

Name	Date	Date	Date	Date	Date	TOTAL
Breakfast						
Juice, Fruit or Vegetable Grain or Protein Source (you may substitute your grain for a protein up to 3 times per week)						
Milk	Milk	Milk	Milk	Milk	Milk	
Morning Snack						
Serve <u>TWO</u> foods from two different food groups						
Lunch						
Meat or Alternative Vegetable						
Fruit/Vegetable						
Grain (If grain served is whole grain rich mark as WGR)						
Milk	Milk	Milk	Milk	Milk	Milk	
Afternoon Snack						
Serve <u>TWO</u> foods from two different food groups						
Dinner						
Meat or Alternative Vegetable						
Fruit/Vegetable						
Grain (If grain served is whole grain rich mark as WGR)						
Milk	Milk	Milk	Milk	Milk	Milk	
Evening Snack						
Serve <u>TWO</u> foods from two different food groups						

- A. \_\_\_\_\_ Age \_\_\_\_\_
- B. \_\_\_\_\_ Age \_\_\_\_\_
- C. \_\_\_\_\_ Age \_\_\_\_\_
- D. \_\_\_\_\_ Age \_\_\_\_\_
- E. \_\_\_\_\_ Age \_\_\_\_\_
- F. \_\_\_\_\_ Age \_\_\_\_\_
- G. \_\_\_\_\_ Age \_\_\_\_\_
- H. \_\_\_\_\_ Age \_\_\_\_\_
- I. \_\_\_\_\_ Age \_\_\_\_\_
- J. \_\_\_\_\_ Age \_\_\_\_\_
- K. \_\_\_\_\_ Age \_\_\_\_\_
- L. \_\_\_\_\_ Age \_\_\_\_\_
- M. \_\_\_\_\_ Age \_\_\_\_\_
- N. \_\_\_\_\_ Age \_\_\_\_\_
- O. \_\_\_\_\_ Age \_\_\_\_\_
- P. \_\_\_\_\_ Age \_\_\_\_\_
- Q. \_\_\_\_\_ Age \_\_\_\_\_
- R. \_\_\_\_\_ Age \_\_\_\_\_

INFANT MENU

PROVIDER'S NAME : \_\_\_\_\_

MENU PLAN—BIRTH THROUGH 11 MOS.

Birth through 5 months      6 months through 11 months      Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_ Total

MEAL	DESCRIPTION	6 months through 11 months	6 months through 11 months	6 months through 11 months	6 months through 11 months	Total
BREAKFAST	4-6 oz. breast milk or iron-fortified infant formula  6-8 oz. BM or IFIF, 0-4 tbsp IFIC, meal/meat alt, or combination of both, 0-2 tbsp veg or fruit, or combination of both					
MORNING	4-6 oz. breast milk or iron-fortified infant formula  2-4 oz. BM or IFIF, Grains: 0-1/2 slice bread, or 0-2 crackers, or 0-4 tbsp cereal, 0-2 tbsp veg or fruit, or combination of both					
LUNCH	4-6 oz. breast milk or iron-fortified infant formula  6-8 oz. BM or IFIF, 0-4 tbsp IFIC, meal/meat alt, or combination of both, 0-2 tbsp veg or fruit, or combination of both					
AFTERNOON	4-6 oz. breast milk or iron-fortified infant formula  2-4 oz. BM or IFIF, Grains: 0-1/2 slice bread, or 0-2 crackers, or 0-4 tbsp cereal, 0-2 tbsp veg or fruit, or combination of both					
SUPPER	4-6 oz. breast milk or iron-fortified infant formula  6-8 oz. BM or IFIF, 0-4 tbsp IFIC, meal/meat alt, or combination of both, 0-2 tbsp veg or fruit, or combination of both					
EVENING	4-6 oz. breast milk or iron-fortified infant formula  2-4 oz. BM or IFIF, Grains: 0-1/2 slice bread, or 0-2 crackers, or 0-4 tbsp cereal, 0-2 tbsp veg or fruit, or combination of both					

(IFIF) Iron Fortified Infant Formula  
(IFIC) Iron Fortified Infant Cereal  
(BM) Breast Milk - If mother feeds on site list (BOS) Breastfed on site

This Institution is an equal opportunity provider.

A. \_\_\_\_\_ Age \_\_\_\_\_ B. \_\_\_\_\_ Age \_\_\_\_\_ C. \_\_\_\_\_ Age \_\_\_\_\_ D. \_\_\_\_\_ Age \_\_\_\_\_