DAILY INFANT MENU RECORD FOR 6 – 11 MONTH OLD INFANTS

1. Record the name & birthdate of each infant. Date       (month/day/year)
2. Check if the infant is receiving *Breast milk (B) or Formula (F).*Specify the name of the formula, if applicable.
3. Designate food and/or formula supplied by parent/guardian for each meal/snack as parent supplied, ***PS***. Example: “*PS, peaches; F*  *PS”.*

***Note: parent/guardian may only supply one component of each meal/snack, when the infant is developmentally ready for solid foods.***

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| NAME OF INFANT Birthdate  Name of Formula | BREAKFAST(Record Actual Food Offered) | | | | | | | LUNCH OR SUPPER(Record Actual Food Offered) | | | | | | | | | AM or PM SNACK (Record Actual Food Offered) | | | | | | | |
| Breast Milk  (B)  Formula  (F)  6-8 oz. | Choose one or both | | Veg. and/or Fruit  0-2  Tbsp. | | Complete Breakfast Served | | Breast Milk  (B)  Formula  (F)  6-8 oz. | | Choose one or both | | | | Veg. and/or Fruit  0-2 Tbsp. | Complete Lunch or Supper Served | | Breast Milk  (B)  Formula  (F)  2-4 oz. | | Bread  0-1/2 slice or 0-2  Cracker or 0-4 Tbsp. cereal | | Veg. and/or Fruit  0-2 Tbsp. | | Complete Snack Served | |
| Infant  Cereal  0-4 Tbsp. | Meat or Meat Alt.  0-4 Tbsp. | Infant  Cereal  0-4 Tbsp. | | Meat or Meat Alt.  0-4 Tbsp. | |
| Name:  Birthdate:  Formula: | B  F |  |  |  | |  | | B  F | |  | |  | |  |  | | AM B  F | |  | |  | | AM | |
| PM B F | |  | |  | | PM | |
| Name:  Birthdate:  Formula: | B  F |  |  |  | |  | | B  F | |  | |  | |  |  | | AM B  F | |  | |  | | AM | |
| PM B F | |  | |  | | PM | |
| Name:  Birthdate:  Formula: | B  F |  |  |  | |  | | B  F | |  | |  | |  |  | | **AM**  B  F | |  | |  | | AM | |
| **PM**  B  F | |  | |  | | PM | |
| Name:  Birthdate:  Formula: | B  F |  |  | |  | |  | | B  F | |  | |  |  | |  | | **AM**  B  F | |  | |  | | AM |
| **PM**  B  F | |  | |  | | PM |
| Name:  Birthdate:  Formula: | B  F |  |  |  | |  | | B  F | |  | |  | |  |  | | **AM** B  F | |  | |  | | AM | |
| **PM**  B  F | |  | |  | | PM | |
| Reimbursable Meals | # Breakfast | | | | | | | # Lunch or Supper | | | | | | | | | **# Snacks: AM**       **PM** | | | | | | | |