# Feeding Infants in the School Breakfast and National School Lunch Programs

## Infant Feeding

Good nutrition is essential to the rapid growth and development that occurs during an infant's first year. Providing infants with the right foods will promote good health and give them the opportunity to enjoy new tastes and textures as they establish good eating habits. Feeding also helps infants establish warm relationships with their parents and caregivers. Positive and supportive feeding techniques are essential in allowing infants to eat well and to develop healthy attitudes toward themselves and others.

Parents give important information that will assist in feeding their infants. Be sure to communicate frequently with the parents so that the food the infants are being fed at home can be coordinated with the food being fed to them at school. This way the best care for the infants can be assured.

For more detailed information refer to *Feeding Infants: A Guide for Use in the Child Nutrition Programs*. This publication is available on the Team Nutrition Home Page at: http://www.fns.usda.gov/tn/Resources/feeding_infants.html.

## Requirements for feeding Infants in NSLP and SBP

Infants from birth through eleven months, who participate in the National School Lunch Program (NSLP) and/ or School Breakfast Program (SBP), must be offered a breakfast or lunch, which meet the meal pattern requirements. Foods for infants must have a texture and consistency appropriate for their ages. Infants must be fed during a time consistent with the infant's eating habits. Reimbursable meals for infants may contain either breast milk or iron-fortified infant formula, or both. To receive reimbursement, the school must offer the infant a complete meal that meets the appropriate meal pattern requirements based on the infant's age. The meal must be fed to the infant by the school staff. Whole milk may not be served as part of a reimbursable meal for infants younger than one year of age.

All of the following criteria must be met in order for school food authorities (SFA's) to provide and claim infant meals in the SBP and the NSLP:

1. The infants must be enrolled in the Local Education Agency (LEA) through a Federal Early Head Start Program.
2. The SFA's meal counting and claiming procedures on file with the State Agency must include the procedures for counting and claiming infant meals.
3. All children must be on a signed list from the Federal Head Start Coordinator to establish their directly certified status.
4. Meals served must be planned to comply with the required infant meal patterns.
5. Meal counts must be based on point of service meal counts.
6. Required recordkeeping must be maintained to support the meals claimed for reimbursement.

## BREAKFAST PATTERN FOR INFANTS

| Birth through 3 months | 4 through 7 months | 8 through 11 months |
|---|---|---|
| 4-6 fluid ounces of formula[1] or breastmilk[2 3] | 4-8 fluid ounces of formula[1] or breastmilk[2 3]; and | 6-8 fluid ounces of formula[1] or breastmilk[2 3]; and |
| | 0-3 tablespoons of infant cereal[1 4] | 2-4 tablespoons of infant cereal[1]; and |
| | | 1-4 tablespoons of fruit or vegetable or both |

## LUNCH PATTERN FOR INFANTS

| Birth through 3 months | 4 through 7 months | 8 through 11 months |
|---|---|---|
| 4-6 fluid ounces of formula[1] or breastmilk[2 3] | 4-8 fluid ounces of formula[1] or breastmilk[2 3]; and<br>0-3 tablespoons of infant cereal[1 4]; and<br>0-3 tablespoons of fruits or vegetables or both[4] | 6-8 fluid ounces of formula[1] or breastmilk[2 3]; and<br>2-4 tablespoons of infant cereal[1]; and/or<br>1-4 tablespoons of meat, fish, poultry, egg yolk, cooked dry beans or peas; or |
| | | 1/2-2 ounces of cheese, or<br>1-4 ounces (volume) of cottage cheese; or |
| | | 1-4 ounces (weight) of cheese food or cheese spread; and |
| | | 1-4 tablespoons of fruits or vegetables or both. |

[1]Infant formula and dry infant cereal must be iron-fortified.

[2]Breastmilk or formula, or portions of both, may be served; however, it is recommended that breastmilk be served from birth through 11 months.

[3]For some breastfed infants who regularly consume less than the minimum amount of breastmilk per feeding, a serving of less than the minimum amount of breastmilk may be offered, with additional breastmilk offered if the infant is still hungry.

[4]A serving of this component is required only when the infant is developmentally ready to accept it.

## Breakfast and Lunch Requirements

Infant meals must include, at a minimum, each of the food components indicated, in the amount that is appropriate for the infant's age in order to be reimbursable. For some breastfed infants who regularly consume less than the minimum amount of breastmilk per feeding, a serving of less than the minimum amount of breastmilk may be offered. In these situations, additional breastmilk must be offered if the infant is still hungry. Similarly, to meet the component requirement for vegetables and fruit, portions of both may be served.

When infants from birth through 11 months of age participate in the NSLP and/or SBP, infant meal patterns must be served. Foods within the infant meal patterns shall be of a texture and consistency appropriate for the particular age group being served and shall be served to the infant during a span of time consistent with the infant's eating habits.

The introduction of solid foods to infants younger than four months of age must be documented by a physician's prescription approving the addition of solid foods, specifying which solid foods, and the quantity and consistency of such foods. If all required documentation is not provided and signed by a licensed physician, only iron fortified formula or breast milk may be provided.

If solid foods are introduced before the infant is ready, these foods may displace breastmilk or formula, resulting in inadequate energy and nutrient intake. In addition, because the digestive system is not well developed before 4 to 6 months of age, feeding solids can increase the risk of digestive problems and food allergies. By 4 to 5 months of age, the extrusion reflex of early infancy has disappeared and the ability to swallow non-liquid foods is established.

For infants ages 4 through 7 months, solid foods of an appropriate texture and consistency are required only when the infant is developmentally ready to accept them. The school should consult with the infant's parent (or guardian) in making the decision to introduce solid foods and have the feeding plan documented. Solid foods should be introduced one at a time, on a gradual basis, with the intent of ensuring the infant's health and nutritional well-being.

For infants 8 through 11 months of age, at a minimum, each meal offered must include all of the food components indicated, and the identified serving size must be provided in order to be reimbursable Additional foods may be served to infants four months of age and older with the intent of improving their overall nutrition.

## Formula or Breastmilk Provided by the Parent/Guardian

Either breastmilk or iron-fortified infant formula, or portions of both, must be served for the entire first year. The decision regarding which infant formula to feed an infant is one for the infant's doctor and parents/guardian to make together. A parent or guardian may elect to decline the infant formula offered by the school and supply another formula. Documentation must be maintained that indicates the decision of the parent/guardian to utilize the formula offered by the school, send in formula from home, send in expressed breast milk to be given to their child or if they plan on coming to the school to breastfeed their child.

When an iron-fortified infant formula or expressed breastmilk is provided by a parent/guardian or when an infant fed directly by the infant's mother during a visit to the school, these meals will contribute to a reimbursable meal **only** when the school supplies at least one other food component of the infant meal pattern for infants of 4 to 11 months of age. This is not reimbursable for infants 0-3 months of age when no other food component is part of the meal pattern.

## Crediting Foods

**Formula**

Formula that is creditable

Only formula that is Iron-fortified is creditable in a reimbursable meal, in the infant meal pattern, without a special dietary needs form signed by a licensed physician. Iron-fortified Infant formula means any iron-fortified formula intended for dietary use solely as a food for normal, healthy infants. Formulas specifically formulated for infants with inborn errors of metabolism or digestive or absorptive problems are not included in this definition. Infant formula, when served, must be in liquid state at recommended dilution

Previously, FNS provided a list of *Iron-Fortified Infant Formulas That Do Not Require a Medical Statement.* FNS has not updated or provided this list for some time and will no longer maintain such a list due to the continuous development of new or re-formulated infant formula products making an accurate all-inclusive list impractical. The following criteria may be used to determine whether or not a formula is eligible for reimbursement without a medical statement:

1. Ensure that the formula is not an FDA Exempt Infant Formula. An exempt infant formula is an infant formula labeled for use by infants who have inborn errors of metabolism or low birth weight, or who otherwise have unusual medical or dietary problems, as defined in 21 CFR 107.3.

2. Look for "Infant Formula with Iron" or a similar statement on the front of the formula package. All iron-fortified infant formulas must have this type of statement on the package.

3. Use the nutrition facts label as a guide to ensure that the formula is iron-fortified. The nutritive values of each formula are listed on the product's nutrition facts label. To be considered iron-fortified, an infant formula must have 1 mg of iron or more per 100 calories of formula when prepared in accordance with label directions.

All infant formulas sold in the United States must meet the nutrient specifications as outlined by FDA in 21 CFR 107 (http://www.ecfr.gov/cgi-bin/text-idx?SID=2a91008e62ae08b74da67854fab47f37&tpl=/ecfrbrowse/Title21/21tab_02.tpl) and in Section 412 of the Food, Drug, and Cosmetic Act (http://www.gpo.gov/fdsys/pkg/USCODE-2010-title21/pdf/USCODE-2010-title21-chap9-subchapIV-sec350a.pdf). If a formula is purchased outside of the United States, it is likely that the formula is not regulated by the FDA, and therefore, it may not meet the FDA's definition of iron-fortified and may not be creditable.

Formula that is not creditable

Non-iron fortified formulas are not creditable. Formula provided by the household in which the school does not provide another component to meet meal pattern components are not creditable. Specialty formulas formulated for infants with inborn errors of metabolism, digestive or absorptive problems or low iron formulas are not creditable without proper documentation signed by a licensed physician.

**Fruits and Vegetables**

Commercial Baby Foods That Are Reimbursable

- Commercial baby food fruits and vegetables which list fruit or vegetable as the first ingredient in the ingredient listing on the label are reimbursable as a meal component in the fruit or vegetable category in the Infant Meal Pattern.

- Commercial baby food fruits and vegetables which contain multiple fruits or multiple vegetables and list fruit or vegetable as the first ingredient in the ingredient listing on the label are reimbursable as a fruit or vegetable.

Commercial Baby Foods That Are Not Reimbursable

- Commercial baby food dinners which list fruit or vegetable as the first ingredient are not reimbursable as meal components in the Infant Meal Pattern.

- Commercial baby foods in the jarred cereal with fruit category are not reimbursable as a meal component in the fruit or infant cereal categories in the Infant Meal Pattern.

- Commercial baby foods in the dessert category (these generally have "dessert" or "pudding" as part of the product name on the front of the label) which list a fruit as the first ingredient in their ingredient listing are not reimbursable meal components in the Infant Meal Pattern.

- Commercially prepared fruits or vegetables containing DHA cannot be served to infants as part of a reimbursable meal. DHA is an omega-3 fatty acid known as docosahexaenoic. The source of DHA in some lines of baby food products is egg yolk. Although these products are not labeled or marketed as desserts, these DHA-added products contain similar ingredients (i.e. dried egg yolk, heavy cream, rice flour, vanilla extract) that may not be appropriate for an infant younger than 8 months of age. Introducing these "dessert-like" items into an infant's diet at an earlier age could result in a food sensitivity or a food allergy. Although DHA-added products cannot contribute to the infant meal pattern, they may be served as additional foods to infants 8 months of age or older. It is recommended that schools check with the infant's parent or guardian before serving them.

  SFA's are advised to check with parents to be certain that an infant has tried, and had no reaction to, baby food products containing multiple fruits or vegetables and other ingredients (such as milk, nonfat dry milk, whole milk solids, cheese, whey, wheat flour, or other wheat products, tomato, corn) before serving them. SFA's should request that parents furnish a statement signed by a recognized medical authority if their infant is allergic to, and should not be fed, certain foods or ingredients. The statement must be signed by a licensed physician if the allergy is severe and life-threatening. The statement should include the medical or other special dietary needs, which restricts the infant's diet, the food or foods to be omitted from the infant's diet, and the food or foods to be substituted.

**Meat/Meat Alternates**

<u>Commercial Baby Foods That Are Reimbursable</u>

- Commercial plain strained baby food meats (including those with beef, chicken, turkey, lamb, veal and ham) are reimbursable as a meal component in the meat/meat alternate category in the Infant Meal Pattern.

- Gerber "2nd Foods™" baby food meat products (i.e., Beef and Beef Gravy, Chicken and Chicken Gravy, Ham and Ham Gravy, Lamb and Lamb Gravy, Turkey and Turkey Gravy, and Veal and Veal Gravy) are reimbursable even if they do contain additional ingredients, such as cornstarch and, in some cases, lemon juice concentrate. SFAs are advised to check with parents to be certain that an infant has tried and had no reaction to a meat product and any other ingredients besides the meat (such as cornstarch which could be a problem if an infant is allergic to corn) before serving them.

- Shelf-Stable, Dry or Semi-Dry Meat Snacks: Shelf-stable, dry or semi-dry meat snacks are not creditable in any meal served under the USDA School Nutrition Programs (SNP).

<u>Commercial Foods and Baby Foods That Are Not Reimbursable</u>

- Commercial baby food combination dinners are not reimbursable because the actual amount of

various food components in the dinners is difficult to determine; however, these foods can be served as additional foods. Information on the exact percentage of ingredients in these dinners is proprietary and thus not available to the public.

- Meat sticks or "finger sticks" (which look like miniature hot dogs) are not reimbursable as a meat/meat alternate in the Infant Meal Pattern because they could present a choking risk in infants and, by the manufacturer's declaration; they are designed to match the skills of children over 12 months of age.

- Commercial fish sticks, other commercial breaded or battered fish or seafood products, canned fish with bones, hot dogs, and sausages are not reimbursable as a meat/meat alternate in the Infant Meal Pattern because these foods are not designed by their manufacturers for consumption by infants (less than 12 months of age). Infants may choke on these food items and there may be an incidental bone in fish sticks and other breaded fish products.

- Yogurt is not reimbursable as a meal component in the Infant Meal Pattern. Yogurt can be served as an additional food if a parent requests that it be served.

- "Pasteurized Prepared Cheese Products" (formerly labeled by Kraft as "cheese spreads" and "cheese foods") are not creditable for any food based menu planning approach for Child Nutrition Programs. "Cheese Product" has never been a creditable ingredient in Child Nutrition Programs. Cheese spread and cheese foods are creditable (refer to the Food Buying Guide for more information).

- Nuts, seeds, and nut and/or seed butters are not reimbursable as a meal component in the Infant Meal Pattern. These foods can cause an infant to choke and can also cause allergic reactions in some infants.

- Non-Creditable Shelf-stable Meat Snacks, include, but are not limited to, the following products:

  Smoked snack sticks made with beef and chicken; summer sausage; Pepperoni sticks; Meat, poultry or seafood jerky such as beef jerky, turkey jerky and salmon jerky; and Meat or poultry nuggets (shelf-stable, non–breaded, dried meat or poultry snack made similar to jerky) such as turkey nuggets.

  The shelf-stable, dried meal, poultry and seafood snacks do **not** meet the usual and customary function of the meat/meat alternate component as either an entrée or side dish of a meal.

  Also, dried meat, poultry or seafood snacks **do not** qualify for the CN Labeling Program because they **cannot** contribute to the meat component of a reimbursable meal. Fact sheets or company certified product formulation statements **should not** be accepted for these products.

**Infant Cereal**

Cereal that Is Reimbursable

Infant cereal in the Infant Meal Pattern is defined as "any iron-fortified dry cereal specially formulated for and generally recognized as cereal for infants that is routinely mixed with formula or breastmilk prior to consumption." Iron-fortified dry infant cereal is usually found in the baby food section of grocery stores and includes the following on the package label: "Cereal for Baby." These infant cereals should be fortified to an iron level such that the percent Daily Value for iron on the nutrition label is at least 45 percent.

Cereals That Are Not Reimbursable

Iron-fortified dry infant cereals containing fruit are not reimbursable.

Commercial jarred baby food cereals (which are "wet," not "dry") are not reimbursable.

Ready-to-eat breakfast cereal (cold dry) and cooked breakfast cereals (such as farina or oatmeal) are not considered iron-fortified dry infant cereal and are thus not reimbursable as a meal component in the infant cereal category in the Infant Meal Pattern.

These cereals are not specifically formulated or marketed for infants. In addition, some of these products may be enriched with a form of iron (e.g., ferric phosphate), which is more difficult for infants to absorb than the electrolytic iron found in infant cereals. Although enriched farina, regular oatmeal, and corn grits, for example, are not reimbursable as infant cereal in the Infant Meal Pattern, they can be fed as additional foods if the parent requests that they be served.

**Fruit Juice**

Full-strength fruit juice (regular or infant juice) is the only type of juice product that qualifies for reimbursement as a snack for infants ages 8 through 11 months in the Infant Meal Pattern.

Although not specified in the regulations, it is recommended that, if juice is served, the following types of juice be selected:

- Fruit juice containing or fortified with Vitamin C (Vitamin C promotes the absorption of iron in food into the body), and

- Only pasteurized fruit juice. Some kinds of juice and cider have not been pasteurized and may contain harmful bacteria. Frozen concentrate, shelf-stable juice in hermetically-sealed containers, including infant juices, and canned juices are processed or pasteurized to eliminate harmful bacteria.

Vegetable juices and fruit juices with yogurt are not reimbursable in the Infant Meal Pattern because, by regulation, only full-strength fruit juice is reimbursable. Although these juice products are not reimbursable, they can be served as additional foods if a parent requests that they be

served.

Check with parents to be certain that an infant has tried, and had no reaction to, baby food products before serving them. This would include, but is not limited to the following:

- Baby food products containing multiple fruits or vegetables and other ingredients (such as milk, nonfat dry milk, whole milk solids, cheese, whey, wheat flour or other wheat products, tomato, corn); and

- A meat product and any other ingredient besides the meat (such as cornstarch which could be a problem if an infant is allergic to corn).

Request that parents furnish a statement signed by a licensed physician if their infant is allergic to, and should not be fed, certain foods or ingredients. The statement must be signed by a licensed physician if the allergy is severe and life-threatening. The statement should include the medical or other special dietary need, which restricts the infant's diet, the food or foods to be omitted from the infant's diet, and the food or foods to be substituted.

It is highly recommended that written instructions be obtained from parents, who, in consultation with their infant's doctor, request that certain optional or additional foods be fed or specifically not be fed to their infants.

## Civil Rights

All staff involved with providing meals to participant children or who interact with households about food that is provided to participant children, must receive Civil Rights Training on an annual basis. Per FNS Instruction 113-1 this training should include the following topics: collection and use of data, effective public notification systems, compliance procedures, resolutions of noncompliance, and requirements for reasonable accommodations of persons with disabilities, requirements for language assistance, conflict resolution, and customer service. Staff should be knowledgeable on how to take a civil rights complaint and have access to the civil rights complaint form.

**Meal Component Substitutions**

<u>Medical Statement for Participants with Special Dietary Needs</u>

A special dietary needs form must be completed with all required information and signed by a licensed physician before a special dietary need can be accommodated. If changes are needed, the parent/guardian is required to submit a new form signed by the child’s physician.

<u>Disability</u>

Under Section 504 of the *Rehabilitation Act of 1973,* and the *Americans with Disabilities Act* (ADA)

of 1990, a "*person with a disability*" means any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment.

Major life activities covered by this definition include caring for one's self, eating, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

USDA regulations **7 CFR Part 210 and Part 220** require substitutions or modifications in school breakfast and lunch meals for participants whose disabilities restrict their diets. A participant with a disability must be provided substitutions in foods when that need is supported by a statement signed by a licensed physician. The physician's statement must identify: the child's disability; an explanation of why the disability restricts the child's diet; the major life activity affected by the disability; the food or foods to be omitted from the child's diet, and the food or choice of foods that must be substituted.

Generally, children with food allergies or intolerances do not have a disability as defined under either Section 504 of the Rehabilitation Act or Part B of IDEA, and food service may, but is not required to, make food substitutions for them.

However, when in the licensed physician's assessment, food allergies may result in severe, life-threatening (anaphylactic) reactions, the child's condition would meet the definition of "disability," and the substitutions prescribed by the licensed physician must be made.

<u>Special Dietary Needs That Are Not a Disability</u>

Food service providers may make food substitutions, at their discretion, for individual children who do not have a disability, but who are medically certified as having a special medical or dietary need. Such determinations are only made on a case-by-case basis. This provision covers those children who have food intolerances or allergies but do not have life-threatening reactions (anaphylactic reactions) when exposed to the food(s) to which they have problems.

Each special dietary request must be supported by a statement, which explains the food substitution that is requested. It must be signed by a recognized medical authority. The medical statement must include: an identification of the medical or other special dietary condition which restricts the child's diet; the food or foods to be omitted from the child's diet; and the food or choice of foods to be substituted.

# Record Keeping Requirements

Infant Meal Records

Each infant's daily intake must be recorded and maintained on file. In addition to identifying the child, date and school name these records should identify the food item(s) provided and the amount provided. This record serves as a production record and point of service to document that meals were served per regulations and are eligible to be claimed for reimbursement.

Meal Count Records

The number of reimbursable meals served for the SBP and the NSLP should be maintained for each meal service and then consolidated into a monthly total per the SFA's meal counting and claiming procedures.

Edit Checks

The infants enrolled and the meals served to infants must be included in the edit checks that are conducted on meal counts for each meal service and monthly prior claim submission for the school site.

Eligibility

All infants claimed in the SBP and NSLP must be enrolled in a Federal Early Start program and therefore would be directly certified. The SFA must have a signed list (provided annually) from the Federal Head Start Coordinator that identifies the children who are in the Federal Early Start program. This signed list is required to be maintained to establish either the individual child's eligibility in the SBP and NSLP or the inclusion of these children in a school identified student percentage in a community eligibility provision school.

Infant Meals Parent Letter

A signed letter or form should be maintained on file from a parent/guardian of each enrolled child that clearly indicates their preference of whether their child should be provided the iron-fortified formula offered by the school, if they wish to provide their own iron-fortified formula or expressed breastmilk or if they intend to come to the school and breast feed their child during the day. Additionally, the letter or form should include whether or not the school will be providing solid food when it is determined that the infant is developmentally ready or if the parent will provide the solid foods they wish for their child to consume.

The information provided on this letter or form should be maintained as supporting documentation of the eligibility of the program meals served. When iron-fortified formula and expressed breast milk is provided by the parent/guardian, the meal pattern for these infants will not be able to be validated through invoices or other inventory records. These signed forms will demonstrate as to the reason why the quantity of iron-fortified formula purchased by the SFA does not cover the total

number of infant meals claimed.

Feeding Plan

When solid foods are introduced, there should be a feeding plan in place in which parent/guardians acknowledge what foods will be introduced and when. Schools may develop a feeding plan in which the parent/guardians are made aware of and then are able to work with school staff to modify, if desired. Or, the school may elect to develop individual feeding plans with each parent/guardian.

Food Safety

Standard Operating Procedures and the associated record keeping must be in place to speak the preparation, storage and service of infant meals in the school sites Food Safety Plan, as applicable.

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Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (in Spanish).

# INFANT FEEDING INFORMATION

Dear Parent:

This School participates in the USDA School Breakfast and National School Lunch Programs. These program provides reimbursement to the school for creditable components served to your baby while in our care. We want to work with you to provide the very best nutritional care for your baby. Under the SBP/NSLP regulations, the school may NOT charge you a separate fee for meals that are claimed for reimbursement.

We use the meal pattern (attached to this addendum), developed by the USDA, for centers participating in the SBP/NSLP. The type and amount of foods served vary according to the age of the infant. However, the actual foods we provide will be based on what you tell us about your baby's own food needs.

Talk with your health care provider and let us know whether you want to use breast milk or a formula while your child is in our care. We also need to know when you will introduce solid foods to your infant. You may choose for us to provide the formula, or you may provide the formula for your infant.

_____

**(Name of School)**

currently provides the following formula(s): _____

Breast milk and formula that you provide should be labeled with your child's name, the contents of the bottle (breast milk or brand of formula), and the date the formula was prepared or the date of collection for breast milk.

Please fill out the form below and return it to help us plan the meals for your infant. If this information changes, you will need to complete a new form.

Sincerely,

_____

**Sponsor Representative** **Phone Number** **Date**

MUST BE COMPLETED BY PARENT/GUARDIAN

**Infant Name** _____ **Infant Birthdate**____/_____/_____

Check all that apply:

_____**Parent** will breast-feed the infant at the day care center

_____**Parent** will provide expressed breast milk

_____**Parent** will provide iron fortified formula/breast milk and **Center** will provide additional baby food

_____**Parent** will provide iron fortified formula/breast milk and additional baby food.

_____**Center** will furnish all iron fortified infant formula

_____**Center** will furnish all iron fortified infant formula and additional baby food

_____ _____

**Parent/Guardian and/or Client Signature** **Date**

**Center Name:**_____ **Date:**_____

# INFANT MENU

***Circle, Highlight or List Food to specify component served. Incomplete Menus will be disallowed***

| | | ***0-3 months*** | ***4-7 months*** | ***8-11 months*** | |
|---|---|---|---|---|---|
| **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 | |
| | *Meat/ Meat Alt* | | 0-3 Tbsp. Iron Fortified Cereal | 2-4 Tbsp. Iron Fortified Cereal | |
| | *Fruit/ Veg* | | | 1-4 Tbsp. Vegetable/Fruit *: (List food served)* | ***Total #*** |
| | | *Number of Infants Served:* | *Number of Infants Served:* | *Number of Infants Served:* | |
| **Supper** | *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 | |
| | *Meat/ Meat Alt* | | 0-3 Tbsp. Iron Fortified Cereal | 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)* | ***Total #*** |
| | | *Number of Infants Served:* | *Number of Infants Served:* | *Number of Infants Served:* | |
| **Snack** | *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 | |
| | *Fruit* | | | | |
| | *Grain* | | | 0--1/2 slice of bread or 0-2 crackers | ***Total #*** |
| | | *Number of Infants Served:* | *Number of Infants Served:* | *Number of Infants Served:* | |

*2015*