




Catholic Charities Child & Adult Care Food Program Infant Menu Contract

<i>Age of Baby</i>	<i>Breakfast</i>	<i>Lunch and Supper</i>	<i>Snack</i>
Birth through 3 months 	4-6 fluid ounces (fl oz) breast milk ^{1,2} or formula ³	4-6 fl oz breast milk ^{1,2} or formula ³	4-6 fl oz breast milk ^{1,2} or formula ³
4 months through 7 months 	4-8 fl oz breast milk ^{1,2} or formula ³ 0-3 Tbsp. Infant cereal ^{3,4}	4-8 fl oz breast milk ^{1,2} or formula ³ 0-3 Tbsp. Infant cereal ^{3,4} 0-3 Tbsp. fruit and/or vegetable ⁴	4-6 fl oz breast milk ^{1,2} or formula ³
8 months through 11 months 	6-8 fl oz breast milk ^{1,2} or formula ³ 2-4 Tbsp. Infant cereal ³ 1-4 Tbsp. fruit and/or vegetable	6-8 fl oz breast milk ^{1,2} or formula ³ and 2-4 Tbsp Infant cereal ³ and/or 1-4 Tbsp. meat, fish, poultry, egg yolk, cooked dry beans or peas; or ½-2 oz. cheese; or 2-8 Tbsp. cottage cheese; or 1-4 oz cheese food, or cheese spread; and 1-4 Tbsp. fruit and/or vegetable	2-4 fl oz breast milk ^{1,2} or formula ³ or fruit juice ⁵ 0-½ slice of bread ^{4,6} or 0-2 crackers ^{4,6} (optional)

¹ Breast milk or formula, or portions of both may be served (ask parent's wishes); however, it is recommended that breast milk be served in place of formula from birth through 11 months.

² For some breast-fed 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.

³ Infant formula and dry infant cereal shall be iron fortified.

⁴ A serving of this component is required only when the infant is developmentally ready to accept it.

⁵ Fruit juice must be full-strength.

⁶ Bread and crackers must be made from whole-grain or enriched meal or flour.

I, _____ certify that I am feeding the appropriate meal components required by the Child & Adult Care Food Program. I will submit a Dietary Restrictions & Substitutions Statement to Catholic Charities for any child that is being served formula that is not on the USDA approved formula list or has a medical condition that does not allow the approved meal pattern.

I will adhere to documenting written daily meal counts and submit them to Catholic Charities on a regular basis. I understand that I must offer a brand of iron fortified infant formula. I will offer _____. If the parents choose to decline my brand of formula, they will provide breast milk or another iron fortified formula for their infant.

Provider Signature _____ Date: OCT 2016 – SEPT 2017