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*  *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** | |