

INFANT MENU PLANNING GUIDE

Menus for the week of: \_\_\_\_\_

Name of Formula served: \_\_\_\_\_ Prepared by: \_\_\_\_\_

Meal Service	Monday			Tuesday			Wednesday			Thursday			Friday		
	0-3	4-7	8-11	0-3	4-7	8-11	0-3	4-7	8-11	0-3	4-7	8-11	0-3	4-7	8-11
<b>Breakfast</b>															
Iron-fortified formula or breast milk															
Infant Cereal															
Fruit or vegetable or both															
<b>Lunch/Supper</b>															
Iron-fortified formula or breast milk															
Infant Cereal															
and/or* Meat/meat alternate															
Fruit or vegetable or both															
<b>Snack</b>															
Iron-fortified formula or breast milk															
OR Full-strength fruit juice															
Bread or Crackers**															

Notes:

1. This infant menu form does not take the place of INDIVIDUAL INFANT FEEDING RECORDS.
2. \*Infant cereal is required for ages 4-7 months; infants ages 8-11 months can be served infant cereal and/or meat-meat alternate.
3. Infant formula and dry infant cereal must be iron-fortified.
4. \*\*A serving of this component must be made from whole-grain or enriched meal or flour.
5. \*\*A serving of this component is required only when the infant is developmentally ready to accept it.