |
| Infant Cereal or Bread / Grain | | | | | | | | | | |
| **Supper** | | | | | | | | | | |
| Breastmilk/Formula | Breastmilk / Formula | Breastmilk / Formula | Breastmilk / Formula | Breastmilk / Formula | Breastmilk / Formula | Breastmilk / Formula | Breastmilk / Formula | Breastmilk / Formula | Breastmilk / Formula | Breastmilk / Formula |
| Fruit and/or Vegetable | | | | | | | | | | |
| Infant Cereal or Meat / Meat Alternate | | | | | | | | | | |
| **Evening Snack** | | | | | | | | | | |
| IFIF or Breast Milk | Breastmilk / Formula | Breastmilk / Formula | Breastmilk / Formula | Breastmilk / Formula | Breastmilk / Formula | Breastmilk / Formula | Breastmilk / Formula | Breastmilk / Formula | Breastmilk / Formula | Breastmilk / Formula |
| Fruit and/or Vegetable | | | | | | | | | | |
| Infant Cereal or Bread / Grain | | | | | | | | | | |

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| **Calendar Date(s)** | | | | | | | | | | |
| **Breakfast** | | | | | | | | | | |
| Breastmilk/Formula | Breastmilk / Formula | Breastmilk / Formula | Breastmilk / Formula | Breastmilk / Formula | Breastmilk / Formula | Breastmilk / Formula | Breastmilk / Formula | Breastmilk / Formula | Breastmilk / Formula | Breastmilk / Formula |
| Fruit and/or Vegetable | | | | | | | | | | |
| Infant Cereal or Meat / Meat Alternate | | | | | | | | | | |
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| Infant Cereal or Bread / Grain | | | | | | | | | | |

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| **Calendar Date(s)** | | | | | | | | | | |
| **Breakfast** | | | | | | | | | | |
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