



# Child Care Food Program

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# Infant Menu for infants - 0 through 3 Months

Formula/Breast milk only (infants on cereal/foods must use older infant menu)

Childs Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Month / Year \_\_\_\_\_ Provider \_\_\_\_\_

Formula or Breast Milk \_\_\_\_\_

Directions: Fill in the dates of each day of the month the child is present.

Denote the meal claimed: **B**- Breakfast **AM**- Morning snack **L**- Lunch **PM**- Afternoon snack **S**- Supper **ES**- Evening snack.

Check the ounces of formula or breast milk offered at each meal.

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SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
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