# 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.

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**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**

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**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

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

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**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**_____

CENTER NAME _____ INFANT NAME _____ DOB_____/_____/_____

**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 _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ |
| **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_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ |
| **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 _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ |

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CENTER NAME_____ INFANT NAME _____ DOB \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

| MEAL PATTERN | MONDAY \_\_\_/\_\_\_/\_\_\_ | TUESDAY \_\_\_/\_\_\_/\_\_\_ | WEDNESDAY \_\_/\_\_\_/\_\_\_ | THURSDAY \_\_\_/\_\_\_/\_\_\_ | FRIDAY \_\_\_/\_\_\_/\_\_\_ |
|---|---|---|---|---|---|
| **Breakfast:**<br>Breast Milk/Formula<br>Infant cereal/meat/meat alt<br>Fruit/vegetable or both | Breast Milk / Formula<br>\_ \_ \_ \_ \_ \_ \_ \_ \_ \_<br>\_ \_ \_ \_ \_ \_ \_ \_ \_ \_<br>\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | Breast Milk / Formula<br>\_ \_ \_ \_ \_ \_ \_ \_ \_ \_<br>\_ \_ \_ \_ \_ \_ \_ \_ \_ \_<br>\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | Breast Milk / Formula<br> \_ \_ \_ \_ \_ \_ \_ \_ \_ \_<br>\_ \_ \_ \_ \_ \_ \_ \_ \_ \_<br>\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | Breast Milk / Formula<br>\_ \_ \_ \_ \_ \_ \_ \_ \_ \_<br>\_ \_ \_ \_ \_ \_ \_ \_ \_ \_<br>\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | Breast Milk / Formula<br>\_ \_ \_ \_ \_ \_ \_ \_ \_<br>\_ \_ \_ \_ \_ \_ \_<br>\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ |
| **Lunch/Supper:**<br>Breast Milk/Formula<br>Infant cereal/meat/meat alt<br>Vegetable/fruit or both | Breast Milk / Formula<br>\_ \_ \_ \_ \_ \_ \_ \_ \_ \_<br>\_ \_ \_ \_ \_ \_ \_ \_ \_ \_<br>\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | Breast Milk / Formula<br>\_ \_ \_ \_ \_ \_ \_ \_ \_ \_<br>\_ \_ \_ \_ \_ \_ \_ \_ \_ \_<br>\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | Breast Milk / Formula<br>\_ \_ \_ \_ \_ \_ \_ \_ \_ \_<br>\_ \_ \_ \_ \_ \_ \_ \_ \_ \_<br>\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | Breast Milk / Formula<br>\_ \_ \_ \_ \_ \_ \_ \_ \_ \_<br>\_ \_ \_ \_ \_ \_ \_ \_ \_ \_<br>\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | Breast Milk / Formula\_<br>\_ \_ \_ \_ \_ \_ \_ \_ \_<br>\_ \_ \_ \_ \_ \_ \_ \_ \_<br>\_ \_ \_ \_ \_ \_ \_ \_ \_ |
| **A.M./ P.M. Snack:**<br>Breast Milk/Formula<br>Bread/crackers or cereal<br>Fruit/vegetable or both | Breast Milk / Formula<br>\_ \_ \_ \_ \_ \_ \_ \_ \_ \_<br>\_ \_ \_ \_ \_ \_ \_ \_ \_ \_<br>\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | Breast Milk / Formula<br>\_ \_ \_ \_ \_ \_ \_ \_ \_ \_<br>\_ \_ \_ \_ \_ \_ \_ \_ \_ \_<br>\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | Breast Milk / Formula<br>\_ \_ \_ \_ \_ \_ \_ \_ \_ \_<br>\_ \_ \_ \_ \_ \_ \_ \_ \_ \_<br>\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | Breast Milk / Formula<br> \_ \_ \_ \_ \_ \_ \_ \_ \_ \_<br>\_ \_ \_ \_ \_ \_ \_ \_ \_ \_<br>\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | Breast Milk / Formula<br>\_ \_ \_ \_ \_ \_ \_ \_ \_ \_<br>\_ \_ \_ \_ \_ \_ \_ \_ \_ \_<br>\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ |
| MEAL PATTERN | MONDAY \_\_\_/\_\_\_/\_\_\_ | TUESDAY \_\_\_/\_\_\_/\_\_\_ | WEDNESDAY \_\_/\_\_\_/\_\_\_ | THURSDAY \_\_\_/\_\_\_/\_\_\_ | FRIDAY \_\_\_/\_\_\_/\_\_\_ |
| **Breakfast:**<br>Breast Milk/Formula<br>Infant cereal/meat/meat alt<br>Fruit/vegetable or both | Breast Milk / Formula<br>\_ \_ \_ \_ \_ \_ \_ \_ \_ \_<br>\_ \_ \_ \_ \_ \_ \_ \_ \_ \_<br>\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | Breast Milk / Formula<br>\_ \_ \_ \_ \_ \_ \_ \_ \_ \_<br>\_ \_ \_ \_ \_ \_ \_ \_ \_ \_<br>\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | Breast Milk / Formula<br> \_ \_ \_ \_ \_ \_ \_ \_ \_ \_<br>\_ \_ \_ \_ \_ \_ \_ \_ \_ \_<br>\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | Breast Milk / Formula<br>\_ \_ \_ \_ \_ \_ \_ \_ \_ \_<br>\_ \_ \_ \_ \_ \_ \_ \_ \_ \_<br>\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | Breast Milk / Formula<br>\_ \_ \_ \_ \_ \_ \_ \_ \_<br>\_ \_ \_ \_ \_ \_ \_<br>\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ |
| **Lunch/Supper:**<br>Breast Milk/Formula<br>Infant cereal/meat/meat alt<br>Vegetable/fruit or both | Breast Milk / Formula<br>\_ \_ \_ \_ \_ \_ \_ \_ \_ \_<br>\_ \_ \_ \_ \_ \_ \_ \_ \_ \_<br>\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | Breast Milk / Formula<br>\_ \_ \_ \_ \_ \_ \_ \_ \_ \_<br>\_ \_ \_ \_ \_ \_ \_ \_ \_ \_<br>\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | Breast Milk / Formula<br>\_ \_ \_ \_ \_ \_ \_ \_ \_ \_<br>\_ \_ \_ \_ \_ \_ \_ \_ \_ \_<br>\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | Breast Milk / Formula<br>\_ \_ \_ \_ \_ \_ \_ \_ \_ \_<br>\_ \_ \_ \_ \_ \_ \_ \_ \_ \_<br>\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | Breast Milk / Formula\_<br>\_ \_ \_ \_ \_ \_ \_ \_ \_<br>\_ \_ \_ \_ \_ \_ \_ \_ \_<br>\_ \_ \_ \_ \_ \_ \_ \_ \_ |
| **A.M./ P.M. Snack:**<br>Breast Milk/Formula<br>Bread/crackers or cereal<br>Fruit/vegetable or both | Breast Milk / Formula<br>\_ \_ \_ \_ \_ \_ \_ \_ \_ \_<br>\_ \_ \_ \_ \_ \_ \_ \_ \_ \_<br>\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | Breast Milk / Formula<br>\_ \_ \_ \_ \_ \_ \_ \_ \_ \_<br>\_ \_ \_ \_ \_ \_ \_ \_ \_ \_<br>\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | Breast Milk / Formula<br>\_ \_ \_ \_ \_ \_ \_ \_ \_ \_<br>\_ \_ \_ \_ \_ \_ \_ \_ \_ \_<br>\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | Breast Milk / Formula<br> \_ \_ \_ \_ \_ \_ \_ \_ \_ \_<br>\_ \_ \_ \_ \_ \_ \_ \_ \_ \_<br>\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | Breast Milk / Formula<br>\_ \_ \_ \_ \_ \_ \_ \_ \_<br>\_ \_ \_ \_ \_ \_ \_ \_ \_ \_<br>\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ |

CHILD MENU     CENTER NAME_____

| MEAL PATTERN | MON ___/___/___ | TUES ___/___/___ | WED ___/___/___ | THUR ___/___/___ | FRI ___/___/___ |
|---|---|---|---|---|---|
| **Breakfast:** Milk | Whole 1% Fat-free | Whole 1% Fat-free | Whole 1% Fat-free | Whole 1% Fat-free | Whole 1% Fat-free |
| Fruit/Veg/100% Juice | _ _ _ _ _ _ _ _ _ _ _ | _ _ _ _ _ _ _ _ _ _ _ | _ _ _ _ _ _ _ _ _ _ _ | _ _ _ _ _ _ _ _ _ _ _ | _ _ _ _ _ _ _ _ _ _ _ |
| Grains/Bread | _ _ _ _ _ _ _ _ _ _ _ | _ _ _ _ _ _ _ _ _ _ _ | _ _ _ _ _ _ _ _ _ _ _ | _ _ _ _ _ _ _ _ _ _ _ | _ _ _ _ _ _ _ _ _ _ _ |
| *Meat/Meat Alternate | _ _ _ _ _ _ _ _ _ _ _ | _ _ _ _ _ _ _ _ _ _ _ | _ _ _ _ _ _ _ _ _ _ _ | _ _ _ _ _ _ _ _ _ _ _ | _ _ _ _ _ _ _ _ _ _ _ |
| **Lunch:** Milk | Whole 1% Fat-free | Whole 1% Fat-free | Whole 1% Fat-free | Whole 1% Fat-free | Whole 1% Fat-free |
| Meat/Meat Alternate | _ _ _ _ _ _ _ _ _ _ _ | _ _ _ _ _ _ _ _ _ _ _ | _ _ _ _ _ _ _ _ _ _ _ | _ _ _ _ _ _ _ _ _ _ _ | _ _ _ _ _ _ _ _ _ _ _ |
| Vegetable | _ _ _ _ _ _ _ _ _ _ _ | _ _ _ _ _ _ _ _ _ _ _ | _ _ _ _ _ _ _ _ _ _ _ | _ _ _ _ _ _ _ _ _ _ _ | _ _ _ _ _ _ _ _ _ _ _ |
| Vegetable/Fruit | _ _ _ _ _ _ _ _ _ _ _ | _ _ _ _ _ _ _ _ _ _ _ | _ _ _ _ _ _ _ _ _ _ _ | _ _ _ _ _ _ _ _ _ _ _ | _ _ _ _ _ _ _ _ _ _ _ |
| Grains/Bread | _ _ _ _ _ _ _ _ _ _ _ | _ _ _ _ _ _ _ _ _ _ _ | _ _ _ _ _ _ _ _ _ _ _ | _ _ _ _ _ _ _ _ _ _ _ | _ _ _ _ _ _ _ _ _ _ _ |
| **PM Snack:** (select 2) Milk | Whole 1% Fat-free | Whole 1% Fat-free | Whole 1% Fat-free | Whole 1% Fat-free | Whole 1% Fat-free |
| Meat/Meat Alternate | _ _ _ _ _ _ _ _ _ _ _ | _ _ _ _ _ _ _ _ _ _ _ | _ _ _ _ _ _ _ _ _ _ _ | _ _ _ _ _ _ _ _ _ _ _ | _ _ _ _ _ _ _ _ _ _ _ |
| Fruit/100% Fruit Juice | _ _ _ _ _ _ _ _ _ _ _ | _ _ _ _ _ _ _ _ _ _ _ | _ _ _ _ _ _ _ _ _ _ _ | _ _ _ _ _ _ _ _ _ _ _ | _ _ _ _ _ _ _ _ _ _ _ |
| Vegetable/ 100%Veg Juice | _ _ _ _ _ _ _ _ _ _ _ | _ _ _ _ _ _ _ _ _ _ _ | _ _ _ _ _ _ _ _ _ _ _ | _ _ _ _ _ _ _ _ _ _ _ | _ _ _ _ _ _ _ _ _ _ _ |
| Grains/Bread | _ _ _ _ _ _ _ _ _ _ _ | _ _ _ _ _ _ _ _ _ _ _ | _ _ _ _ _ _ _ _ _ _ _ | _ _ _ _ _ _ _ _ _ _ _ | _ _ _ _ _ _ _ _ _ _ _ |

**This institution is an Equal Opportunity Provider**

# CHILD AND ADULT CARE FOOD PROGRAM
## ATTENDANCE/MEAL COUNT SHEET FOR CENTERS
**(Legend:  ATT = Daily Attendance; B = Breakfast; L = Lunch; SN = Snack)**

**CENTER:**

| CLASSROOM: | Day: MON. | | | | Day: TUES. | | | | Day: WED. | | | | Day: THUR. | | | | Day: FRI. | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **DATE:** | / | / | | | / | / | | | / | / | | | / | / | | | / | / | | | | | | | |
| **NAME** | ATT | B | L | SN | ATT | B | L | SN | ATT | B | L | SN | ATT | B | L | SN | ATT | B | L | SN | | ATT | B | L | SN |
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| **TOTAL ALL COLUMNS** | | | | | | | | | | | | | | | | | | | | | | | | | |
| *FOR OFFICE USE ONLY- FREE* | | | | | | | | | | | | | | | | | | | | | | | | | |
| *FOR OFFICE USE ONLY- REDUCED* | | | | | | | | | | | | | | | | | | | | | | | | | |
| *FOR OFFICE USE ONLY- PAID* | | | | | | | | | | | | | | | | | | | | | | | | | |