

**INFANT MENU** \*7 CFR 226.20 (b) (5)

Center Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Incomplete Menus will be disallowed.**

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