

Child Care & Development Council of Oswego County

INFANT'S MENU FORM

Provider Name: _____

Infant Name(s) _____

Month/Yr. _____

Provider's Signature: _____

6 months to 1st Birthday

Date	Monday _____	Tuesday _____	Wednesday _____	Thursday _____	Friday _____	Saturday _____	Sunday _____
Breakfast							
Breast Milk or Formula							
Fruit and/or Vegetable							
Infant Cereal and/or							
Meat or Meat Alternate							
AM Snack							
Breast Milk or Formula							
Vegetable and/or Fruit							
Grains/Bread							
Lunch							
Breast Milk or Formula							
Vegetable and/or Fruit							
Infant Cereal and/or							
Meat or Meat Alternate							
PM Snack							
Breast Milk or Formula							
Vegetable and/or Fruit							
Grains/Bread							
Supper							
Breast Milk or Formula							
Vegetable and/or Fruit							
Infant Cereal and/or							
Meat or Meat Alternate							