

Michigan Department of Education  
 Child and Adult Care Food Program  
 NEW MEAL PATTERN  
 Infant Menu Record  
 Infants 6 through 11 Months

Site/Room: \_\_\_\_\_

Infant's Full Name: \_\_\_\_\_

Month: \_\_\_\_\_ Year: \_\_\_\_\_

Infant DOB: \_\_\_\_\_

Please record specific food items offered to infant each day

Required Components	Date:	Date:	Date:	Date:	Date:
<b>Breakfast</b> 6 to 8 fluid ounces of IFIF* or breast milk** <b>and as developmentally appropriate</b> 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 <b>or</b> 0 to 4 ounces of cottage cheese or 0 to 8 ounces yogurt or a combination <b>and as developmentally appropriate</b> 0 to 4 Tbsp. vegetable, fruit or a combination					
<b>A.M. Snack</b> 2 to 4 fluid ounces of IFIF* or breast milk** <b>and as developmentally appropriate</b> 0 to 1/2 bread slice; 0-2 cracker; 0-4 tbsp. infant cereal or ready to eat cereal <b>and as developmentally appropriate</b> 0-2 tbsp. vegetable, fruit or a combination					
<b>Lunch</b> 6 to 8 fluid ounces of IFIF* or breast milk** <b>and as developmentally appropriate</b> 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 <b>or</b> 0 to 4 ounces of cottage cheese, or 0 to 8 ounces yogurt or a combination <b>and as developmentally appropriate</b> 0 to 4 Tbsp. vegetable, fruit or a combination					
<b>P.M. Snack</b> 2 to 4 fluid ounces of IFIF* or breast milk** <b>and as developmentally appropriate</b> 0 to 1/2 bread slice; 0-2 cracker; 0-4 tbsp. infant cereal or ready to eat cereal <b>and as developmentally appropriate</b> 0-2 tbsp. vegetable, fruit or a combination					
<b>Supper</b> 6 to 8 fluid ounces of IFIF* or breast milk** <b>and as developmentally appropriate</b> 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 <b>or</b> 0 to 4 ounces of cottage cheese, or 0 to 8 ounces yogurt or a combination <b>and as developmentally appropriate</b> 0 to 4 Tbsp. vegetable, fruit or a combination					

\*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