

Child and Adult Care Food  
Program

DAILY MENU FOR INFANTS  
(0-3 MONTHS)

Name of Center \_\_\_\_\_  
 Agreement Number 7272  
 Month/Year \_\_\_\_\_

	Birth thru 3 months	Date _____	Date _____	Date _____	Date _____	Date _____
BREAKFAST Breastmilk or Iron Fortified Formula	4-6 Fl. Oz					
LUNCH Breastmilk or Iron Fortified Formula	4-6 Fl. Oz					
SNACK PM (Supplemental) Breastmilk or Iron Fortified Formula	4-6 Fl. Oz.					