

Name	DOB	Day:	Day:	Day:	Day:
Name	DOB	Date:	Date:	Date:	Date:
BREAKFAST		Time:	Time:	Time:	Time:
Breast Milk or Iron Fortified Infant Formula 6-8 oz.					
Vegetable or Fruit 0-2 Tbsp.					
Iron Fortified Infant Cereal or Meat/Meat-Alt 0-4 Tbsp					
AM SNACK		Time:	Time:	Time:	Time:
Breast Milk or Iron Fortified Infant Formula 2-4 oz.					
Vegetable or Fruit 0-2 Tbsp.					
Bread / Grain					
LUNCH		Time:	Time:	Time:	Time:
Breast Milk or Iron Fortified Infant Formula 6-8 oz.					
Vegetable or Fruit 0-2 Tbsp.					
Iron Fortified Infant Cereal /Meat /Meat-Alt. 0-4 Tbsp.					
PM SNACK		Time:	Time:	Time:	Time:
Breast Milk or Iron Fortified Infant Formula 2-4 oz.					
Vegetable or Fruit 0-2 Tbsp.					
Bread / Grain					
SUPPER		Time:	Time:	Time:	Time:
Breast Milk or Iron Fortified Infant Formula 6-8 oz.					
Vegetable or Fruit 0-2 Tbsp.					
Iron Fortified Infant Cereal /Meat /Meat-Alt. 0-4 Tbsp.					
EVENING SNACK		Time:	Time:	Time:	Time:
Breast Milk or Iron Fortified Infant Formula 2-4 oz.					
Vegetable or Fruit 0-2 Tbsp.					
Bread / Grain					
Day Care Home Infant Menu 6 Months To 1st Birthday.					