

INFANT MENU AND PRODUCTION FORM

Provider Name: _____

Week Of: _____

Enrolled Infants:	Name: _____	Age: _____	Name: _____	Age: _____
	Name: _____	Age: _____	Name: _____	Age: _____
	Name: _____	Age: _____	Name: _____	Age: _____
	Name: _____	Age: _____	Name: _____	Age: _____

Quantities listed are per child. I certify that the quantities listed x the number of children listed was prepared and offered.

	#Children fed each meal, daily, by age group							Total By Meals
	M	T	W	Th	F	Sat	Sun	
(I) BREAKFASTS:								
(a) 0 through 3 months: 4-6 Fluid oz. Breast Milk or 4-6 Fluid oz. Iron Fortified Infant Formula*.								
(b) 4 through 7 months: (1) 4-8 Fluid oz. Breast Milk or 4-8 Fluid oz. Iron-Fortified Infant Formula and (2) 0-3 Tbsp. Infant Cereal of appropriate consistency.								
(c) 8 through 11 months: (1) 6-8 Fluid oz. Breast Milk or 6-8 Fluid oz. Iron-Fortified Infant Formula and (2) 2-4 Tbsp. Infant Cereal of appropriate consistency and (3) 1-4 Tbsp. Fruit and/or Vegetable.								
(II) LUNCHES OR SUPPERS:								
(a) 0 through 3 months: 4-6 Fluid oz. Breast Milk or 4-6 Fluid oz. Iron-Fortified Infant Formula*.	L							
	S							
(b) 4 through 7 months: (1) 4-8 Fluid oz. Breast Milk or 4-8 Fluid oz. Iron-Fortified Infant Formula (2) 0-3 Tbsp. Infant Cereal of appropriate consistency and (3) 0-3 Tbsp. Fruit and/or Vegetable or appropriate consistency or a combination of both.	L							
	S							
(c) 8 through 11 months: (1) 6-8 Fluid oz. Breast Milk or 6-8 Fluid oz. Iron-Fortified Infant Formula (2) 1-4 Tbsp Fruit and/or Vegetable of appropriate consistency or a combination of such foods (3) 2-4 Tablespoons Infant Cereal and/or (4) 1-4 Tbsp. Meat, Fish, Poultry or Egg Yolk, or 1/2 to 2 oz. Cheese, or 1-4 oz. Cottage Cheese or Cheese Food or Cheese Spread of appropriate consistency, or cooked Dry Bean or Peas.	L							
	S							
(III) SUPPLEMENTS:								
(a) 0 through 3 months: 4-6 Fluid oz. Breast Milk or 4-6 Fluid oz. Iron-Fortified Infant Formula*.	AM							
	PM							
	EVE							
(b) 4 through 7 months: 4-6 Fluid oz. Breast Milk or 4-6 Fluid oz. Iron-Fortified Infant Formula*.	AM							
	PM							
	EVE							
(c) 8 through 11 months: 1 2-4 Fluid oz. Breast Milk (1) 2-4 Fluid oz. Breast Milk or 2-4 Fluid oz. Iron-Fortified Infant Formula or full strength Fruit juice and (2) 0-1/2 slice Crusty Bread or 0-2 Cracker type products made from whole grain or enriched meal or flour suitable for infants as a finger food when appropriate.	AM							
	PM							
	EVE							

(Provider or Center Staff Signature)

(Date)