

LOUISIANA FAMILY DAY CARE HOME FOOD PROGRAM
INFANT MENU RECORD
AGES 6 MONTHS - 11 MONTHS

PROVIDER: _____

MONTH: _____ YEAR: _____

DIRECTIONS: Write each food used to meet the meal pattern each day

MENU PATTERN	Date:	Date:	Date:	Date:	Date:
<p><u>BREAKFAST</u></p> <p>6-8 fl oz breast milk or formula*</p> <p>0-4 tbsp infant cereal, meat, fish, poultry, whole eggs, cooked dry beans or peas; or 0-2 oz cheese; or 0-4 oz (volume) cottage cheese; or 0-4 oz or ½ cup yogurt; or a combination**</p> <p>0-2 tbsp vegetable, fruit or both***</p>					
<p><u>SNACK</u></p> <p>2-4 fl oz breast milk or formula*</p> <p>0-1/2 bread slice; or 0-2 crackers; or 0-4 tbsp infant cereal or ready-to-eat cereal**</p> <p>0-2 tbsp vegetable, fruit or both***</p>					
<p><u>LUNCH</u></p> <p>6-8 fl oz breast milk or formula*</p> <p>0-4 tbsp infant cereal, meat, fish, poultry, whole egg, cooked dry beans or peas; or 0-2 oz cheese; or 0-4 oz (volume) cottage cheese; 0-4 oz or ½ cup yogurt; or a combination**</p> <p>0-2 tbsp vegetable, fruit or both***</p>					
<p><u>SNACK</u></p> <p>2-4 fl oz breast milk or formula*</p> <p>0-1/2 bread slice; or 0-2 crackers; or 0-4 tbsp infant cereal or ready-to-eat cereal**</p> <p>0-2 tbsp vegetable, fruit or both***</p>					
<p><u>SUPPER</u></p> <p>6-8 fl oz breast milk or formula*</p> <p>0-4 tbsp infant cereal, meat, fish, poultry, whole egg, cooked dry beans or peas; or 0-2 oz cheese; or 0-4 oz (volume) cottage cheese; 0-4 oz or ½ cup yogurt; or a combination**</p> <p>0-2 tbsp vegetable, fruit or both***</p>					

*Infant formula must be iron-fortified.

***Juice is not reimbursable for infants.

**Required when infant is developmentally ready.