**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 oz  2-4 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 oz  1-4 Tbsp.  2-4 Tbsp.  1-4 Tbsp.  ½-2 oz  1-4 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 oz  0-1/2 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: \_\_\_\_\_\_\_\_\_\_** |