

Child and Adult Care Food Program INFANT MENU RECORDS

SITE NAME: _____ DATE: _____

RECORD THE COMPONENTS AND AMOUNTS SERVED TO EACH INFANT AFTER EACH MEAL. SEE THE INFANT MEAL PATTERN FOR MEAL COMPONENT REQUIREMENTS.

FOOD COMPONENTS	NAME:	NAME:	NAME:	NAME:	NAME:	NAME:
	AGE: DOB: **AS: YES [] NO []	AGE: DOB: **AS: YES [] NO []	AGE: DOB: **AS: YES [] NO []	AGE: DOB: **AS: YES [] NO []	AGE: DOB: **AS: YES [] NO []	AGE: DOB: **AS: YES [] NO []
BREAKFAST:						
(1) BREAST MILK* OR IRON-FORTIFIED FLUID INFANT FORMULA						
(2) INFANT CEREAL—DRY, IRON-FORTIFIED						
(3) FRUIT AND/OR VEGETABLE						
LUNCH						
(1) BREAST MILK* OR IRON-FORTIFIED FLUID INFANT FORMULA						
(2) INFANT CEREAL—DRY, IRON-FORTIFIED						
(3) MEAT OR MEAT ALTERNATE: MEAT, FISH, POULTRY, EGG YOLK, COOKED DRY BEANS OR PEAS, CHEESE, COTTAGE CHEESE, CHEESE FOOD OR CHEESE SPREAD						
(4) FRUIT AND/OR VEGETABLE						
SUPPER:						
(1) BREAST MILK* OR IRON-FORTIFIED FLUID INFANT FORMULA						
(2) INFANT CEREAL—DRY, IRON-FORTIFIED						
(3) MEAT OR MEAT ALTERNATE: MEAT, FISH, POULTRY, EGG YOLK, COOKED DRY BEANS OR PEAS, CHEESE, COTTAGE CHEESE, CHEESE FOOD OR CHEESE SPREAD						
(4) FRUIT AND/OR VEGETABLE						

*BREAST MILK, PROVIDED BY THE INFANT'S MOTHER ONLY, IS RECOMMENDED FOR THE FIRST YEAR.

**AS = ALLERGY STATEMENT IS ON FILE.