

# INFANT MENU PLANNING SHEETS

Center \_\_\_\_\_  
Cook \_\_\_\_\_

## Directions:

During the menu planning process, record the following REQUIRED information:

- (1) Date meal is to be served
- (2) Number planned for
- (3) Required components

On the day the meal is served, record the following REQUIRED information:

- (1) Total amount of food prepared
- (2) Total number served

Age of Baby	Breakfast	Lunch/Dinner	Snack
BIRTH THROUGH 3 MONTHS	4-6 Fl. Oz. Breast Milk* or Formula***	4-6 Fl. Oz. Breast Milk* or Formula***	4-6 Fl. Oz. Breast Milk* or Formula***
4 MONTHS THROUGH 7 MONTHS	4-8 Fl. Oz. Breast Milk* or Formula*** 0-3 Tbsp. Infant Cereal** ***	4-8 Fl. Oz. Breast Milk* or Formula*** 0-3 Tbsp. Infant Cereal** ***	4-6 Fl. Oz. Breast Milk* or Formula*** 0-3 Tbsp. Fruit/Vegetable**
8 MONTH THROUGH 12 MONTHS	6-8 Fl. Oz. Breast Milk* or Formula*** 2-4 Tbsp. Infant Cereal*** 1-4 Tbsp. Fruit/Vegetable	6-8 Fl. Oz. Breast Milk*, or Formula *** 2-4 Tbsp. Infant Cereal*** <b>OR</b> 1-4 Tbsp. Meat, Fish, Egg, Poultry, Cheese <b>AND</b> 1-4 Tbsp. Fruit/Vegetable	2-4 Fl. Oz. Breast Milk*, or Formula*** <b>OR</b> 100% Fruit Juice 0-1/2 Slice Bread** <b>OR</b> 0-2 Crackers**

**\*Meals containing only breast milk are not reimbursable**

**\*\*These items are OPTIONAL**

**\*\*\*Iron-Fortified**

LUNCH/SUPPER	PLANNING SECTION			NUMBER PLANNED FOR	
Date Served _____				TOTAL NUMBER SERVED 0-3 months _____ 4-7 months _____ 8-11 months _____	
REQUIRED COMPONENTS	FOOD ITEMS		Total Number of Portions Needed ●	Minimum Amount Of Food Needed Δ	Amount of Food Prepared
	Age/Months	Factor			
BREAST MILK* OR FORMULA	0-3 _____	X 4-6 OZ = _____	_____ OZ		
	4-7 _____	X 4-8 OZ = _____			
	8-11 _____	X 6-8 OZ = _____			
FRUIT OR VEGETABLE OR JUICE	0-3 <u>NONE</u>		_____ TBS		
	4-7 <u>OPTIONAL</u>				
	8-11 _____	X 1-4 TBS = _____			
BREAD OR CEREAL	0-3 <u>NONE</u>		_____ TBS		
	4-7 <u>OPTIONAL</u>				
	8-11 _____	X 2-4 TBS = _____			
MEAT OR MEAT ALTERNATE	0-3 <u>NONE</u>		_____ TBS		
	4-7 <u>NONE</u>				
	8-11 _____	X 1-4 TBS = _____			
OTHER					

BREAKFAST	PLANNING SECTION			TOTAL NUMBER SERVED	
				0-3 Months _____ 4-7 Months _____ 8-11 Months _____	
REQUIRED COMPONENTS	FOOD ITEMS		Total Number of Portions Needed ●	Minimum Amount Of Food Needed Δ	Amount Of Food Prepared
	Age/Months	Factor			
BREAST MILK* OR FORMULA	0-3 _____ X 4-6 OZ = _____		_____ OZ		
	4-7 _____ X 4-8 OZ = _____				
	8-11 _____ X 6-8 OZ = _____				
BREAD OR CEREAL  (4-7 MONTHS - OPTIONAL)	0-3 <u>NONE</u>		_____ TBS		
	4-7 <u>OPTIONAL</u>				
	8-11 _____ X 2-4 TBS = _____				
FRUIT OR VEGETABLE	0-3 <u>NONE</u>		_____ TBS		
	4-7 <u>NONE</u>				
	8-11 _____ X 1-4 TBS = _____				
OTHER					

SNACK	PLANNING SECTION			TOTAL NUMBER SERVED	
				0-3 Months _____ 4-7 Months _____ 8-11 Month _____	
REQUIRED COMPONENTS	FOOD ITEMS		Total Number of Portions Needed ●	Minimum Amount Of Food Needed Δ	Amount Of Food Prepared
	Age/Months	Factor			
BREAST MILK* OR FORMULA (8-11 MONTHS - OPTIONAL, IF SERVING FRUIT JUICE)	0-3 _____ X 4-6 OZ = _____		_____ OZ		
	4-7 _____ X 4-6 OZ = _____				
	8-11 _____ X 2-4 OZ = _____				
FRUIT JUICE (8-11 MONTHS - OPTIONAL IF SERVING FORMULA)	0-3 <u>NONE</u>		_____ OZ		
	4-7 <u>NONE</u>				
	8-11 _____ X 2-4 OZ = _____				
BREAD OR CEREAL	0-3 <u>NONE</u>		_____ OZ		
	4-7 <u>NONE</u>				
	8-11 <u>OPTIONAL</u>				
OTHER					