

INFANT MENU PLAN

PROVIDER'S NAME _____

Month of _____ 20

Breastmilk or Formula: _____

INFANT'S NAME: _____ B/D: _____

WRITE IN WHAT IRON-FORTIFIED FORMULA IS SERVED

DATE: _____ DATE: _____ DATE: _____ DATE: _____

	DATE: _____	DATE: _____	DATE: _____	DATE: _____	
BREAKFAST	<p><u>0-5 MONTHS</u></p> <p>4-6 fl. oz. breastmilk Or formula</p>	<p><u>6-First Birthday</u></p> <p>6-8 fl. oz. breastmilk or formula</p> <p>0-4 tbsp. infant cereal, meat, fish, poultry, whole eggs, cooked dry beans or peas; or 0-2 oz. cottage cheese; or 0-4 oz. yogurt; or a combination of above*</p> <p>0-2 tbsp. vegetable, fruit or both*</p>			
LUNCH	<p>4-6 fl. oz. breastmilk Or formula</p>	<p>6-8 fl. oz. breastmilk or formula</p> <p>0-4 tbsp. infant cereal, meat, fish, poultry, whole eggs, cooked dry beans or peas; or 0-2 oz. cottage cheese; or 0-4 oz. yogurt; or a combination of above*</p> <p>0-2 tbsp. vegetable, fruit or both*</p>			
SNACK	<p>4-6 fl. oz. breastmilk Or formula</p>	<p>2-4 fl. oz. breastmilk or formula</p> <p>0-1/2 bread slice; or 0-2 crackers; or 0-4 tbsp. infant cereal or ready-to-eat cereal*</p> <p>0-2 tbsp. vegetable, fruit or both*</p>			
SUPPER	<p>4-6 fl. oz. breastmilk Or formula</p>	<p>6-8 fl. oz. breastmilk or formula</p> <p>0-4 tbsp. infant cereal, meat, fish, poultry, whole eggs, cooked dry beans or peas; or 0-2 oz. cottage cheese; or 0-4 oz. yogurt; or a combination of above*</p> <p>0-2 tbsp. vegetable, fruit or both*</p>			

FORMULA Shall be iron-fortified infant formula
CEREAL Shall be iron-fortified dry infant cereal

CRACKERS Shall be from whole-grain or enriched meal or flour

*Required when infant is developmentally ready.

These menus may be repeated for the month. (Infants Only).

All serving sizes are minimum quantities of the food components that are required to be served.

Please record meals on the day they are served.