INFANT MENU

Youth & Family Services

Date/Year_____   Provider's Name_____   Phone # _____

Infant's Name_____   Date of Birth_____

Infant served: Bottlefed Breastmilk_____   Formula (IFIF)_____   Brand of formula offered by provider_____

Formula provided by: Parent _____   Child Care Provider_____   Brand of formula provided by parent _____

By participating in the Child and Adult care Food Program, your child care provider is required to offer at least one type of iron- fortified infant formula for infants in his or her care. If you choose not to accept the infant formula offered by your provider and opt to supply your own formula, please sign below.

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Parent's Signature *(required if parent provides formula)*

AGE		MEAL	FOOD CHOICES
0-5 Months	☐	**BREAKFAST** 4-6 fl. oz. iron-fortified infant formula **or** breastmilk	(Circle foods served) **IFIC** Rice Oats Mixed Other:
	☐	**LUNCH/SUPPER** 4-6 fl. oz. iron-fortified infant formula **or** breastmilk	
	☐	**SNACK** 4-6 fl. oz. iron-fortified infant formula **or** breastmilk	**Meats** Beef Turkey Ham Chicken Other:
6-11 Months	☐	**BREAKFAST** 6-8 fl. oz. iron-fortified infant formula **or** breastmilk	
	☐	0-4 tbsp. iron-fortified infant cereal (IFIC), meat, fish, poultry, whole egg, cooked dry beans or peas; or 0-2 oz. cheese; or 0-4 oz. cottage cheese or yogurt; or a combination *	**Fruits** Applesauce Bananas Peaches Pears
	☐	0-2 tbsp. fruit **and/or** vegetable *	Plums Apricots Other:
	☐	**LUNCH/SUPPER** 6-8 fl. oz. iron-fortified infant formula **or** breastmilk	
	☐	0-4 tbsp. iron-fortified infant cereal (IFIC), meat, fish, poultry, whole egg, cooked dry beans or peas; or 0-2 oz. cheese; or 0-4 oz. cottage cheese or yogurt; or a combination *	**Vegetables** Carrots Squash Green Beans
	☐	0-2 tbsp. fruit **and/or** vegetable *	Beets Peas Sweet Potatoes
	☐	**SNACK** 2-4 fl. oz. iron-fortified infant formula **or** breastmilk	Potatoes Other:
	☐	0- 1/2 bread slice; or 0-2 crackers; or 0-4 tbsp. iron-fortified infant cereal (IFIC) or ready to eat cereal *	
	☐	0-2 tbsp. fruit **and/or** vegetable *	

*Required food components when infant is developmentally ready.
All serving sizes are minimum quantities of the food components that are required to be served