

Child and Adult Care Food Program

DAY CARE HOME INFANT MENU 6 MONTHS TO 1ST BIRTHDAY

The infant formula offered at this home is _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____
BREAKFAST	Monday	Tuesday	Wednesday	Thursday	Friday
Breast Milk or Iron Fortified Infant Formula	<input type="checkbox"/> Breast Milk <input type="checkbox"/> Formula	<input type="checkbox"/> Breast Milk <input type="checkbox"/> Formula	<input type="checkbox"/> Breast Milk <input type="checkbox"/> Formula	<input type="checkbox"/> Breast Milk <input type="checkbox"/> Formula	<input type="checkbox"/> Breast Milk <input type="checkbox"/> Formula
Vegetable or Fruit or both					
Iron-Fortified Infant Cereal, Meat, Fish, Poultry, Whole Eggs, Cooked Dry Beans or Peas or Cheese or Cottage Cheese or Yogurt or a combination of the above					
AM SNACK					
Breast Milk or Iron Fortified Infant Formula	<input type="checkbox"/> Breast Milk <input type="checkbox"/> Formula	<input type="checkbox"/> Breast Milk <input type="checkbox"/> Formula	<input type="checkbox"/> Breast Milk <input type="checkbox"/> Formula	<input type="checkbox"/> Breast Milk <input type="checkbox"/> Formula	<input type="checkbox"/> Breast Milk <input type="checkbox"/> Formula
Vegetable or Fruit or both					
Crackers or Whole Grain or Enriched Bread or Infant Cereal or Breakfast Cereal					
LUNCH					
Breast Milk or Iron Fortified Infant Formula	<input type="checkbox"/> Breast Milk <input type="checkbox"/> Formula	<input type="checkbox"/> Breast Milk <input type="checkbox"/> Formula	<input type="checkbox"/> Breast Milk <input type="checkbox"/> Formula	<input type="checkbox"/> Breast Milk <input type="checkbox"/> Formula	<input type="checkbox"/> Breast Milk <input type="checkbox"/> Formula
Vegetable or Fruit or both					
Iron-Fortified Infant Cereal, Meat, Fish, Poultry, Whole Eggs, Cooked Dry Beans or Peas or Cheese or Cottage Cheese or Yogurt or a combination of the above					
PM SNACK					
Breast Milk or Iron Fortified Infant Formula	<input type="checkbox"/> Breast Milk <input type="checkbox"/> Formula	<input type="checkbox"/> Breast Milk <input type="checkbox"/> Formula	<input type="checkbox"/> Breast Milk <input type="checkbox"/> Formula	<input type="checkbox"/> Breast Milk <input type="checkbox"/> Formula	<input type="checkbox"/> Breast Milk <input type="checkbox"/> Formula
Vegetable or Fruit or both					
Crackers or Whole Grain or Enriched Bread or Infant Cereal or Breakfast Cereal					
SUPPER					
Breast Milk or Iron Fortified Infant Formula	<input type="checkbox"/> Breast Milk <input type="checkbox"/> Formula	<input type="checkbox"/> Breast Milk <input type="checkbox"/> Formula	<input type="checkbox"/> Breast Milk <input type="checkbox"/> Formula	<input type="checkbox"/> Breast Milk <input type="checkbox"/> Formula	<input type="checkbox"/> Breast Milk <input type="checkbox"/> Formula
Vegetable or Fruit or both					
Iron-Fortified Infant Cereal, Meat, Fish, Poultry, Whole Eggs, Cooked Dry Beans or Peas or Cheese or Cottage Cheese or Yogurt or a combination of the above					
LN SNACK					
Breast Milk or Iron Fortified Infant Formula	<input type="checkbox"/> Breast Milk <input type="checkbox"/> Formula	<input type="checkbox"/> Breast Milk <input type="checkbox"/> Formula	<input type="checkbox"/> Breast Milk <input type="checkbox"/> Formula	<input type="checkbox"/> Breast Milk <input type="checkbox"/> Formula	<input type="checkbox"/> Breast Milk <input type="checkbox"/> Formula
Vegetable or Fruit or both					
Crackers or Whole Grain or Enriched Bread or Infant Cereal or Breakfast Cereal					

Solid foods are gradually introduced around 6 months of age		
Breakfast cereal cannot contain more than 6 grams of sugar per dry ounce		
	Meals	Snacks
Breast Milk or Iron Fortified Infant Formula	6-8 oz	2-4 oz
Fruits or vegetables or both	0-2Tbs	0-2 oz
Iron Fortified Infant Cereal, Meat, Fish, Poultry, Whole Eggs, Cooked or Dried beans or Peas	0-4Tbs.	0
or Cheese or Cottage Cheese or Yogurt	0-4 oz	0
Crackers or Whole Grain Bread	0	0-2 or 1/2 slice

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The infant formula offered at this home is _____

Name:	DOB:		
Name:	DOB:		
Name:	DOB:	Date:	Date:
BREAKFAST		Saturday	Sunday
Breast Milk or Iron Fortified Infant Formula	<input type="checkbox"/> Breast Milk <input type="checkbox"/> Formula	<input type="checkbox"/> Breast Milk <input type="checkbox"/> Formula	
Vegetable or Fruit or both			
Iron-Fortified Infant Cereal, Meat, Fish, Poultry, Whole Eggs, Cooked Dry Beans or Peas or Cheese or Cottage Cheese or Yogurt or a combination of the above			
AM SNACK			
Breast Milk or Iron Fortified Infant Formula	<input type="checkbox"/> Breast Milk <input type="checkbox"/> Formula	<input type="checkbox"/> Breast Milk <input type="checkbox"/> Formula	
Vegetable or Fruit or both			
Crackers or Whole Grain or Enriched Bread or Infant Cereal or Breakfast Cereal			
LUNCH			
Breast Milk or Iron Fortified Infant Formula	<input type="checkbox"/> Breast Milk <input type="checkbox"/> Formula	<input type="checkbox"/> Breast Milk <input type="checkbox"/> Formula	
Vegetable or Fruit or both			
Iron-Fortified Infant Cereal, Meat, Fish, Poultry, Whole Eggs, Cooked Dry Beans or Peas or Cheese or Cottage Cheese or Yogurt or a combination of the above			
PM SNACK			
Breast Milk or Iron Fortified Infant Formula	<input type="checkbox"/> Breast Milk <input type="checkbox"/> Formula	<input type="checkbox"/> Breast Milk <input type="checkbox"/> Formula	
Vegetable or Fruit or both			
Crackers or Whole Grain or Enriched Bread or Infant Cereal or Breakfast Cereal			
SUPPER			
Breast Milk or Iron Fortified Infant Formula	<input type="checkbox"/> Breast Milk <input type="checkbox"/> Formula	<input type="checkbox"/> Breast Milk <input type="checkbox"/> Formula	
Vegetable or Fruit or both			
Iron-Fortified Infant Cereal, Meat, Fish, Poultry, Whole Eggs, Cooked Dry Beans or Peas or Cheese or Cottage Cheese or Yogurt or a combination of the above			
LN SNACK			
Breast Milk or Iron Fortified Infant Formula	<input type="checkbox"/> Breast Milk <input type="checkbox"/> Formula	<input type="checkbox"/> Breast Milk <input type="checkbox"/> Formula	
Vegetable or Fruit or both			
Crackers or Whole Grain or Enriched Bread or Infant Cereal or Breakfast Cereal			

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or Cheese or Cottage Cheese or Yogurt	0-4 oz	0
Crackers or Whole Grain Bread	0	0-2 or 1/2 slice