



Infant Menu

Providers Name (please print)

Infant's Name (please print)

Age (in months)

Type of Iron Fortified Infant Formula Served or Breast Milk

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 5 months</u> 4 - 6 oz. Formula or breast milk	<u>6 through 11 months</u> 6 - 8 oz. formula or breast milk 0 - 4 Tbsp. infant cereal, meat or meat alternate (when ready) 0 - 2 Tbsp. fruit, vegetable or combination of both (when ready)	_____ ounces formula/breast milk	_____ ounces formula/breast milk	_____ ounces formula/breast milk	_____ ounces formula/breast milk	_____ ounces formula/breast milk	_____ ounces formula/breast milk
AM	<u>Birth through 5 months</u> 4 - 6 oz. Formula or breast milk	<u>6 through 11 months</u> 2-4 oz. formula or breast milk 0-1/2 slice bread, 0-2 crackers; or 0-4 Tbsp cereal 0-2 Tbsp vegetable or fruit (solids when ready)	_____ ounces formula/breast milk	_____ ounces formula/breast milk	_____ ounces formula/breast milk	_____ ounces formula/breast milk	_____ ounces formula/breast milk	_____ ounces formula/breast milk
Lunch	<u>Birth through 5 months</u> 4 - 6 oz. Formula or breast milk	<u>6 through 11 months</u> 6 - 8 oz. formula or breast milk 0 - 4 Tbsp. infant cereal, meat or meat alternate (when ready) 0 - 2 Tbsp. fruit, vegetable or combination of both (when ready)	_____ ounces formula/breast milk	_____ ounces formula/breast milk	_____ ounces formula/breast milk	_____ ounces formula/breast milk	_____ ounces formula/breast milk	_____ ounces formula/breast milk
PM	<u>Birth through 5 months</u> 4 - 6 oz. Formula or breast milk	<u>6 through 11 months</u> 2-4 oz. formula or breast milk 0-1/2 slice bread, 0-2 crackers; or 0-4 Tbsp cereal 0-2 Tbsp vegetable or fruit (solids when ready)	_____ ounces formula/breast milk	_____ ounces formula/breast milk	_____ ounces formula/breast milk	_____ ounces formula/breast milk	_____ ounces formula/breast milk	_____ ounces formula/breast milk
Dinner	<u>Birth through 5 months</u> 4 - 6 oz. Formula or breast milk	<u>6 through 11 months</u> 6 - 8 oz. formula or breast milk 0 - 4 Tbsp. infant cereal, meat or meat alternate (when ready) 0 - 2 Tbsp. fruit, vegetable or combination of both (when ready)	_____ ounces formula/breast milk	_____ ounces formula/breast milk	_____ ounces formula/breast milk	_____ ounces formula/breast milk	_____ ounces formula/breast milk	_____ ounces formula/breast milk
BT	<u>Birth through 5 months</u> 4 - 6 oz. Formula or breast milk	<u>6 through 11 months</u> 2-4 oz. formula or breast milk 0-1/2 slice bread, 0-2 crackers; or 0-4 Tbsp cereal 0-2 Tbsp vegetable or fruit (solids when ready)	_____ ounces formula/breast milk	_____ ounces formula/breast milk	_____ ounces formula/breast milk	_____ ounces formula/breast milk	_____ ounces formula/breast milk	_____ ounces formula/breast milk

Record meals on the day they are served
 Send original to CCL, retain copy for your records

This institution is an equal opportunity provider.