**Child and Adult Care Food Program**

**Weekly Infant Menu/Meal Count (Multiple Infants)**

**Birth through 3 months**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth (DOB): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|   |   | Monday | Tuesday | Wednesday | Thursday | Friday |
| **Breakfast** | **Breast Milk/Formula** **4-6oz** |   |   |   |   |   |
|  |   |   |   |   |   |   |
| **Lunch** | **Breast Milk/Formula** **4-6oz** |   |   |   |   |   |
|  |   |   |   |   |   |   |
| **Snack** | **Breast Milk/Formula** **4-6oz** |   |   |   |   |   |

**\*\*Reminder: list type of food item (Breast Milk or Formula)\*\***

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth (DOB): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|   |   | Monday | Tuesday | Wednesday | Thursday | Friday |
| **Breakfast** | **Breast Milk/Formula** **4-6oz** |   |   |   |   |   |
|  |   |   |   |   |   |   |
| **Lunch** | **Breast Milk/Formula** **4-6oz** |   |   |   |   |   |
|  |   |   |   |   |   |   |
| **Snack** | **Breast Milk/Formula** **4-6oz** |   |   |   |   |   |

**\*\*Reminder: list type of food item (Breast Milk or Formula)\*\***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Daily meal count breakfast** |  |   |   |   |   |
| **Daily meal count lunch** |   |   |   |   |   |
| **Daily meal count PM snack** |  |  |   |   |   |

**Child and Adult Care Food Program**

**Weekly Infant Menu/Meal Count (Single Infant)**

**4 through 7 months**

 **Date:­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth (DOB): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|   |   | Monday | Tuesday | Wednesday | Thursday | Friday |
| **Breakfast** | **Breast Milk/Formula** **4-8oz** |   |   |   |   |   |
|  | **Cereal (optional)** **3Tbsp** |   |   |   |   |   |
|  |  |   |   |   |   |   |
| **Lunch** | **Breast Milk/Formula** **4-8oz** |   |   |   |   |   |
|  | **Cereal 3Tbsp** |   |   |   |   |   |
|  | **Fruit (optional) 3Tbsp** |   |   |   |   |   |
|  | **Veggie (optional)** **3 Tbsp** |   |   |   |   |   |
|  |  |   |   |   |   |   |
| **Snack** | **Breast Milk/Formula** **4-6oz** |   |   |   |   |   |

**\*\*Reminder: list type of food item (Breast Milk, Formula, Fruit, or Veggie)\*\***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Daily meal count breakfast** |   |   |   |   |   |
| **Daily meal count lunch** |  |   |   |   |   |
| **Daily meal count PM snack** |  |   |   |   |   |

**Child and Adult Care Food Program**

**Weekly Infant Menu/Meal Count (Single Infant)**

 **8 through 11 months**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth (DOB): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|   |   | Monday | Tuesday | Wednesday | Thursday | Friday |
| **Breakfast** | **Breast Milk/Formula** **6-8oz** |   |   |   |   |   |
|   | **Cereal 2-4 Tbsp.** |   |   |   |   |   |
|   | **Fruit 1-4 Tbsp.** |   |   |   |   |   |
|   | **Veggie 1-4 Tbsp.** |   |   |   |   |   |
|   |   |   |   |   |   |   |
| **Lunch** | **Breast Milk/Formula** **6-8oz** |   |   |   |   |   |
|   | **Fruit 1-4 Tbsp.** |   |   |   |   |   |
|   | **Veggie 1-4 Tbsp.** |   |   |   |   |   |
|   | **Cereal 2-4 Tbsp. and/or** |   |   |   |   |   |
|   | **Meat 1-4 Tbsp** |   |   |   |   |   |
|   | **Cheese 1/2-2oz** |   |   |   |   |   |
|   |   |   |   |   |   |   |
| **Snack** | **Breast Milk/Formula** **2-4oz** |   |   |   |   |   |
|   | **0-2 cracker or 1/2 slice bread** |   |   |   |   |   |
|   |   |   |   |   |   |   |
| **Daily meal count breakfast** |   |  |   |   |   |   |
| **Daily meal count Lunch** |   |   |   |   |   |   |
| **Daily meal count PM Snack** |   |   |   |   |   |   |

**\*\*Reminder: list type of food item (Breast Milk, Formula, Fruit, Veggie, Meat, Cheese, Bread, etc.)\*\***

**First and last Name of Child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth (DOB): \_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Meal Component Quantity (Circle either Breast Milk or IFIF)  | Monday | Tuesday | Wednesday | Thursday | Friday |
| Breakfast 1. Breast milk 4-6 oz. or IFIF |  \_\_\_\_oz Breast Milk/IFIF |  \_\_\_\_oz Breast Milk/IFIF |  \_\_\_\_oz Breast Milk/IFIF |  \_\_\_\_oz Breast Milk/IFIF |  \_\_\_\_oz Breast Milk/IFIF |
| Lunch/Supper 1. Breast milk 4-6 oz. or IFIF | \_\_\_\_oz Breast Milk/IFIF |  \_\_\_\_oz Breast Milk/IFIF |  \_\_\_\_oz Breast Milk/IFIF |  \_\_\_\_oz Breast Milk/IFIF |  \_\_\_\_oz Breast Milk/IFIF |
| Supplement 1. Breast milk 4-6 oz. or IFIF |  \_\_\_\_oz Breast Milk/IFIF |  \_\_\_\_oz Breast Milk/IFIF |  \_\_\_\_oz Breast Milk/IFIF |  \_\_\_\_oz Breast Milk/IFIF |  \_\_\_\_oz Breast Milk/IFIF |

**First and last Name of Child**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DOB**\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Meal Component Quantity (Circle either Breast Milk or IFIF) | Monday | Tuesday | Wednesday | Thursday | Friday |
| Breakfast 1. Breast milk 4-6 oz. or IFIF |  \_\_\_\_oz Breast Milk/IFIF |  \_\_\_\_oz Breast Milk/IFIF |  \_\_\_\_oz Breast Milk/IFIF |  \_\_\_\_oz Breast Milk/IFIF |  \_\_\_\_oz Breast Milk/IFIF |
| Lunch/Supper 1. Breast milk 4-6 oz. or IFIF |  \_\_\_\_oz Breast Milk/IFIF |  \_\_\_\_oz Breast Milk/IFIF |  \_\_\_\_oz Breast Milk/IFIF |   \_\_\_\_oz Breast Milk/IFIF |  \_\_\_\_oz Breast Milk/IFIF |
| Supplement 1. Breast milk 4-6 oz. or IFIF |  \_\_\_\_oz Breast Milk/IFIF |  \_\_\_\_oz Breast Milk/IFIF |  \_\_\_\_oz Breast Milk/IFIF |  \_\_\_\_oz Breast Milk/IFIF |  \_\_\_\_oz Breast Milk/IFIF |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Daily Meal Count:** | **Breakfast** \_\_\_\_\_\_\_\_ **Lunch/Supp:** \_\_\_\_\_\_\_ **Snack: \_\_\_\_\_\_\_\_\_\_**  |  **Breakfast** \_\_\_\_\_\_\_\_ **Lunch/Supp:** \_\_\_\_\_\_\_ **Snack: \_\_\_\_\_\_\_\_\_\_**  | **Breakfast** \_\_\_\_\_\_\_\_ **Lunch/Supp:** \_\_\_\_\_\_\_ **Snack: \_\_\_\_\_\_\_\_\_\_**  | **Breakfast** \_\_\_\_\_\_\_\_ **Lunch/Supp:** \_\_\_\_\_\_\_ **Snack: \_\_\_\_\_\_\_\_\_\_**  | **Breakfast** \_\_\_\_\_\_\_\_ **Lunch/Supp:** \_\_\_\_\_\_\_ **Snack: \_\_\_\_\_\_\_\_\_\_**  |

**First and last Name of Child**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth (DOB):** \_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Meal Component Quantity (Circle either Breast Milk or IFIF) | Monday | Tuesday | Wednesday | Thursday | Friday |
| Breakfast 1. Breast milk 4-8 oz. or IFIF  2. IFIC2 0-3 Tbsp. | \_\_\_\_oz Breast Milk/IFIF\_\_\_\_Tbsp. IFIC  |  \_\_\_\_oz Breast Milk/IFIF\_\_\_\_Tbsp. IFIC  |  \_\_\_\_oz Breast Milk/IFIF\_\_\_\_Tbsp. IFIC  |  \_\_\_\_oz Breast Milk/IFIF\_\_\_\_Tbsp. IFIC  |  \_\_\_\_oz Breast Milk/IFIF\_\_\_\_Tbsp. IFIC  |
| Lunch/Supper 1. Breast milk 4-8 oz. or IFIF  2. IFIC2 0-3 Tbsp. 3. Fruit and/or 0-3 Tbsp. Vegetable  | \_\_\_\_oz Breast Milk/IFIF\_\_\_\_Tbsp. IFIC\_\_\_\_ Tbsp. Fruit/ Vegetable\_\_\_\_\_\_\_\_\_ | \_\_\_\_oz Breast Milk/IFIF\_\_\_\_Tbsp. IFIC \_\_\_\_ Tbsp. Fruit/ Vegetable\_\_\_\_\_\_\_\_\_  |  \_\_\_\_oz Breast Milk/IFIF\_\_\_\_Tbsp. IFIC \_\_\_\_ Tbsp. Fruit/ Vegetable\_\_\_\_\_\_\_\_\_  |  \_\_\_\_oz Breast Milk/IFIF\_\_\_\_Tbsp. IFIC\_\_\_\_ Tbsp. Fruit/ Vegetable\_\_\_\_\_\_\_\_\_  |  \_\_\_\_oz Breast Milk/IFIF\_\_\_\_Tbsp. IFIC \_\_\_\_ Tbsp. Fruit/ Vegetable\_\_\_\_\_\_\_\_\_  |
| Supplement 1. Breast milk 4-6 oz. or IFIF | \_\_\_\_oz Breast Milk/IFIF | \_\_\_\_oz Breast Milk/IFIF | \_\_\_\_oz Breast Milk/IFIF | \_\_\_\_oz Breast Milk/IFIF | \_\_\_\_oz Breast Milk/IFIF |

**First and last Name of Child**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DOB**\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Meal Component Quantity (Circle either Breast Milk or IFIF) | Monday | Tuesday | Wednesday | Thursday | Friday |
| Breakfast 1. Breast milk 4-8 oz. or IFIF  2. IFIC2 0-3 Tbsp. | \_\_\_\_oz Breast Milk/IFIF\_\_\_\_Tbsp. IFIC | \_\_\_\_oz Breast Milk/IFIF\_\_\_\_Tbsp. IFIC  |  \_\_\_\_oz Breast Milk/IFIF\_\_\_\_Tbsp. IFIC  |  \_\_\_\_oz Breast Milk/IFIF\_\_\_\_Tbsp. IFIC  |  \_\_\_\_oz Breast Milk/IFIF\_\_\_\_Tbsp. IFIC  |
| Lunch/Supper 1. Breast milk 4-8 oz. or IFIF  2. IFIC2 0-3 Tbsp. 3. Fruit and/or 0-3 Tbsp. Vegetable  | \_\_\_\_oz Breast Milk/IFIF\_\_\_\_Tbsp. IFIC\_\_\_\_ Tbsp. Fruit/ Vegetable\_\_\_\_\_\_\_\_\_ | \_\_\_\_oz Breast Milk/IFIF\_\_\_\_Tbsp. IFIC \_\_\_\_ Tbsp. Fruit/ Vegetable\_\_\_\_\_\_\_\_\_  | \_\_\_\_oz Breast Milk/IFIF\_\_\_\_Tbsp. IFIC \_\_\_\_ Tbsp. Fruit/ Vegetable\_\_\_\_\_\_\_\_\_  |  \_\_\_\_oz Breast Milk/IFIF\_\_\_\_Tbsp. IFIC\_\_\_\_ Tbsp. Fruit/ Vegetable\_\_\_\_\_\_\_\_\_  |  \_\_\_\_oz Breast Milk/IFIF\_\_\_\_Tbsp. IFIC \_\_\_\_ Tbsp. Fruit/ Vegetable\_\_\_\_\_\_\_\_\_  |
| Supplement 1. Breast milk 4-6 oz. or IFIF | \_\_\_\_oz Breast Milk/IFIF | \_\_\_\_oz Breast Milk/IFIF | \_\_\_\_oz Breast Milk/IFIF | \_\_\_\_oz Breast Milk/IFIF | \_\_\_\_oz Breast Milk/IFIF |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Daily Meal Count:** | **Breakfast** \_\_\_\_\_\_\_\_ **Lunch/Supp:** \_\_\_\_\_\_\_ **Snack: \_\_\_\_\_\_\_\_\_\_**  |  **Breakfast** \_\_\_\_\_\_\_\_ **Lunch/Supp:** \_\_\_\_\_\_\_ **Snack: \_\_\_\_\_\_\_\_\_\_**  | **Breakfast** \_\_\_\_\_\_\_\_ **Lunch/Supp:** \_\_\_\_\_\_\_ **Snack: \_\_\_\_\_\_\_\_\_\_**  | **Breakfast** \_\_\_\_\_\_\_\_ **Lunch/Supp:** \_\_\_\_\_\_\_ **Snack: \_\_\_\_\_\_\_\_\_\_**  | **Breakfast** \_\_\_\_\_\_\_\_ **Lunch/Supp:** \_\_\_\_\_\_\_ **Snack: \_\_\_\_\_\_\_\_\_\_**  |

**First and last Name of Child**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth (DOB):** \_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Meal | Component(Circle either Breast Milk or IFIF) | Quantity | Monday | Tuesday | Wednesday | Thursday | Friday |
| Breakfast | 1. Breast Milk or IFIF
2. IFIC
3. Fruit and/or Vegetable
 | 6-8 oz2-4 Tbsp.1-4 Tbsp. | \_\_\_\_oz Breast Milk/IFIF\_\_\_\_Tbsp. IFIC\_\_\_\_ Tbsp. Fruit/ Vegetable\_\_\_\_\_\_\_\_\_  | \_\_\_\_oz Breast Milk/IFIF\_\_\_\_Tbsp. IFIC\_\_\_\_ Tbsp. Fruit/ Vegetable\_\_\_\_\_\_\_\_\_  |  \_\_\_\_oz Breast Milk/IFIF\_\_\_\_Tbsp. IFIC\_\_\_\_ Tbsp. Fruit/ Vegetable\_\_\_\_\_\_\_\_\_  |  \_\_\_\_oz Breast Milk/IFIF\_\_\_\_Tbsp. IFIC\_\_\_\_ Tbsp. Fruit/ Vegetable\_\_\_\_\_\_\_\_\_  | \_\_\_\_oz Breast Milk/IFIF\_\_\_\_Tbsp. IFIC\_\_\_\_ Tbsp. Fruit/ Vegetable\_\_\_\_\_\_\_\_\_ |
| Lunch/ Supper | 1. Breast Milk or IFIF
2. Fruit and/or vegetable
3. IFIC and/or meat, fish, poultry or egg yolk or cooked dry beans or peas

or cheese or cottage cheese, cheese food, or cheese spread | 6-8 oz1-4 Tbsp.2-4 Tbsp.1-4 Tbsp.½-2 oz1-4 oz | \_\_\_\_oz Breast Milk/IFIF\_\_\_\_ Tbsp. Fruit/ Vegetable\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tbsp. IFIC\_\_\_\_\_\_\_ Tbsp. Meat\_\_\_\_\_\_\_ oz cheese/or\_\_\_\_\_\_\_ oz cottage cheese/cheese food/cheese spread | \_\_\_\_oz Breast Milk/IFIF\_\_\_\_ Tbsp. Fruit/ Vegetable\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tbsp. IFIC\_\_\_\_\_\_\_ Tbsp. Meat\_\_\_\_\_\_\_ oz cheese/or\_\_\_\_\_\_\_ oz cottage cheese/cheese food/cheese spread | \_\_\_\_oz Breast Milk/IFIF\_\_\_\_ Tbsp. Fruit/ Vegetable\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tbsp. IFIC\_\_\_\_\_\_\_ Tbsp. Meat\_\_\_\_\_\_\_ oz cheese/or\_\_\_\_\_\_\_ oz cottage cheese/cheese food/cheese spread | \_\_\_\_oz Breast Milk/IFIF\_\_\_\_ Tbsp. Fruit/ Vegetable\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tbsp. IFIC\_\_\_\_\_\_\_ Tbsp. Meat\_\_\_\_\_\_\_ oz cheese/or\_\_\_\_\_\_\_ oz cottage cheese/cheese food/cheese spread | \_\_\_\_oz Breast Milk/IFIF\_\_\_\_ Tbsp. Fruit/ Vegetable\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tbsp. IFIC\_\_\_\_\_\_\_ Tbsp. Meat\_\_\_\_\_\_\_ oz cheese/or\_\_\_\_\_\_\_ oz cottage cheese/cheese food/cheese spread |
| Supplement  | 1. Breast Milk or IFIF
2. Crusty bread or whole-grain enriched crackers
 | 2-4 oz0-1/2 slice (optional) 0-2 crackers (optional) | \_\_\_\_oz Breast Milk/IFIF \_\_\_\_oz Juice\_\_\_\_\_\_\_ sl Bread/\_\_\_\_\_\_\_\_ Crackers  | \_\_\_\_oz Breast Milk/IFIF \_\_\_\_oz Juice\_\_\_\_\_\_\_ sl Bread/\_\_\_\_\_\_\_\_ Crackers  | \_\_\_\_oz Breast Milk/IFIF \_\_\_\_oz Juice\_\_\_\_\_\_\_ sl Bread/\_\_\_\_\_\_\_\_ Crackers  | \_\_\_\_oz Breast Milk/IFIF \_\_\_\_oz Juice\_\_\_\_\_\_\_ sl Bread/\_\_\_\_\_\_\_\_ Crackers  | \_\_\_\_oz Breast Milk/IFIF \_\_\_\_oz Juice\_\_\_\_\_\_\_ sl Bread/\_\_\_\_\_\_\_\_ Crackers  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Daily Meal Count:** | **Breakfast** \_\_\_\_\_\_\_\_ **Lunch/Supp:** \_\_\_\_\_\_\_ **Snack: \_\_\_\_\_\_\_\_\_\_** |  **Breakfast** \_\_\_\_\_\_\_\_ **Lunch/Supp:** \_\_\_\_\_\_\_ **Snack: \_\_\_\_\_\_\_\_\_\_** | **Breakfast** \_\_\_\_\_\_\_\_ **Lunch/Supp:** \_\_\_\_\_\_\_ **Snack: \_\_\_\_\_\_\_\_\_\_** | **Breakfast** \_\_\_\_\_\_\_\_ **Lunch/Supp:** \_\_\_\_\_\_\_ **Snack: \_\_\_\_\_\_\_\_\_\_**  | **Breakfast** \_\_\_\_\_\_\_\_ **Lunch/Supp:** \_\_\_\_\_\_\_ **Snack: \_\_\_\_\_\_\_\_\_\_** |