DAILY INFANT MENU RECORD FOR 0-5 MONTH OLD INFANTS

1. Record the name & birthdate of each infant. Date       (month/day/year)
2. Check if the infant is receiving *Breast milk (B) or Formula (F).*Specify the name of the formula, if applicable.
3. Designate food and/or formula supplied by parent/guardian for each meal/snack as parent supplied, ***PS***. Example: “*PS, peaches; F* *[x]  PS”.*

***Note: parent/guardian may only supply one component of each meal/snack, when the infant is developmentally ready for solid foods.***

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| NAME OF INFANT**Birthdate****Name of Formula** | BREAKFAST(Record Actual Food Offered) | LUNCH OR SUPPER(Record Actual Food Offered) | AM or PM SNACK(Record Actual Food Offered) |
| Breast Milk (B) Formula (F)4-6 oz. | **(Optional)**Other Solid Food Offered | Complete Breakfast Served | Breast Milk (B) Formula (F)4-6 oz. | **(Optional)**Other Solid Food Offered. | Complete Lunch or Supper Served | Breast Milk (B) Formula (F)4-6 oz. | Complete Snack Served |
| Name:      Birthdate:      Formula:       | B [ ] F [ ]  |       | [ ]  | B [ ] F [ ]  |       | [ ]  | **AM** B [ ] F [ ]  | AM [ ]  |
| **PM** B [ ] F [ ]  | PM [ ]  |
| Name:      Birthdate:      Formula:       | B [ ] F [ ]  |       | [ ]  | B [ ] F [ ]  |       | [ ]  | **AM** B [ ] F [ ]  | AM [ ]  |
| **PM** B [ ] F [ ]  | PM [ ]  |
| Name:      Birthdate:      Formula:       | B [ ] F [ ]  |       | [ ]  | B [ ] F [ ]  |       | [ ]  | **AM** B [ ] F [ ]  | AM [ ]  |
| **PM** B [ ] F [ ]  | PM [ ]  |
| Name:      Birthdate:      Formula:       | B [ ] F [ ]  |       | [ ]  | B [ ] F [ ]  |       | [ ]  | **AM** B [ ] F [ ]  | AM [ ]  |
| **PM** B [ ] F [ ]  | PM [ ]  |
| Name:      Birthdate:      Formula:       | B [ ] F [ ]  |       | [ ]  | B [ ] F [ ]  |       | [ ]  | **AM** B [ ] F [ ]  | AM [ ]  |
| **PM** B [ ] F [ ]  | PM [ ]  |
| Reimbursable Meals | **# Breakfast**  | **# Lunch or Supper**  | **# Snacks AM** **# Snacks PM**  |