

INFANT MENUS
(0-11 MONTHS)

Child Nutrition Program of Southern California

(A) Infant Name _____ Age _____ WAS SERVED _____

(B) Infant Name _____ Age _____ WAS SERVED _____

(C) Infant Name _____ Age _____ WAS SERVED _____

(D) Infant Name _____ Age _____ WAS SERVED _____

(Breast milk or brand name of iron fortified infant formula)
PROVIDED BY: PROVIDER PARENT

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If Parent provides the infant formula, a "Parent Form for Declining Provider's Infant Formula" Must be on file prior to claiming the infant.

PROVIDER NO. _____

MONTH _____

YEAR _____

Infants must be fed according to USDA CCFP requirements. Use the letters A, B, C, or D (above) to show which food requirement and amounts the infant was fed. →				SUN. (date) _____ DESCRIPTION	MON. (date) _____ DESCRIPTION	TUE. (date) _____ DESCRIPTION	WED. (date) _____ DESCRIPTION	
	REQUIREMENTS	0-3 Months	4-7 Months					8-11 Months

Breakfast	Breast Milk or Iron Fortified Formula*	4-6 Ounces	4-8 Ounces	6-8 Ounces				
	Infant Cereal**	None	0-3 Tbsps.	2-4 Tbsps.				
	Fruit/Veg.	None	None	1-4 Tbsps.				

AM Snack	Breast Milk or Iron Fortified Formula*	4-6 Ounces	4-6 Ounces	2-4 Ounces				
	OR Fruit Juice***	None	None	2-4 Ounces				
	Bread/Bread Alt.****	None	None	0-1/2 Slice				

Lunch	Breast Milk or Iron Fortified Formula*	4-6 Ounces	4-8 Ounces	6-8 Ounces				
	Infant Cereal**	None	0-3 Tbsps.	2-4 Tbsps.				
	OR Meat/Meat Alt.	None	None	1-4 Ounces				
	Fruit/Veg.	None	0-3 Tbsps.	1-4 Tbsps.				

PM Snack	Breast Milk or Iron Fortified Formula*	4-6 Ounces	4-6 Ounces	2-4 Ounces				
	OR Fruit Juice***	None	None	2-4 Ounces				
	Bread/Bread Alt.****	None	None	0-1/2 Slice				

Dinner	Breast Milk or Iron Fortified Formula*	4-6 Ounces	4-8 Ounces	6-8 Ounces				
	Infant Cereal**	None	0-3 Tbsps.	2-4 Tbsps.				
	OR Meat/Meat Alt.	None	None	1-4 Ounces				
	Fruit/Veg.	None	0-3 Tbsps.	1-4 Tbsps.				

Ev Snack	Breast Milk or Iron Fortified Formula*	4-6 Ounces	4-6 Ounces	2-4 Ounces				
	OR Fruit Juice***	None	None	2-4 Ounces				
	Bread/Bread Alt.****	None	None	0-1/2 Slice				

END OF THE WEEK!
GO TO SUNDAY ON A
NEW MENU

REQUIREMENTS					THU. (date) _____	FRI. (date) _____	SAT. (date) _____
		0-3 Months	4-7 Months	8-11 Months	DESCRIPTION	DESCRIPTION	DESCRIPTION
Breakfast	Breast Milk or Iron Fortified Formula*	4-6 Ounces	4-8 Ounces	6-8 Ounces			
	Infant Cereal**	None	0-3 Tbsps.	2-4 Tbsps.			
	Fruit/Veg.	None	None	1-4 Tbsps.			
AM Snack	Breast Milk or Iron Fortified Formula*	4-6 Ounces	4-6 Ounces	2-4 Ounces			
	OR Fruit Juice***	None	None	2-4 Ounces			
	Bread/Bread Alt.****	None	None	0-1/2 Slice			
Lunch	Breast Milk or Iron Fortified Formula*	4-6 Ounces	4-8 Ounces	6-8 Ounces			
	Infant Cereal**	None	0-3 Tbsps.	2-4 Tbsps.			
	OR Meat/Meat Alt.	None	None	1-4 Ounces			
	Fruit/Veg.	None	0-3 Tbsps.	1-4 Tbsps.			
PM Snack	Breast Milk or Iron Fortified Formula*	4-6 Ounces	4-6 Ounces	2-4 Ounces			
	OR Fruit Juice***	None	None	2-4 Ounces			
	Bread/Bread Alt.****	None	None	0-1/2 Slice			
Dinner	Breast Milk or Iron Fortified Formula*	4-6 Ounces	4-8 Ounces	6-8 Ounces			
	Infant Cereal**	None	0-3 Tbsps.	2-4 Tbsps.			
	OR Meat/Meat Alt.	None	None	1-4 Ounces			
	Fruit/Veg.	None	0-3 Tbsps.	1-4 Tbsps.			
Ev Snack	Breast Milk or Iron Fortified Formula*	4-6 Ounces	4-6 Ounces	2-4 Ounces			
	OR Fruit Juice***	None	None	2-4 Ounces			
	Bread/Bread Alt.****	None	None	0-1/2 Slice			

PROGRAM REMINDERS:

1. If the parent supplies formula, is the "Parent Declining Provider's Formula" form on file in office?
2. Infant Capacity Requirements:
Licensed for 6 = 3 infants under two
Licensed for 8 = 2 infants under two
Licensed for 12 = 4 infants under two
Licensed for 14 = 3 infants under two
3. Infant Menus:
Infant Menus (yellow) must be completed until an infant's 1st birthday. Infants under one year require iron-fortified infant cereal at breakfast. Please refer to your handbook for non-reimbursable infant foods, pg. 30.
4. Dinner/Weekend Site Visits:
Regulations require unannounced Dinner and/or Weekend site visits with providers who claim children regularly for Dinner and/or on the weekends. Please keep your Attendance and Menus up to date.
5. Don't Forget, if you work on a holiday, write "Open on Holiday" on your Attendance.
6. Please review your Attendance and Menus before mailing your claim.
7. Your claim is due in the office on or before the 5th of the following month.

* It is recommend that breast milk be served in place of formula from birth through 11 months. For some breast fed infants who regularly consume less than the minimum amount of breast milk per feeding, a serving of less than the minimum amount of breast milk may be offered, with additional breast milk offered if the infant is still hungry. Only the infant's mother can provide the breast milk.

** Infant formula and dry infant cereal must be iron fortified.

*** Fruit juice must be 100% full strength and offered from a cup, not a bottle, to help prevent tooth decay.

**** Bread/Bread Alternate must be made from whole grain or enriched meal or flour.