



Child Care Food Program—Infant Menu

For the Period From ____/____/____ to ____/____/____

Division of Food and Nutrition Services • MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

MCPS Form 240-56
April 2012

Provider Name _____ Vendor # _____ Telephone _____-_____-_____

Address _____ Street _____ City _____ MD _____ ZIP Code _____

Infant's Name _____ DOB ____/____/____ Age ____ Infant's Name _____ DOB ____/____/____ Age ____

Check who provides formula: <input type="checkbox"/> Parent <input type="checkbox"/> Provider		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
BREAKFAST	Formula or breast milk*							
	Infant cereal*							
	Fruit and/or vegetable*							
AM SUPPLEMENT	Formula or breast milk*							
	Fruit juice (8-11 months only, from a cup)*							
	Bread or crackers (8-11 months only)*							
LUNCH	Formula or breast milk*							
	Fruit and/or vegetable*							
	Selected at least one protein source*							
PM SUPPLEMENT	Formula or breast milk*							
	Fruit juice (8-11 months only, from a cup)*							
	Bread or crackers (8-11 months only)*							
SUPPER	Formula or breast milk*							
	Fruit and/or vegetable*							
	Select at least one protein source*							

*Refer to meal pattern for child's age group on reverse side.

Child Care Infant Meal Pattern

	Birth through 3 months	4 through 7 months	8 through 11 months
BREAKFAST	4–6 fl. oz. formula ¹ or breast milk ^{2,3}	4–8 fl. oz. formula ¹ or breast milk ^{2,3} 0–3 tbsp. infant cereal ^{1,4}	6–8 fl. oz. formula ¹ or breast milk ^{2,3} AND 2–4 tbsp. infant cereal ¹ AND 1–4 Tbsp. fruit and/or vegetable
LUNCH OR SUPPER	4–6 fl. oz. formula ¹ or breast milk ^{2,3}	4–8 fl. oz. formula ¹ or breast milk ^{2,3} 0–3 tbsp. infant cereal ^{1,4} 0–3 tbsp. fruit and/or vegetable ⁴	6–8 fl. oz. formula ¹ or breast milk ^{2,3} AND 1–4 tbsp. fruit and/or vegetable SELECT AT LEAST ONE: 2–4 tbsp. infant cereal ¹ 1–4 tbsp. meat, fish, poultry, egg yolk, or cooked dried beans or dried peas ½–2 oz. cheese 1–4 oz. cottage cheese, cheese food, cheese spread, or yogurt
SUPPLEMENT	4–6 fl. oz. formula ¹ or breast milk ^{2,3}	4–6 fl. oz. formula ¹ or breast milk ^{2,3}	2–4 fl. oz. formula ¹ , breast milk ^{2,3} , or fruit juice ⁵ 0–½ bread ^{4,6} or 0–2 crackers ^{4,6}

¹Infant formula and dry infant cereal shall be iron-fortified.

²It is recommended that breast milk be served in place of formula from birth through 11 months.

³For some breastfed infants who regularly consume less than the minimum amount of breast milk per feeding, a serving of less than the minimum amount of breast milk may be offered with additional breast milk offered if the infant is still hungry.

⁴A serving of this component shall be optional.

⁵100% juice and served in a cup, not a baby bottle.

⁶Bread and bread alternates shall be made from whole-grain or enriched meal or flour

Desserts, combination foods, and dinners are not creditable.