



Infant Menu

Provider's Name _____



Infant's Name _____

Age _____

Please record meals on the day they are served

Cereal Served is Iron-Fortified Infant Cereal? Yes No

Type of Formula _____ Iron-Fortified ? Yes No

Cereal shall be iron-fortified dry infant cereal.

Formula shall be iron-fortified infant formula.

Menu Plan - Birth until one year old

| | | | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|------------------|--|--|--|---------|-----------|----------|--------|----------|--------|
| | | | Date: | Date: | Date: | Date: | Date: | Date: | Date: |
| Breakfast | <u>Birth through 3 months</u> 4 - 6 Oz. Formula or breast milk | <u>4 through 7 months</u> 4 - 8 oz. formula or breast milk 0 - 3 Tbsp. infant cereal (optional) | <u>8 months until 1st Birthday</u> 6 - 8 Oz. Formula or breast milk 2 - 4 Tbsp. infant cereal 1 - 4 Tbsp. vegetable and/or fruit | | | | | | |
| | Same as above | <u>4 through 7 months</u> 4-6 oz. formula or breast milk | <u>AM</u> 2-4 oz., Formula, breast milk or juice. 0-1/2 bread or 1-2 crackers(optional) | | | | | | |
| | | | | | | | | | |
| Lunch | <u>Birth through 3 months</u> 4 - 6 Oz. Formula or breast milk | <u>4 through 7 months</u> 4 - 8 oz. formula or breast milk 0 - 3 Tbsp. infant cereal (optional) 0 - 3 Tbsp. vegetable &/or fruit (optional) | <u>8 months until 1st Birthday</u> 6 - 8 Oz. Formula or breast milk 1 - 4 Tbsp. vegetable and/or fruit 2 - 4 Tbsp. infant cereal and/or meat/meat alternate | | | | | | |
| | Same as above | <u>4 through 7 months</u> 4-6 oz. formula or breast milk | <u>PM</u> 2-4 oz., Formula, breast milk or juice. 0-1/2 bread or 1-2 crackers(optional) | | | | | | |
| | | | | | | | | | |
| Dinner | <u>Birth through 3 months</u> 4 - 6 Oz. Formula or breast milk | <u>4 through 7 months</u> 4 - 8 oz. formula or breast milk 0 - 3 Tbsp. infant cereal (optional) 0 - 3 Tbsp. vegetable &/or fruit (optional) | <u>8 months until 1st Birthday</u> 6 - 8 Oz. Formula or breast milk 1 - 4 Tbsp. vegetable and/or fruit 2 - 4 Tbsp. infant cereal and/or meat/meat alternate | | | | | | |
| | Same as above | <u>4 through 7 months</u> 4-6 oz. formula or breast milk | <u>BT</u> 2-4 oz., Formula, breast milk or juice. 0-1/2 bread or 1-2 crackers(optional) | | | | | | |
| | | | | | | | | | |

Crackers shall be from whole-grain or enriched meal or flour.

Juice shall be full strength fruit juice.

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