

Child's Name	Eating Solids	Age (mos)	Formula
1	Y/N		
2	Y/N		

Infant Menu Planning Sheet

(up to 12 months old)

Month _____ Year _____

Provider's Name _____ Facility # _____

	Date:	Day:	Date:	Day:	Date:	Day:	Date:	Day:
BREAKFAST								
Iron Fortified Infant Formula / Breast Milk	IFI		IFI		IFI		IFI	
Iron Fortified Infant Cereal* and/or meat, fish, egg, beans, cheese, yogurt	IFI		IFI		IFI		IFI	
Fruit, Vegetable or combo of both								
A.M. SNACK								
Iron Fortified Infant Formula / Breast Milk	IFI		IFI		IFI		IFI	
Infant cereal, bread, crackers or ready-to-eat cereal								
Fruit, Vegetable or combo of both								
LUNCH								
Iron Fortified Infant Formula / Breast Milk	IFI		IFI		IFI		IFI	
Iron Fortified Infant Cereal* and/or meat, fish, egg, beans, cheese, yogurt	IFI		IFI		IFI		IFI	
Fruit, Vegetable or combo of both								
P.M. SNACK								
Iron Fortified Infant Formula / Breast Milk	IFI		IFI		IFI		IFI	
Infant cereal, bread, crackers or ready-to-eat cereal								
Fruit, Vegetable or combo of both								
DINNER								
Iron Fortified Infant Formula / Breast Milk	IFI		IFI		IFI		IFI	
Iron Fortified Infant Cereal* and/or meat, fish, egg, beans, cheese, yogurt	IFI		IFI		IFI		IFI	
Fruit, Vegetable or combo of both								

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. See meal pattern for requirements per age group.