

CHILDREN & FAMILIES FIRST UNIVERSAL INFANT MENU

Provider _____ Formula Offered by Provider _____

Infant Name: _____ DOB ____/____/____ Month of _____

TO BE COMPLETED BY PARENT:

Centers/Providers in the CACFP are required to offer at least one brand of infant formula and offer all solid infant foods. I understand that I am not required to bring iron fortified infant formula or infant food that I purchase, however I may want to choose to bring my own infant formula/breast milk or my own infant food.

PARENT FORMULA CHOICES (check all that apply)

- I **accept provider** formula offered (named above)
- I (parent) **supply** breast milk
- I (parent) **supply** _____ formula
(name of formula)

MY INFANT IS: **0-5 MONTHS** **6 -11 MONTHS**

FOR PARENTS: What Is Your Baby Eating? Let Us Know!

Is your baby eating solid foods? Yes No

What texture(s) of food do you give to your baby? Pureed Mashed
 Ground Finely Chopped

I **accept provider** infant solid foods when developmentally ready: Yes No

I (parent) **will supply** the infant solid foods for my infant: Yes No

I **DECLINE ALL** Formula and solid food items from the Provider and **will supply** my infant's formula and food items.

WHICH OF THESE FOODS DOES YOUR BABY CURRENTLY EAT? Only check infant foods that you have introduced and give permission for the provider to serve your infant this month.

Grains

- Crackers Iron-Fortified Infant Cereal (check all that apply) Barley Cereal Oat Cereal Wheat Cereal Rice Cereal
- Ready-to-Eat Cereal (such as whole-grain O-shaped cereal)
- Pieces of Bread/Toast Pieces of Pita Bread Pieces of Soft Tortilla

Meat and Meat Alternates (Protein Foods and Dairy)

- Beans Beef Pork Chicken Cottage Cheese Eggs Fish Turkey Cheese Yogurt Shellfish

Vegetables

- Broccoli Butternut squash Cauliflower Sweet Potatoes Spinach Peas Carrots Corn Green Beans
- Tomatoes Other: _____

Fruits

- Apples Apricot Bananas Blueberries Mangos Pears Peaches Prunes Strawberries
- Other: _____

What else does your baby eat? _____

I give permission for **TABLE FOODS** when developmentally ready. I **will supply** the table food. I **accept center/provider's** table food (per foods listed above).

Parent's Signature _____ Date _____

REQUIREMENTS FOR INFANT MEAL PATTERN			
Age	Breakfast	Lunch or Supper	Snack
0-5 mos.	4-6 fl. oz. breast milk or formula	4-6 fl. oz. breast milk or formula	4-6 fl. oz. breast milk or formula
6-11 mos.	6-8 fl. oz. breast milk or formula AND 0-4 tbsp. infant cereal, meat, fish, poultry, whole egg, cooked dry beans/peas, 0-2 oz. cheese, 0-4 oz. cottage cheese or 0-8 oz. yogurt or combination* and 0-2 tbsp. fruit, vegetable or both*	6-8 fl. oz. of breast milk or formula AND 0-4 tbsp. infant cereal, meat, fish, poultry, whole egg, cooked dry beans/peas, 0-2 oz. cheese, 0-4 oz. cottage cheese or 0-8 oz. yogurt or combination* and 0-2 tbsp. fruit, vegetable or both*	2-4 fl. oz. breast milk or formula 0-½ slice bread /0-2 crackers/0-4 tbsp. infant cereal or ready to eat breakfast cereal 0-2 tbsp. vegetable, fruit or both

*A serving of this component is required when the infant is developmentally ready to accept it.

MEAL PATTERN	MONDAY ___/___/___	TUESDAY ___/___/___	WEDNESDAY ___/___/___	THURSDAY ___/___/___	FRIDAY ___/___/___
Breakfast: Breast Milk/Formula Infant cereal/meat/meat alt Fruit/vegetable or both	Breast Milk / Formula ----- ----- -----	Breast Milk / Formula ----- ----- -----	Breast Milk / Formula ----- ----- -----	Breast Milk / Formula ----- ----- -----	Breast Milk / Formula ----- ----- -----
Infant Letter					
Lunch/Supper: Breast Milk/Formula Infant cereal/meat/meat alt Vegetable/fruit or both	Breast Milk / Formula ----- ----- -----	Breast Milk / Formula ----- ----- -----	Breast Milk / Formula ----- ----- -----	Breast Milk / Formula ----- ----- -----	Breast Milk / Formula ----- ----- -----
Infant Letter					
A.M./ P.M. Snack: Breast Milk/Formula Bread/crackers or cereal Fruit/vegetable or both	Breast Milk / Formula ----- ----- -----	Breast Milk / Formula ----- ----- -----	Breast Milk / Formula ----- ----- -----	Breast Milk / Formula ----- ----- -----	Breast Milk / Formula ----- ----- -----
Infant Letter					

This institution is an equal opportunity provider.

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Lunch/Supper: Breast Milk/Formula Infant cereal/meat/meat alt Vegetable/fruit or both	Breast Milk / Formula ----- ----- -----	Breast Milk / Formula ----- ----- -----	Breast Milk / Formula ----- ----- -----	Breast Milk / Formula ----- ----- -----	Breast Milk / Formula ----- ----- -----
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Infant Letter					