

INFANT MENU PLAN

Breastmilk or Formula: _____

CIRCLE _____ WRITE IN WHAT IRON-FORTIFIED FORMULA IS SERVED

PROVIDER'S NAME _____
 Month of _____ 20____
 INFANT'S NAME: _____

B/D: _____
 DATE: _____

	0-5 MONTHS		6-11 MONTHS		DATE:		DATE:		DATE:	
	4-6 fl. oz. breastmilk Or formula		6-8 fl. oz. breastmilk or formula 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* 0-2 tbsp. vegetable, fruit or both*							
BREAKFAST	4-6 fl. oz. breastmilk Or formula		6-8 fl. oz. breastmilk or formula							
LUNCH	4-6 fl. oz. breastmilk Or formula		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* 0-2 tbsp. vegetable, fruit or both*							
SNACK	4-6 fl. oz. breastmilk Or formula		2-4 fl. oz. breastmilk or formula 0-1/2 bread slice; or 0-2 crackers; or 0-4 tbsp. infant cereal or ready-to-eat cereal* 0-2 tbsp. vegetable, fruit or both*							
SUPPER	4-6 fl. oz. breastmilk Or formula		5-8 fl. oz. breastmilk or formula 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* 0-2 tbsp. vegetable, fruit or both*							

*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.

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