

Center Name: _____

Date: _____

INFANT MENU *7 CFR 226.20 (b)(5)**Incomplete Menus will be disallowed.**

| Incomplete Menus will be disallowed. | | | | | |
|---|--|---|---|---|----------------|
| | | 0-3 months (Circle Type of Milk) | 4-7 months (Circle Type of Milk) (List Food-If applicable) | 8-11 months (Circle Type of Milk and List type of food) | |
| Lunch | Milk | 4-6 Fl. Oz. Iron Fortified Infant Formula OR 4-6 Fl. Oz. Breast milk | 4-8 Fl. Oz. Iron Fortified Infant Formula OR 4-8 Fl. Oz. Breast milk | 6-8 Fl. Oz. Iron Fortified Infant Formula OR 6-8 Fl. Oz. Breast milk | Total # |
| | Meat/ Meat Alt/ Grain | | 0-3 Tbsp. Iron Fortified Cereal (List Cereal if Served): | 2-4 Tbsp. Iron Fortified Cereal OR 1-4 Tbsp. Meat/Meat alternative: (List food served): | |
| | Fruit/ Veg | | 0-3 Tbsp. Vegetable/Fruit: (List food served): | 1-4 Tbsp. Vegetable/Fruit: (List food served): | |
| | | <i>Number of Infants Served:</i> | <i>Number of Infants Served:</i> | <i>Number of Infants Served:</i> | |
| Supper | | (Circle Type of Milk) | (Circle Type of Milk) (List Food-If applicable) | (Circle Type of Milk and List type of food) | |
| | Milk | 4-6 Fl. Oz. Iron Fortified Infant Formula OR 4-6 Fl. Oz. Breast milk | 4-8 Fl. Oz. Iron Fortified Infant Formula OR 4-8 Fl. Oz. Breast milk | 6-8 Fl. Oz. Iron Fortified Infant Formula OR 6-8 Fl. Oz. Breast milk | Total # |
| | Meat/ Meat Alt/ Grain | | 0-3 Tbsp. Iron Fortified Cereal (List Cereal if Served): | 2-4 Tbsp. Iron Fortified Cereal OR 1-4 Tbsp. Meat/Meat alternative: (List food served): | |
| | Fruit/ Veg | | 0-3 Tbsp. Vegetable/Fruit: (List food served): | 1-4 Tbsp. Vegetable/Fruit: (List food served): | |
| | <i>Number of Infants Served:</i> | <i>Number of Infants Served:</i> | <i>Number of Infants Served:</i> | | |
| Snack | | (Circle Type of Milk) | (Circle Type of Milk) | (Circle Type of Milk or Juice) | |
| | Milk | 4-6 Fl. Oz. Iron Fortified Infant Formula OR 4-6 Fl. Oz. Breast milk | 4-6 Fl. Oz. Iron Fortified Infant Formula OR 4-6 Fl. Oz. Breast milk | 2-4 Fl. Oz. Iron Fortified Formula OR 2-4 Fl. Oz. Breast milk OR 100% Fruit Juice | Total # |
| | Fruit | | | | |
| | Grain | | | 0-1/2 slice of bread or 0-2 crackers | |
| | <i>Number of Infants Served:</i> | <i>Number of Infants Served:</i> | <i>Number of Infants Served:</i> | | |