

## 4-7 Months

**Center:** \_\_\_\_\_

**Week of** \_\_\_\_\_, \_\_\_\_\_

Monday	Tuesday	Wednesday	Thursday	Friday
<b>Breakfast:</b> F / EB / BF / PS ___ oz at ___(time) *Infant Cereal ___	<b>Breakfast:</b> F / EB / BF / PS ___ oz at ___(time) *Infant Cereal ___	<b>Breakfast:</b> F / EB / BF / PS ___ oz at ___(time) *Infant Cereal ___	<b>Breakfast:</b> F / EB / BF / PS ___ oz at ___(time) *Infant Cereal ___	<b>Breakfast:</b> F / EB / BF / PS ___ oz at ___(time) *Infant Cereal ___
<b>Lunch:</b> F / EB / BF / PS ___ oz at ___(time) *Infant Cereal ___ *Pureed Fruit or Vegetable(indicate what was given _____)	<b>Lunch:</b> F / EB / BF / PS ___ oz at ___(time) *Infant Cereal ___ *Pureed Fruit or Vegetable(indicate what was given _____)	<b>Lunch:</b> F / EB / BF / PS ___ oz at ___(time) *Infant Cereal ___ *Pureed Fruit or Vegetable(indicate what was given _____)	<b>Lunch:</b> F / EB / BF / PS ___ oz at ___(time) *Infant Cereal ___ *Pureed Fruit or Vegetable(indicate what was given _____)	<b>Lunch:</b> F / EB / BF / PS ___ oz at ___(time) *Infant Cereal ___ *Pureed Fruit or Vegetable(indicate what was given _____)
<b>Snack:</b> F / EB / BF / PS ___ oz at ___(time)	<b>Snack:</b> F / EB / BF / PS ___ oz at ___(time)	<b>Snack:</b> F / EB / BF / PS ___ oz at ___(time)	<b>Snack:</b> F / EB / BF / PS ___ oz at ___(time)	<b>Snack:</b> F / EB / BF / PS ___ oz at ___(time)
<b>Additional</b> F / EB / BF / PS ___ oz at ___(time)	<b>Additional</b> F / EB / BF / PS ___ oz at ___(time)	<b>Additional</b> F / EB / BF / PS ___ oz at ___(time)	<b>Additional</b> F / EB / BF / PS ___ oz at ___(time)	<b>Additional</b> F / EB / BF / PS ___ oz at ___(time)
<b>Comments:</b>	<b>Comments:</b>	<b>Comments:</b>	<b>Comments:</b>	<b>Comments:</b>

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Formula \_\_\_\_\_

Items with a \* are optional foods and should only be given to infants who are developmentally ready after discussion with their parents. When introducing foods for the first time, wait 5 days before introducing another new food.

**Offered Amounts:**

- 4-8 oz. Breast Milk or Formula
- \* 0-3 Tbsp. Infant Cereal
- \* 0-3 Tbsp. Fruit or Vegetable

**Menu Code:**

- F = Formula
- EB = Expressed Breast Milk
- BF = Breast Fed

PS = Parent Supplied (Must be indicated each time a Parent Supplied formula or food item is fed to the child)

## 4-7 Months

**Center:** \_\_\_\_\_

**Week of** \_\_\_\_\_, \_\_\_\_\_

Monday	Tuesday	Wednesday	Thursday	Friday
<b>Breakfast:</b> F / EB / BF / PS ___ oz at ___(time) *Infant Cereal ___	<b>Breakfast:</b> F / EB / BF / PS ___ oz at ___(time) *Infant Cereal ___	<b>Breakfast:</b> F / EB / BF / PS ___ oz at ___(time) *Infant Cereal ___	<b>Breakfast:</b> F / EB / BF / PS ___ oz at ___(time) *Infant Cereal ___	<b>Breakfast:</b> F / EB / BF / PS ___ oz at ___(time) *Infant Cereal ___
<b>Lunch:</b> F / EB / BF / PS ___ oz at ___(time) *Infant Cereal ___ *Pureed Fruit or Vegetable(indicate what was given _____)	<b>Lunch:</b> F / EB / BF / PS ___ oz at ___(time) *Infant Cereal ___ *Pureed Fruit or Vegetable(indicate what was given _____)	<b>Lunch:</b> F / EB / BF / PS ___ oz at ___(time) *Infant Cereal ___ *Pureed Fruit or Vegetable(indicate what was given _____)	<b>Lunch:</b> F / EB / BF / PS ___ oz at ___(time) *Infant Cereal ___ *Pureed Fruit or Vegetable(indicate what was given _____)	<b>Lunch:</b> F / EB / BF / PS ___ oz at ___(time) *Infant Cereal ___ *Pureed Fruit or Vegetable(indicate what was given _____)
<b>Snack:</b> F / EB / BF / PS ___ oz at ___(time)	<b>Snack:</b> F / EB / BF / PS ___ oz at ___(time)	<b>Snack:</b> F / EB / BF / PS ___ oz at ___(time)	<b>Snack:</b> F / EB / BF / PS ___ oz at ___(time)	<b>Snack:</b> F / EB / BF / PS ___ oz at ___(time)
<b>Additional</b> F / EB / BF / PS ___ oz at ___(time)	<b>Additional</b> F / EB / BF / PS ___ oz at ___(time)	<b>Additional</b> F / EB / BF / PS ___ oz at ___(time)	<b>Additional</b> F / EB / BF / PS ___ oz at ___(time)	<b>Additional</b> F / EB / BF / PS ___ oz at ___(time)
<b>Comments:</b>	<b>Comments:</b>	<b>Comments:</b>	<b>Comments:</b>	<b>Comments:</b>

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Formula \_\_\_\_\_

Items with a \* are optional foods and should only be given to infants who are developmentally ready after discussion with their parents. When introducing foods for the first time, wait 5 days before introducing another new food.

**Offered Amounts:**

- 4-8 oz. Breast Milk or Formula
- \* 0-3 Tbsp. Infant Cereal
- \* 0-3 Tbsp. Fruit or Vegetable

**Menu Code:**

- F = Formula
- EB = Expressed Breast Milk
- BF = Breast Fed

PS = Parent Supplied (Must be indicated each time a Parent Supplied formula or food item is fed to the child)