## Michigan Department of Education Child and Adult Care Food Program Meal Pattern Infant Menu Record Infants 6 through 11 Months

Site/Room:		Infant's Full Name:		
Month:	Year:	Infant DOB:		
	Please rec	cord specific food items offered to infant each day		

Required Components	Date:	Date:	Date:	Date:	Date:
Breakfast					
6 to 8 fluid ounces of IFIF* or breast milk**					
and as developmentally appropriate					
0 to 4 Tbsp. iron-fortified dry infant cereal or meat, fish, poultry,					
whole eggs, or cooked dry beans or peas, or 0 to 2 ounces of cheese					
or 0 to 4 ounces of cottage cheese or 0 to 8 ounces yogurt or a					
combination					
and as developmentally appropriate					
0 to 4 Tbsp. vegetable, fruit or a combination					
A.M. Snack					
2 to 4 fluid ounces of IFIF* or breast milk**					
and as developmentally appropriate					
0 to 1/2 bread slice; 0-2 cracker; 0-4 tbsp. infant cereal or ready to					
eat cereal					
and as developmentally appropriate					
0-2 tbsp. vegetable, fruit or a combination					
Lunch					
6 to 8 fluid ounces of IFIF* or breast milk**					
and as developmentally appropriate					
0 to 4 Tbsp. iron-fortified dry infant cereal or meat, fish, poultry,					
whole eggs, or cooked dry beans or peas, or 0 to 2 ounces of cheese					
or 0 to 4 ounces of cottage cheese, or 0 to 8 ounces yogurt or a					
combination					
and as developmentally appropriate					
0 to 4 Tbsp. vegetable, fruit or a combination					
P.M. Snack					
2 to 4 fluid ounces of IFIF* or breast milk**					
and as developmentally appropriate					
0 to 1/2 bread slice; 0-2 cracker; 0-4 tbsp. infant cereal or ready to					
eat cereal					
and as developmentally appropriate					
0-2 tbsp. vegetable, fruit or a combination					
Supper					
6 to 8 fluid ounces of IFIF* or breast milk**					
and as developmentally appropriate					
0 to 4 Tbsp. iron-fortified dry infant cereal or meat, fish, poultry,					
whole eggs, or cooked dry beans or peas, or 0 to 2 ounces of cheese					
or					
0 to 4 ounces of cottage cheese, or 0 to 8 ounces yogurt or a					
combination					
and as developmentally appropriate					
0 to 4 Tbsp. vegetable, fruit or a combination					

<sup>\*</sup>IFIF: Iron-fortified Infant Formula. Use" BF" if mother breastfed infant onsite. An Infant Food/Formula statement must be kept on file for each infant under 12 months of age if you are not providing all required meal components

An Infant Menu Record is required for all infants claimed **Note:** Juice is not allowed for infants under age one

