

Child's Name: _____

Signature: _____

February 2022 INFANT BREAKFAST

USDA IS AN EQUAL
OPPORTUNITY PROVIDER
AND EMPLOYER

MENUS ARE SUBJECT TO
CHANGE
WITHOUT NOTICE

_____ My Child can have
the following food items
that I have marked.

_____ My Child is not
eating baby food only
bottles.

Mon	Tue	Wed	Thu	Fri
	1 WHEAT PRUNES BREAST MILK/FORMULA	2 OATMEAL PEARS BREAST MILK/FORMULA	3 RICE BANANAS BREAST MILK/FORMULA	4 RICE BANANAS BREAST MILK/FORMULA
7 OATMEAL PEARS BREAST MILK/FORMULA	8 OATMEAL PEARS BREAST MILK/FORMULA	9 WHEAT PEACHES BREAST MILK/FORMULA	10 OATMEAL PEARS BREAST MILK/FORMULA	11 OATMEAL PEARS BREAST MILK/FORMULA
14 RICE BANANAS BREAST MILK/FORMULA	15 RICE BANANAS BREAST MILK/FORMULA	16 OATMEAL PEARS BREAST MILK/FORMULA	17 WHEAT PEACHES BREAST MILK/FORMULA	18 WHEAT PEACHES BREAST MILK/FORMULA
21 OATMEAL PEARS BREAST MILK/FORMULA	22 OATMEAL PEARS BREAST MILK/FORMULA	23 WHEAT PEACHES BREAST MILK/FORMULA	24 RICE BANANAS BREAST MILK/FORMULA	25 RICE BANANAS BREAST MILK/FORMULA
28 WHEAT PRUNES BREAST MILK/FORMULA				