

Infant Menu Plan (0-5 months)

Claim Month/Year: _____

Infant Name: _____

Age: _____

Food Components	Date:	Date:	Date:	Date:	Date:
Breakfast Formula/Breast Milk (oz served)					
AM Snack Formula/Breast Milk (oz served)					
Lunch Formula/Breast Milk (oz served)					
PM Snack Formula/Breast Milk (oz served)					
Dinner Formula/Breast Milk (oz served)					

I hereby certify that I am not participating on any other USDA Child Care Food Program. I certify that to the best of my knowledge , this information is accurate in all aspects. I understand that this information is provided in connection with the receipt of federal funds and may be verified. I also understand that deliberate misrepresentation may result in state or federal prosecution. I certify that I served at least the minimum required quantities to each child by age and served the correct milk to each child by age.

Provider Signature: _____

Date: _____