

Child's Name	Age (mos)	Formula
1		
2		

## Infant Menu Planning Sheet (up to 12 months old)

Month \_\_\_\_\_ Year \_\_\_\_\_

Provider's Name \_\_\_\_\_ Facility # \_\_\_\_\_

<b>BREAKFAST</b>	Date: _____ Day: _____	Date: _____ Day: _____	Date: _____ Day: _____	Date: _____ Day: _____	Date: _____ Day: _____
Iron Fortified Infant Formula / Breast Milk	IFI	IFI	IFI	IFI	IFI
Iron Fortified Infant Cereal*	IFI	IFI	IFI	IFI	IFI
Fruit or Vegetable					
<b>A.M. SNACK</b>					
Iron Fortified Infant Formula / Breast Milk	IFI	IFI	IFI	IFI	IFI
or full strength juice (8-11months)**					
Crusty Bread or Crackers (optional)					
<b>LUNCH</b>					
Iron Fortified Infant Formula / Breast Milk	IFI	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	IFI
<b>P.M. SNACK</b>					
Iron Fortified Infant Formula / Breast Milk	IFI	IFI	IFI	IFI	IFI
or full strength juice (8-11months)**					
Crusty Bread or Crackers (optional)					
<b>DINNER</b>					
Iron Fortified Infant Formula / Breast Milk	IFI	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	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 \_\_\_\_\_



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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.