INFANT MENU

Date/Year Provider's Name		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		
type of iron-fortified	l infar	ild and Adult Care Food Program, your chart formula for infants in his or her care. If you supply your own formula, please sign bel	ou choose not to accept ow.		
AGE MEAL		MEAL		FOOD CHOICES	
0-5 Months	T	BREAKFAST		(Circle foods served)	
		4-6 fl. oz. iron-fortified infant formula or breastmilk		Rice IFIC	
		LUNCH/SUPPER		Oats Mixed	
		4-6 fl. oz. iron-fortified infant formula or breastmilk		Other:	
		SNACK		Meats Beef	
		4-6 fl. oz. iron-fortified infant formula or breastmilk		Turkey Ham	
6-11 Months	Tonths BREAKFAST			Chicken	
		6-8 fl. oz. iron-fortified infant formula or breastmilk		Other:	
		0-4 tbsp. iron-fortified infant cereal (IFIC), meat, fish, poultry,		Fruits Applesauce	
		whole egg, cooked dry beans or peas; or 0-2 oz. cheese; or 0-4 oz cottage cheese or yogurt; or a combination *		Bananas	
	□ 0-2 tbsp. fruit and/or vegetable *			Peaches Pears	
		LUNCH/SUPPER		Plums Apricots	
		6-8 fl. oz. iron-fortified infant formula or	iron-fortified infant formula or breastmilk		
		0-4 tbsp. iron-fortified infant cereal (IFIC) whole egg, cooked dry beans or peas; or 0 cottage cheese or yogurt; or a combination	-2 oz. cheese; or 0-4 oz.	<u>Vegetables</u> Carrots	
		0-2 tbsp. fruit and/or vegetable *		Squash Green Beans	
		SNACK		Beets Peas	
		2-4 fl. oz. iron-fortified infant formula or	breastmilk	Sweet Potatoes	
		0- 1/2 bread slice; or 0-2 crackers; or 0-4 t infant cereal (IFIC) or ready to eat cereal 3			
		0-2 tbsp. fruit and/or vegetable *			