# Education

#### List of Infant Menu and Food Production Records

Sponsor must mark with an "X" which approved meal or snack service is recorded in the column.

- Infant Menu and Food Production Record (birth to three months) 3 column Menu and Food Production Record form for infants ages birth to three months. This form is intended for centers that request reimbursement for two meals and a snack daily.
- Infant Menu and Food Production Record (birth to three months) 5 column Menu and Food Production Record form for infants ages birth to three months. This form is intended for centers that have been approved for more than three meals/snacks.
- Infant Menu and Food Production Record (four to seven months) 3 column Menu and Food Production Record form for infants ages four months to seven months. This form is intended for centers that request reimbursement for two meals and a snack daily.
- Infant Menu and Food Production Record (four to seven months) 5 column Menu and Food Production Record form for infants ages four months to seven months. This form is intended for centers that have been approved for more than three meals/snacks.
- Infant Menu and Food Production Record (eight months to first birthday) 3 column

Menu and Food Production Record form for infants ages eight months to their first birthday. This form is intended for centers that request reimbursement for two meals and a snack daily.

Infant Menu and Food Production Record (eight months to first birthday) 5 column

Menu and Food Production Record form for infants ages eight months to their first birthday. This form is intended for centers that have been approved for more than three meals/snacks.

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#### INFANT MENU AND FOOD PRODUCTION RECORD Birth Through Three Months

Infant Name:				
Date of Birth:				
Check one:	Breast milk	nt Formula (IFIF)		
lf formula, list b	prand:			
Check one:	Center provided Parent provided			
Date Breakfast		Lunch/ Supper	Snack— am, pm or	
	4 - 6 fluid oz. breast milk or	4 - 6 fluid oz. breast milk or	4 - 6 fluid oz. breast milk or	
	iron-fortified infant formula	iron-fortified infant formula	iron-fortified infant formula	
	Breast milk oz. =	Breast milk oz. =	Breast milk oz. =	
	☐ IFIF oz. = ☐ Breast milk oz. =	☐ IFIF oz. = ☐ Breast milk oz. =	☐ IFIF oz. = ☐ Breast milk oz. =	
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	Breast milk oz. =	Breast milk oz. =	Breast milk oz. =	
	L_] IFIF U2. –		[_] IFIF 02. <b>-</b>	
Reimbursable				
Meal Totals				

- Breast milk is recommended in place of formula for the whole first year of life. For infants who regularly consume less than the minimum amount of breast milk per feeding, a serving of less than the minimum requirement of breast milk may be offered. Additional breast milk must be offered if the infant is still hungry.
- Meals and snacks of breast milk only may be claimed.
- If a mother comes to the child care center and breast feeds her infant, these meals cannot be claimed for reimbursement because the center has not incurred a cost or has not rendered a "service."
- Other substances (such as formula) may NOT be added to expressed breast milk.
- This form is intended for centers that request reimbursement for two meals and a snack daily.

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#### INFANT MENU AND FOOD PRODUCTION RECORD Birth Through Three Months

Infant	Infant Name:					
Date	of Birth:					
Chec	k one:	Breast milk Iron-Fortified Infant	Formula (IFIF)			
If form	nula, list brand:					
Chec	k one:	Center provided Parent provided				
Date	Breakfast	AM Snack	Lunch	PM Snack	Supper	
	4 - 6 fluid oz.	4 - 6 fluid oz.	4 - 6 fluid oz.	4 - 6 fluid oz.	4 - 6 fluid oz.	
	breast milk or	breast milk or	breast milk or	breast milk or	breast milk or	
	iron-fortified infant	iron-fortified infant	iron-fortified infant	iron-fortified infant	iron-fortified infant	
	formula	formula	formula	formula	formula	
	🗌 Breast milk	🗌 Breast milk	Breast milk	🗌 Breast milk	Breast milk	
	🗌 IFIF	🗌 IFIF	🗌 IFIF	🗌 IFIF	🗌 IFIF	
	oz. =	oz. =	oz. =	oz. =	oz. =	
	🗌 Breast milk	🗌 Breast milk	🗌 Breast milk	🗌 Breast milk	🗌 Breast milk	
	🗌 IFIF	🗌 IFIF	🗌 IFIF	🗌 IFIF	🗌 IFIF	
	oz. =	oz. =	oz. =	oz. =	oz. =	
	Breast milk	Breast milk	Breast milk	Breast milk	Breast milk	
	🗌 IFIF					
	oz. =	oz. =	oz. =	oz. =	oz. =	
	Breast milk	Breast milk	🗌 Breast milk	Breast milk	🗌 Breast milk	
					🗌 IFIF	
	oz. =	oz. =	oz. =	oz. =	oz. =	
	Breast milk	Breast milk	Breast milk	Breast milk	Breast milk	
	oz. =	oz. =	oz. =	oz. =	oz. =	
Meal Totals						

- Breast milk is recommended in place of formula for the whole first year of life. For infants who regularly consume less than the minimum amount of breast milk per feeding, a serving of less than the minimum requirement of breast milk may be offered. Additional breast milk must be offered if the infant is still hungry.
- Meals and snacks of breast milk only may be claimed.
- If a mother comes to the child care center and breast feeds her infant, these meals cannot be claimed for reimbursement because the center has not incurred a cost or has not rendered a "service."
- Other substances (such as formula) may NOT be added to expressed breast milk.
- This form is intended for centers that have been approved for more than three meals/snacks. Staff may complete for all meals/snacks served but centers can only claim two meals and snacks or one meal and two snacks served to an infant in one day.

# Education

#### INFANT MENU AND FOOD PRODUCTION RECORD 4 Through 7 Months

Infant Name:			
Date of Birth:			
Check one:	Breast milk	Formula (IFIF)	
If formula, list brar	nd:		
Check one:	Center provided Parent provided		
Date	Breakfast	Lunch/ Supper	Snack—∏ am,∏ pm or ∏ eve
	4 - 8 fluid oz. breast milk or iron-fortified infant formula Optional: 0-3 Tbsp. iron- fortified infant cereal	4 - 8 fluid oz. breast milk or iron-fortified infant formula Optional: 0-3 Tbsp. iron- fortified infant cereal 0-3 Tbsp. fruit/vegetables	4 - 6 fluid oz. breast milk or iron-fortified infant formula
	Breast milk or     IFIF oz. = IFIC Tbsp. =	Breast milk or     IFIF oz. = IFIC Tbsp. = Fruit/Veg Tbsp. =	☐ Breast milk or ☐ IFIF oz. =
	Breast milk or     IFIF oz. = IFIC Tbsp. =	Breast milk or     IFIF oz. = IFIC Tbsp. = Fruit/Veg Tbsp. =	☐ Breast milk or ☐ IFIF oz. =
	Breast milk or     IFIF oz. = IFIC Tbsp. =	Breast milk or     IFIF oz. = IFIC Tbsp. = Fruit/Veg Tbsp. =	☐ Breast milk or ☐ IFIF oz. =
	Breast milk or     IFIF oz. = IFIC Tbsp. =	Breast milk or     IFIF oz. = IFIC Tbsp. = Fruit/Veg Tbsp. =	☐ Breast milk or ☐ IFIF oz. =
	Breast milk or IFIF oz. = IFIC Tbsp. =	Breast milk or IFIF oz. = IFIC Tbsp. = Fruit/Veg Tbsp. =	☐ Breast milk or ☐ IFIF oz. =
Reimbursable Meal Totals			

- Breast milk is recommended in place of formula for the whole first year of life. For infants who regularly consume less than the minimum amount of breast milk per feeding, a serving of less than the minimum requirement of breast milk may be offered. Additional breast milk must be offered if the infant is still hungry.
- Meals/snacks of breast milk only may be claimed. However, if the mother breast feeds her infant at the child care center, then those meals cannot be claimed for reimbursement unless the center provides an optional component at that meal. Other substances (such as formula) may NOT be added to expressed breast milk.
- Solid foods are optional and should be introduced only when the infant is developmentally ready.
- This form is intended for centers that request reimbursement for two meals and a snack daily.

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#### INFANT MENU AND FOOD PRODUCTION RECORD

4 Through 7 Months

Infant N	ame:					
Date of	Birth:					
Check one:		☐ Breast milk ☐ Iron-Fortified Infant Formula (IFIF)				
If formul	la, list brand:					
Check c	one:	Center provided Parent provided				
Date	Breakfast	AM Snack	Lunch	PM Snack	Supper	
	4 - 8 fluid oz. breast milk or iron-fortified infant formula	4 - 6 fluid oz. breast milk or iron-fortified infant formula	4 - 8 fluid oz. breast milk or iron-fortified infant formula	4 - 6 fluid oz. breast milk or iron-fortified infant formula	4 - 8 fluid oz. breast milk or iron-fortified infant formula	
	Optional: 0-3 Tbsp. iron-fortified infant cereal		Optional: 0-3 Tbsp. iron-fortified infant cereal 0-3 Tbsp. fruit/vegetables		Optional: 0-3 Tbsp. iron-fortified infant cereal 0-3 Tbsp. fruit/vegetables	
	Breast milk or IFIF oz. = IFIC T. =	☐ Breast milk or ☐ IFIF oz. =	Breast milk or IFIF oz. = IFIC T.= Fruit/Veg T.=	Breast milk or	Breast milk or IFIF oz. = IFIC T.= Fruit/Veg T.=	
	☐ Breast milk or ☐ IFIF oz. = IFIC T. =	Breast milk or	☐ Breast milk or ☐ IFIF oz. = IFIC T.= Fruit/Veg T.=	☐ Breast milk or ☐ IFIF oz. =	☐ Breast milk or ☐ IFIF oz. = IFIC T.= Fruit/Veg T.=	
	Breast milk or IFIF oz. = IFIC T. =	Breast milk or	Breast milk or IFIF oz. = IFIC T.= Fruit/Veg T.=	Breast milk or	Breast milk or IFIF oz. = IFIC T.= Fruit/Veg T.=	
	Breast milk or IFIF oz. = IFIC T. =	Breast milk or	Breast milk or IFIF oz. = IFIC T.= Fruit/Veg T.=	Breast milk or	Breast milk or IFIF oz. = IFIC T.= Fruit/Veg T.=	
	☐ Breast milk or ☐ IFIF oz. = IFIC T. =	Breast milk or IFIF oz. =	☐ Breast milk or ☐ IFIF oz. = IFIC T.= Fruit/Veg T.=	Breast milk or IFIF oz. =	☐ Breast milk or ☐ IFIF oz. = IFIC T.= Fruit/Veg T.=	
Meal Totals						

- Breast milk is recommended in place of formula for the whole first year of life. For infants who regularly consume less than the minimum amount of breast milk per feeding, a serving of less than the minimum requirement of breast milk may be offered. Additional breast milk must be offered if the infant is still hungry.
- Meals/snacks of breast milk only may be claimed. However, if the mother breast feeds her infant at the child care center, then those meals cannot be claimed for reimbursement unless the center provides an optional component at that meal. Other substances (such as formula) may NOT be added to expressed breast milk.
- Solid foods are optional and should be introduced only when the infant is developmentally ready.
- This form is intended for centers that have been approved for more than three meals/snacks. Staff may complete for all meals/snacks served but centers can only claim two meals and snacks or one meal and two snacks served to an infant in one day.

# Education

#### INFANT MENU AND FOOD PRODUCTION RECORD 8 Months to 1<sup>st</sup> Birthday

Infant Name:			
Date of Birth:			
Check one:	Breast milk	Formula (IFIF)	
If formula, list brar	าd:		
Check one:	<ul> <li>Center provided</li> <li>Parent provided</li> </ul>		
Date Breakfast		Lunch/ Supper	Snack— am, pm or eve
	6 - 8 fluid oz. breast milk or iron-fortified infant formula	6 - 8 fluid oz. breast milk or iron-fortified infant formula	2 - 4 fluid oz. breast milk or iron-fortified infant formula or
	2-4 Tbsp. iron-fortified infant	2-4 Tbsp. iron-fortified infant	full strength fruit juice
	cereal	cereal and/or 1-4 Tbsp. meat/	Optional: 0-1/2 slice bread or 0-
	1-4 Tbsp. fruit/vegetables	meat alternate	2 crackers
Breast milk or		1-4 Tbsp. fruit/vegetables	Breast milk or
	$\square$ IFIF oz. =	I FIF oz. =	
IFIC Tbsp. =		IFIC/meat alt Tbsp. =	Fruit juice
Fruit/Veg Tbsp. =		Fruit/Veg Tbsp. =	oz. =
	☐ Breast milk or ☐ IFIF oz. =	☐ Breast milk or ☐ IFIF oz. =	☐ Breast milk or ☐ IFIF or
	IFIC Tbsp. =	IFIC/meat alt Tbsp. =	☐ Fruit juice
	Fruit/Veg Tbsp. =	Fruit/Veg Tbsp. =	oz. =
	Breast milk or	Breast milk or	Breast milk or
	☐ IFIF oz. =	□ IFIF oz. =	IFIF or
	IFIC Tbsp. =	IFIC/meat alt Tbsp. =	Fruit juice
	Fruit/Veg Tbsp. =	Fruit/Veg Tbsp. =	0Z. =
	$\square$ IFIF oz. =	☐ Breast milk or ☐ IFIF oz. =	☐ Breast milk or ☐ IFIF or
	IFIC Tbsp. =	IFIC/meat alt Tbsp. =	☐ Fruit juice
	Fruit/Veg Tbsp. =	Fruit/Veg Tbsp. =	oz. =
	Breast milk or	Breast milk or	Breast milk or
	□ IFIF oz. =	□ IFIF oz. =	IFIF or
	IFIC Tbsp. =	IFIC/meat alt Tbsp. =	Fruit juice
	Fruit/Veg Tbsp. =	Fruit/Veg Tbsp. =	oz. =
Meal Totals			

 Meat/meat alternate includes meat, fish, poultry, egg yolk, cooked dry beans, dry peas, or ½-2 oz. cheese or 1-4 oz. cottage cheese or cheese food.

- Juice should not be offered to infants until they are ready to drink from a cup to prevent baby bottle tooth decay.
- This form is intended for centers that request reimbursement for two meals and a snack daily.

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#### INFANT MENU AND FOOD PRODUCTION RECORD 8 Months to 1<sup>st</sup> Birthday

Infant Name:							
Date of	Birth:						
Check one:		☐ Breast milk ☐ Iron-Fortified Infant Formula (IFIF)					
If formul	a, list brand:						
Check one:		Center provided Parent provided					
Date	Breakfast	AM Snack	Lunch	PM Snack	Supper		
	6 - 8 fluid oz. breast	2 - 4 fluid oz. breast	6 - 8 fluid oz. breast	2 - 4 fluid oz. breast	6 - 8 fluid oz. breast		
	milk or iron-fortified	milk or iron-fortified	milk or iron-fortified	milk or iron-fortified	milk or iron-fortified		
	infant formula	infant formula or full	infant formula	infant formula or full	infant formula		
	2-4 Tbsp. iron-	strength fruit juice	2-4 T. iron-fortified	strength fruit juice	2-4 T. iron-fortified		
	fortified infant	Optional: 0-1/2 slice	infant cereal and/or	Optional: 0-1/2 slice	infant cereal and/or		
	cereal	bread or 0-2 crackers	1-4 T. meat/meat alternate	bread or 0-2 crackers	1-4 T. meat/meat alternate		
	1-4 Tbsp. fruit/vegetables	CIACKEIS	1-4 T. fruit/	CIACKEIS	1-4 T. fruit/		
	Inditivegetables		vegetables		vegetables		
	☐ Breast milk or ☐ IFIF oz. =_	Breast milk or	Breast milk or	Breast milk or	Breast milk or		
	IFIC T.=	Fruit juice	IFIC/meat T.=	Fruit juice	IFIC/meat T.=		
	Fruit/Veg T.=	0Z.=	Fruit/Veg T.=	0Z.=	Fruit/Veg T.=		
	Breast milk or	Breast milk or	Breast milk or	Breast milk or	Breast milk or		
	☐ IFIF oz. =		$\square$ IFIF oz. =	IFIF or	$\square$ IFIF oz. =		
	IFIC T.= Fruit/Veg T.=	Fruit juice	IFIC/meat T.= Fruit/Veg T.=	Fruit juice	IFIC/meat T.= Fruit/Veg T.=		
	Breast milk or	Breast milk or	Breast milk or	Breast milk or	Breast milk or		
	$\square$ IFIF oz. =		$\square$ IFIF oz. =		$\square$ IFIF oz. =		
	IFIC T.=	Fruit juice	IFIC/meat T.=	Fruit juice	IFIC/meat T.=		
	Fruit/Veg T.=	oz.=	Fruit/Veg T.=	oz.=	Fruit/Veg T.=		
	Breast milk or	Breast milk or	Breast milk or	Breast milk or	Breast milk or		
	☐ IFIF oz. =	IFIF or	$\square$ IFIF oz. =	IFIF or	$\square$ IFIF oz. =		
	IFIC T.= Fruit/Veg T.=	Fruit juice	IFIC/meat T.=	Fruit juice	IFIC/meat T.=		
	Breast milk or	oz.= Breast milk or	Fruit/Veg T.=	oz.= Breast milk or	Fruit/Veg T.=		
	IFIF oz. =		$\square$ IFIF oz. =		$\square$ IFIF oz. =		
	IFIC T.=	Fruit juice	IFIC/meat T.=	Fruit juice	IFIC/meat T.=		
	Fruit/Veg T.=	oz.=	Fruit/Veg T.=	oz.=	Fruit/Veg T.=		
Meal Totals							

• Meat/meat alternate includes meat, fish, poultry, egg yolk, cooked dry beans, dry peas, or ½-2 oz. cheese or 1-4 oz. cottage cheese or cheese food.

 Juice should not be offered to infants until they are ready to drink from a cup to prevent baby bottle tooth decay.

This form is intended for centers that have been approved for more than three meals/snacks. Staff
may complete for all meals/snacks served but centers can only claim two meals and snacks or one
meal and two snacks served to an infant in one day.