

CHILD AND ADULT CARE FOOD PROGRAM - Infant Menu

Provider: _____ Phone #: (____) _____ - _____

Child's Name: _____ Date of Birth: _____

White - DCC copy Yellow - Provider copy REV. 2/02

	0 to 3 Months	4 to 7 months	8 months to 1 year	Day/Date:	Day/Date:	Day/Date:	Day/Date:	Day/Date:
<i>Breakfast</i>								
1. *Breast Milk or Formula	4 to 6 Fluid Oz.	4 to 8 Fluid Oz.	6 to 8 Fluid Oz.					
2. *Infant Cereal W/Iron		0 to 3 Tbsp.	1 to 4 Tbsp.					
3. Vegetable or Fruit of appropriate consistency			2 to 4 Tbsp.					
<i>Snack (Supplement)</i>								
1. *Breast Milk or Formula	4 to 6 Fluid Oz.	4 to 6 Fluid Oz.	2 to 4 Fluid Oz.					
2. Whole Grain or Enriched Bread or Cracker			1/2 slice or 2 crackers					
<i>Lunch/Supper</i>								
1. *Breast Milk or Formula	4 to 6 Fluid Oz.	4 to 8 Fluid Oz.	6 to 8 Fluid Oz.					
2. *Infant Cereal W/Iron		0-3 Tbsp.	2-4 Tbsp.					
Lean Meat, Fish, Poultry			or					
Egg Yolk, Cooked Dry Beans, Peas, Lentils			1-4 Tbsp.					
Cottage Cheese or Cheese			or					
			1-4 Oz.					
3. *Vegetable or Fruit of appropriate consistency		0 to 3 Tbsp.	1 to 4 Tbsp.					

*Iron Fortified Infant Formula or Breast Milk are required at meals and snacks up to 1 year.

*Additional components are optional from 4 to 7 months.

*Cereal, meats (or meat alternatives) and vegetable components are required at 8 months to 1 year.