

The infant formula offered at this center/home is _____

	Date	Date	Date	Date	Date
Name: _____ DOB: _____					
Name: _____ DOB: _____					
BREAKFAST					
6-8 Fluid oz. ⁽¹⁾ Breast Milk or Iron-Fortified Infant Formula	<input type="checkbox"/> Formula <input type="checkbox"/> Breast Milk	<input type="checkbox"/> Formula <input type="checkbox"/> Breast Milk	<input type="checkbox"/> Formula <input type="checkbox"/> Breast Milk	<input type="checkbox"/> Formula <input type="checkbox"/> Breast Milk	<input type="checkbox"/> Formula <input type="checkbox"/> Breast Milk
2-4 Tbsp. Iron-Fortified Infant Cereal					
1-4 Tbsp. Fruit and/or Vegetable of appropriate consistency					
AM SNACK					
2-4 Fluid oz. ^(1,3) Breast Milk or Iron-Fortified Infant Formula	<input type="checkbox"/> Formula <input type="checkbox"/> Breast Milk	<input type="checkbox"/> Formula <input type="checkbox"/> Breast Milk	<input type="checkbox"/> Formula <input type="checkbox"/> Breast Milk	<input type="checkbox"/> Formula <input type="checkbox"/> Breast Milk	<input type="checkbox"/> Formula <input type="checkbox"/> Breast Milk
0-2 Crackers ⁽²⁾ <i>or</i> 0-1/2 Slice ⁽²⁾ Whole Grain or Enriched Bread or Cracker-type Product					
LUNCH					
6-8 Fluid oz. ⁽¹⁾ Breast Milk or Iron-Fortified Infant Formula	<input type="checkbox"/> Formula <input type="checkbox"/> Breast Milk	<input type="checkbox"/> Formula <input type="checkbox"/> Breast Milk	<input type="checkbox"/> Formula <input type="checkbox"/> Breast Milk	<input type="checkbox"/> Formula <input type="checkbox"/> Breast Milk	<input type="checkbox"/> Formula <input type="checkbox"/> Breast Milk
2-4 Tbsp. Iron-Fortified Infant Cereal <i>or</i> 1-4 Tbsp. Meat, Fish, Poultry, Egg Yolk <i>or</i> 1-4 Tbsp. Cooked Dry Beans, Peas, Lentils <i>or</i> 1/2-2 oz. Cheese <i>or</i> 2-8 Tbsp. Cottage Cheese					
1-4 Tbsp. Fruit and/or Vegetable of appropriate consistency					
PM SNACK					
2-4 Fluid oz. ^(1,3) Breast Milk or Iron-Fortified Infant Formula	<input type="checkbox"/> Formula <input type="checkbox"/> Breast Milk	<input type="checkbox"/> Formula <input type="checkbox"/> Breast Milk	<input type="checkbox"/> Formula <input type="checkbox"/> Breast Milk	<input type="checkbox"/> Formula <input type="checkbox"/> Breast Milk	<input type="checkbox"/> Formula <input type="checkbox"/> Breast Milk
0-2 Crackers ⁽²⁾ <i>or</i> 0-1/2 Slice ⁽²⁾ Whole Grain or Enriched Bread or Cracker-type Product					
SUPPER					
6-8 Fluid oz. ⁽¹⁾ Breast Milk or Iron-Fortified Infant Formula	<input type="checkbox"/> Formula <input type="checkbox"/> Breast Milk	<input type="checkbox"/> Formula <input type="checkbox"/> Breast Milk	<input type="checkbox"/> Formula <input type="checkbox"/> Breast Milk	<input type="checkbox"/> Formula <input type="checkbox"/> Breast Milk	<input type="checkbox"/> Formula <input type="checkbox"/> Breast Milk
2-4 Tbsp. Iron-Fortified Infant Cereal <i>or</i> 1-4 Tbsp. Meat, Fish, Poultry, Egg Yolk <i>or</i> 1-4 Tbsp. Cooked Dry Beans, Peas, Lentils <i>or</i> 1/2-2 oz. Cheese <i>or</i> 2-8 Tbsp. Cottage Cheese					
1-4 Tbsp. Fruit and/or Vegetable of appropriate consistency					

⁽¹⁾For some breastfed infants who regularly consume less than the minimum amount of breast milk per feeding, a serving of less than the minimum amount of breast milk may be offered, with additional breast milk offered if the infant is still hungry.

⁽²⁾A serving of this component is optional for this age group. For infants receiving solid foods, the provider must supply at least one component of the meal to request reimbursement, either formula or a food item.

⁽³⁾Full-strength, 100% fruit juice may be substituted for breast milk or infant formula at snack for 8 through 11 months only.

USDA is an equal opportunity provider and employer.