

## Daily Infant Menu Record for 0-5 Month Old Infants

Date: \_\_\_\_\_  
(month/day/year)

<b>Meal 1:</b>	<b>Meal 2:</b>	<b>Snack:</b>
----------------	----------------	---------------

Infant Information	Breast Milk (B) or Formula (F) 4-6 fl oz	Optional Other Solid Foods Offered*	Complete Meal?	Breast Milk (B) or Formula (F) 4-6 fl oz	Optional Other Solid Foods Offered*	Complete Meal?	Breast Milk (B) or Formula (F) 4-6 fl oz	Optional Other Solid Foods Offered*	Complete Snack?
Name:  Birthdate: Formula:	B <input type="checkbox"/>  F <input type="checkbox"/>		<input type="checkbox"/>	B <input type="checkbox"/>  F <input type="checkbox"/>		<input type="checkbox"/>	B <input type="checkbox"/>  F <input type="checkbox"/>		<input type="checkbox"/>
Name:  Birthdate: Formula:	B <input type="checkbox"/>  F <input type="checkbox"/>		<input type="checkbox"/>	B <input type="checkbox"/>  F <input type="checkbox"/>		<input type="checkbox"/>	B <input type="checkbox"/>  F <input type="checkbox"/>		<input type="checkbox"/>
Name:  Birthdate: Formula:	B <input type="checkbox"/>  F <input type="checkbox"/>		<input type="checkbox"/>	B <input type="checkbox"/>  F <input type="checkbox"/>		<input type="checkbox"/>	B <input type="checkbox"/>  F <input type="checkbox"/>		<input type="checkbox"/>
Name:  Birthdate: Formula:	B <input type="checkbox"/>  F <input type="checkbox"/>		<input type="checkbox"/>	B <input type="checkbox"/>  F <input type="checkbox"/>		<input type="checkbox"/>	B <input type="checkbox"/>  F <input type="checkbox"/>		<input type="checkbox"/>
Name:  Birthdate: Formula:	B <input type="checkbox"/>  F <input type="checkbox"/>		<input type="checkbox"/>	B <input type="checkbox"/>  F <input type="checkbox"/>		<input type="checkbox"/>	B <input type="checkbox"/>  F <input type="checkbox"/>		<input type="checkbox"/>

**Parent Supplied** items must be labeled with **PS**.

\*Solid foods are not required for infants 0-5 months. Some infants at 4-5 months may be developmentally ready for solids and may be offered additional solid foods.

**Complete (Reimbursable) Meals and Snacks:**  
**#Breakfast: \_\_\_\_\_ #Lunch: \_\_\_\_\_ #Supper: \_\_\_\_\_ #AM Snack: \_\_\_\_\_ #PM Snack: \_\_\_\_\_**

This institution is an equal opportunity provider.