

**Child and Adult Care Food Program
DAILY MENU/MEAL COUNT RECORD FOR INFANTS (4-7 MONTHS)**

Name of Center: _____

Agreement Number: _____

Month/Year: _____

	4 thru 7 mos.	Date: _____ Sunday	Date: _____ Monday	Date: _____ Tuesday	Date: _____ Wednesday	Date: _____ Thursday	Date: _____ Friday	Date: _____ Saturday
BREAKFAST 1. Breastmilk or Iron Fortified Formula 2. Infant Cereal (Iron Fortified) Dry	4-8 Fl. Oz. 0-3 Tbsp.	TOTAL <input type="text"/>	TOTAL <input type="text"/>	TOTAL <input type="text"/>	TOTAL <input type="text"/>	TOTAL <input type="text"/>	TOTAL <input type="text"/>	TOTAL <input type="text"/>
SNACK AM (Supplemental) 1. Breastmilk or Iron Fortified Formula	4-6 Fl. Oz.	TOTAL <input type="text"/>	TOTAL <input type="text"/>	TOTAL <input type="text"/>	TOTAL <input type="text"/>	TOTAL <input type="text"/>	TOTAL <input type="text"/>	TOTAL <input type="text"/>
LUNCH 1. Breastmilk or Iron Fortified Formula 2. Infant Cereal (Iron Fortified) Dry 3. Fruit and/or Vegetable of appropriate consistency ¹	4-8 Fl. Oz. 0-3 Tbsp. 0-3 Tbsp.	TOTAL <input type="text"/>	TOTAL <input type="text"/>	TOTAL <input type="text"/>	TOTAL <input type="text"/>	TOTAL <input type="text"/>	TOTAL <input type="text"/>	TOTAL <input type="text"/>
SNACK PM (Supplemental) 1. Breastmilk or Iron Fortified Formula	4-6 Fl. Oz.	TOTAL <input type="text"/>	TOTAL <input type="text"/>	TOTAL <input type="text"/>	TOTAL <input type="text"/>	TOTAL <input type="text"/>	TOTAL <input type="text"/>	TOTAL <input type="text"/>
SUPPER 1. Breastmilk or Iron Fortified Formula 2. Infant Cereal (Iron Fortified) Dry 3. Fruit and/or Vegetable of appropriate consistency ¹	4-8 Fl. Oz. 0-3 Tbsp. 0-3 Tbsp.	TOTAL <input type="text"/>	TOTAL <input type="text"/>	TOTAL <input type="text"/>	TOTAL <input type="text"/>	TOTAL <input type="text"/>	TOTAL <input type="text"/>	TOTAL <input type="text"/>
SNACK LATE PM (Supplemental) 1. Breastmilk or Iron Fortified Formula	4-6 Fl. Oz.	TOTAL <input type="text"/>	TOTAL <input type="text"/>	TOTAL <input type="text"/>	TOTAL <input type="text"/>	TOTAL <input type="text"/>	TOTAL <input type="text"/>	TOTAL <input type="text"/>

¹ Appropriate consistency means the thickness or the texture that the baby can tolerate.

Child and Adult Care Food Program
DAILY MENU/MEAL COUNT RECORD FOR INFANTS (8-11 MONTHS)

Name of Center: _____

Agreement Number: _____

Month/Year: _____

	8 thru 11 mos.	Date: _____ Sunday	Date: _____ Monday	Date: _____ Tuesday	Date: _____ Wednesday	Date: _____ Thursday	Date: _____ Friday	Date: _____ Saturday
BREAKFAST 1. Breastmilk or Iron Fortified Formula 2. Infant Cereal (Iron Fortified) Dry 3. Fruit and/or Vegetable of appropriate consistency ¹	6-8 Fl. Oz. 2-4 Tbsp. 1-4 Tbsp.	TOTAL <input type="text"/>	TOTAL <input type="text"/>	TOTAL <input type="text"/>	TOTAL <input type="text"/>	TOTAL <input type="text"/>	TOTAL <input type="text"/>	TOTAL <input type="text"/>
SNACK AM (Supplemental) 1. Breastmilk or Iron Fortified Formula 2. Whole Grain or Enriched Bread or Whole Grain or Enriched Cracker Type Product	2-4 Fl. Oz. ² 0-½ Slice 0-2 Crackers	TOTAL <input type="text"/>	TOTAL <input type="text"/>	TOTAL <input type="text"/>	TOTAL <input type="text"/>	TOTAL <input type="text"/>	TOTAL <input type="text"/>	TOTAL <input type="text"/>
LUNCH 1. Breastmilk or Iron Fortified Formula 2. Infant Cereal (Iron Fortified) Dry and/or Meat, Fish, Poultry, Egg Yolk, or Cooked Dry Beans, Peas, Lentils or Cheese or Cottage Cheese 3. Fruit and/or Vegetable of appropriate consistency ¹	6-8 Fl. Oz. 2-4 Tbsp. 1-4 Tbsp. 1-4 Tbsp. ½-2 Oz. 1-4 Tbsp. 1-4 Tbsp.	TOTAL <input type="text"/>	TOTAL <input type="text"/>	TOTAL <input type="text"/>	TOTAL <input type="text"/>	TOTAL <input type="text"/>	TOTAL <input type="text"/>	TOTAL <input type="text"/>
SNACK PM (Supplemental) 1. Breastmilk or Iron Fortified Formula 2. Whole Grain or Enriched Bread or Whole Grain or Enriched Cracker Type Product	2-4 Fl. Oz. ² 0-½ Slice 0-2 Crackers	TOTAL <input type="text"/>	TOTAL <input type="text"/>	TOTAL <input type="text"/>	TOTAL <input type="text"/>	TOTAL <input type="text"/>	TOTAL <input type="text"/>	TOTAL <input type="text"/>
SUPPER 1. Breastmilk or Iron Fortified Formula 2. Infant Cereal (Iron Fortified) Dry and/or Meat, Fish, Poultry, Egg Yolk, or Cooked Dry Beans, Peas, Lentils or Cheese or Cottage Cheese 3. Fruit and/or Vegetable of appropriate consistency ¹	6-8 Fl. Oz. 2-4 Tbsp. 1-4 Tbsp. 1-4 Tbsp. ½-2 Oz. 1-4 Tbsp. 1-4 Tbsp.	TOTAL <input type="text"/>	TOTAL <input type="text"/>	TOTAL <input type="text"/>	TOTAL <input type="text"/>	TOTAL <input type="text"/>	TOTAL <input type="text"/>	TOTAL <input type="text"/>
SNACK LATE PM (Supplemental) 1. Breastmilk or Iron Fortified Formula 2. Whole Grain or Enriched Bread or Whole Grain or Enriched Cracker Type Product	2-4 Fl. Oz. ² 0-½ Slice 0-2 Crackers	TOTAL <input type="text"/>	TOTAL <input type="text"/>	TOTAL <input type="text"/>	TOTAL <input type="text"/>	TOTAL <input type="text"/>	TOTAL <input type="text"/>	TOTAL <input type="text"/>

¹Appropriate consistency means the thickness or the texture that the baby can tolerate.

²May substitute full strength, 100% fruit juice of equal amount. Applies only to 8 thru 11 month old infants.