

Standard Infant Menu

First and Last Name of Child: _____

Child receives (check all that apply): Breast Milk Formula Provided by Parent Formula Provided by Center

Check the if the meal type will be served to this child during the different ages specified below. When solid foods are required, check the specific foods that will be offered to this child.

Birth – 3 Months	
<input type="checkbox"/> Breakfast	Iron-Fortified Infant Formula or Breast Milk (4-6 ounces)
<input type="checkbox"/> Lunch / <input type="checkbox"/> Supper	Iron-Fortified Infant Formula or Breast Milk (4-6 ounces)
<input type="checkbox"/> Snack	Iron-Fortified Infant Formula or Breast Milk (4-6 ounces)
4 – 7 Months	
<input type="checkbox"/> Breakfast (mark the items offered)	<input type="checkbox"/> Iron-Fortified Infant Formula or Breast Milk (4-8 ounces)
	Check the foods that will be offered for breakfast to this child when the infant is developmentally ready to consume solid foods: <input type="checkbox"/> Iron-Fortified Infant Cereal (0-3 Tablespoons)
<input type="checkbox"/> Lunch / <input type="checkbox"/> Supper (mark the items offered)	<input type="checkbox"/> Iron-Fortified Infant Formula or Breast Milk (4-8 ounces)
	Check the foods that will be offered for lunch to this child when the infant is developmentally ready to consume solid foods: <input type="checkbox"/> Iron-Fortified Infant Cereal (0-3 tablespoons) <input type="checkbox"/> Fruit/Vegetables (0-3 tablespoons) – see list below
<input type="checkbox"/> Snack	Iron-Fortified Infant Formula or Breast Milk (4-6 ounces)
8 – 11 Months	
<input type="checkbox"/> Breakfast (mark the items offered)	<input type="checkbox"/> Iron-Fortified Infant Formula or Breast Milk (6-8 ounces)
	<input type="checkbox"/> Iron-Fortified Infant Cereal (2-4 tablespoons)
	<input type="checkbox"/> Fruit/Vegetable (1-4 tablespoons) – see list below
<input type="checkbox"/> Lunch / <input type="checkbox"/> Supper (mark the items offered)	<input type="checkbox"/> Iron-Fortified Infant Formula or Breast Milk (6-8 ounces)
	<input type="checkbox"/> Iron-Fortified Infant Cereal (2-4 tablespoons) <input type="checkbox"/>
	<input type="checkbox"/> Meat, Fish, Poultry, Egg Yolk, or Cooked/Dry Beans or Peas (1-4 tablespoons)
	<input type="checkbox"/> Cheese (½ - 2 ounces)
	<input type="checkbox"/> Cottage Cheese (1-4 ounces, volume)
	<input type="checkbox"/> Cheese Food or Cheese Spread (1-4 ounces, weight)
<input type="checkbox"/> Fruit/Vegetable (1-4 tablespoons) – see list below	
<input type="checkbox"/> Snack (mark the items offered)	<input type="checkbox"/> Iron-Fortified Infant Formula, Breast Milk, or 100% Fruit Juice (2-4 ounces)
	<input type="checkbox"/> Bread or Crackers (0-½ slice or 0-2 crackers)

Check the specific types of fruits/vegetables that your center will serve to this infant:

- | | | |
|---------------------------------------|---|---|
| <input type="checkbox"/> Applesauce | <input type="checkbox"/> Mixed Vegetables | <input type="checkbox"/> Prunes |
| <input type="checkbox"/> Carrots | <input type="checkbox"/> Peaches | <input type="checkbox"/> Squash |
| <input type="checkbox"/> Bananas | <input type="checkbox"/> Pears | <input type="checkbox"/> Sweet Potatoes |
| <input type="checkbox"/> Green Beans | <input type="checkbox"/> Peas | |
| <input type="checkbox"/> Mixed Fruits | <input type="checkbox"/> Potatoes | |

Others (list): _____