

Name of Contracting Organization: GEO-SON CHILD CARE SERVICES, INC.				Program Number: TX 02401									
Name of Facility:				Date:									
AGE GROUP				MENU									
NAME OF INFANT		BREAKFAST		A.M. SNACK	LUNCH			P.M. SNACK	SUPPER		EVENING SNACK		
Date of Birth													
Formula/Breast Milk													
BIRTH THROUGH 3 MONTHS		Iron Fortified Infant Formula (IFIF) and/or Breast Milk (BM)		IFIF and/or BM	IFIF and/or BM			IFIF and/or BM	IFIF and/or BM		IFIF and/or BM		
Name:													
DOB:													
IFIF/BM:													
Name:													
DOB:													
IFIF/BM:													
Name:													
DOB:													
IFIF/BM:													
Planned Participation:													
Actual Participation:													
Quantity Used:													
4 THROUGH 7 MONTHS		IFIF and/or BM	IFIC	IFIF and/or BM	IFIF and/or BM	IFIC & Fruit and/or Vegetables		IFIF and/or BM	IFIF and/or BM	IFIC & Fruit and/or Vegetables		IFIF and/or BM	
Name:													
DOB:													
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Name:													
DOB:													
IFIF/BM:													
Planned Participation:													
Actual Participation:													
Quantity Used:		oz	Tbsp	oz	oz	Tbsp	Tbsp	oz	oz	Tbsp	Tbsp	oz	
8 THROUGH 11 MONTHS		IFIF and/or BM	IFIC	Fruit &/ or Veg	IFIF/BM & Other Foods	IFIF and/or BM	Fruit &/ or Veg	IFIC OR Meat/ Alt	IFIF/BM & Other Foods	IFIF and/or BM	Fruit &/ or Veg	IFIC OR Meat/ Alt	IFIF/BM & Other Foods
Name:													
DOB:													
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Quantity Used:		oz	Tbsp	Tbsp	oz	oz	Tbsp	Tbsp	oz	oz	Tbsp	Tbsp	oz

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Name:													
DOB:													
IFIF/BM:			oz	oz	oz			oz	oz		oz		
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Quantity Used:		oz	Tbsp	oz	oz	Tbsp	Tbsp	oz	oz	Tbsp	Tbsp	oz	
8 THROUGH 11 MONTHS		IFIF and/or BM	IFIC	Fruit &/ or Veg	IFIF/BM & Other Foods	IFIF and/or BM	Fruit &/ or Veg	IFIC OR Meat/ Alt	IFIF/BM & Other Foods	IFIF and/or BM	Fruit &/ or Veg	IFIC OR Meat/ Alt	IFIF/BM & Other Foods
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Name:													
DOB:													
IFIF/BM:	oz		oz	oz			oz	oz		oz			
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