

Infant Menu Plan (6-11 months)

Evergreen Child Care, Inc.

Claim Month/Year: _____

Infant Name: _____

Age: _____

Food Components	Date:	Date:	Date:	Date:	Date:
Breakfast					
Infant Cereal					
Meat/Alternate					
Fruit/Vegetable					
Formula/Breast Milk (oz served)					
AM Snack					
Bread/Alternate					
Fruit/Vegetable					
Formula/Breast Milk (oz served)					
Lunch					
Infant Cereal					
Meat/Alternate					
Fruit/Vegetable					
Formula/Breast Milk (oz served)					
PM Snack					
Bread/Alternate					
Fruit/Vegetable					
Formula/Breast Milk (oz served)					
Dinner					
Infant Cereal					
Meat/Alternate					
Fruit/Vegetable					
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: _____