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* *[x]  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 INFANTBirthdateName 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 Fruit0-2 Tbsp. | Complete Breakfast Served | Breast Milk(B)Formula(F)6-8 oz. | Choose one or both | Veg. and/or Fruit0-2 Tbsp. | Complete Lunch or Supper Served | Breast Milk(B)Formula(F)2-4 oz. | Bread0-1/2 slice or 0-2Cracker or 0-4 Tbsp. cereal | Veg. and/or Fruit 0-2 Tbsp. | Complete Snack Served |
| InfantCereal0-4 Tbsp. | Meat or Meat Alt.0-4 Tbsp. | InfantCereal0-4 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**       |