

Child's Name	Age (mos)	Formula
1		
2		

Infant Menu Planning Sheet (up to 12 months old)

Month _____ Year _____

Provider's Name _____ Facility # _____

BREAKFAST	Date:	Day:	Date:	Day:	Date:	Day:	Date:	Day:
Iron Fortified Infant Formula / Breast Milk	IFI		IFI		IFI		IFI	
Iron Fortified Infant Cereal*	IFI		IFI		IFI		IFI	
Fruit or Vegetable								
A.M. SNACK								
Iron Fortified Infant Formula / Breast Milk	IFI		IFI		IFI		IFI	
or full strength juice (8-11months)**								
Crusty Bread or Crackers (optional)								
LUNCH								
Iron Fortified Infant Formula / Breast Milk	IFI		IFI		IFI		IFI	
Fruit or Vegetable								
Iron Fortified Infant Cereal* and/or meat, poultry, fish, egg yolk, cheese, cottage cheese, dried beans.	IFI		IFI		IFI		IFI	
P.M. SNACK								
Iron Fortified Infant Formula / Breast Milk	IFI		IFI		IFI		IFI	
or full strength juice (8-11months)**								
Crusty Bread or Crackers (optional)								
DINNER								
Iron Fortified Infant Formula / Breast Milk	IFI		IFI		IFI		IFI	
Fruit or Vegetable								
Iron Fortified Infant Cereal* and/or meat, poultry, fish, egg yolk, cheese, cottage cheese, dried beans.	IFI		IFI		IFI		IFI	

I certify that this is true and correct in all respects: I understand that this information is being given in connection with the receipt of federal funds and that deliberate misrepresentations or withholding of information may result in prosecution under applicable State and Federal Statutes.

Signature _____ Date _____ Staff Initials _____

Note: *Please specify the type of infant cereal.
 **Juice is an optional item and should not be offered to infants until they are ready to drink from a cup.



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