

LOUISIANA FAMILY DAY CARE HOME FOOD PROGRAM
INFANT MENU RECORD
AGES BIRTH - 5 MONTHS

PROVIDER: _____

Month: _____ Year: _____

Directions: Write in the letter (B, A, L, P or S) in front of each food served.

MEAL	Date:	MEAL	Date:	MEAL	Date:	MEAL	Date:	MEAL	Date:
	___ 4-6 fl oz infant formula OR ___ 4-6 fl oz breast milk		___ 4-6 fl oz infant formula OR ___ 4-6 fl oz breast milk		___ 4-6 fl oz infant formula OR ___ 4-6 fl oz breast milk		___ 4-6 fl oz infant formula OR ___ 4-6 fl oz breast milk		___ 4-6 fl oz infant formula OR ___ 4-6 fl oz breast milk
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All servings sizes are minimum quantities of the food components that are required to be served.
 Infant formula must be iron-fortified.