

Infant Menu Plan – 8-12 months

Month and Year: _____ Provider's Name: _____

Infant's Name: _____ Age: _____ Date of Birth: _____ Infant's Name: _____ Age: _____ Date of Birth: _____

Name of formula used: _____ Contains iron? Y or N Name of formula used: _____ Contains iron? Y or N

Dr.'s statement? Y / N Parent provides formula? Y / N (If Yes, send in PPF form) Dr.'s statement? Y / N Parent provides formula? Y / N (If Yes, send in PPF form)

I certify that this information 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 a deliberate misrepresentation or withholding of information may result in prosecution under applicable state and federal statutes.

(Signature) USDA and the NSD are equal opportunity providers and employers.

	Food Components	Day: Date:	Day: Date:	Day: Date:	Day: Date:	Day: Date:
Breakfast	Breast milk or iron-fortified, fluid infant formula					
	Infant cereal – must be iron-fortified dry cereal					
	Fruit and/or vegetable (does not include juice)					
AM Snack	Breast milk or iron-fortified, fluid infant formula OR full-strength juice					
	Bread – enriched or whole grain OR cracker type products, enriched or whole grain (optional)					
Lunch	Breast milk or iron-fortified, fluid infant formula					
	Infant cereal – must be iron-fortified dry cereal AND/OR meat, fish, poultry, egg yolk, cooked dry beans OR cheese OR cottage cheese OR cheese food OR cheese spread					
	Fruit and/or vegetable (does not include juice)					
PM Snack	Breast milk or iron-fortified, fluid infant formula OR full-strength juice					
	Bread – enriched or whole grain OR cracker type products, enriched or whole grain (optional)					
Dinner	Breast milk or iron-fortified, fluid infant formula					
	Infant cereal – must be iron-fortified dry cereal AND/OR meat, fish, poultry, egg yolk, cooked dry beans OR cheese OR cottage cheese OR cheese food OR cheese spread					
	Fruit and/or vegetable (does not include juice)					
Evening Snack	Breast milk or iron-fortified, fluid infant formula OR full-strength juice					
	Bread – enriched or whole grain OR cracker type products, enriched or whole grain (optional)					

***Do not put cereal or any other solid food or juice in a bottle or infant feeder. Do not prop bottle.**