

Daily Infant Menu Record for 6 - 11 Month Old Infants

Date: _____
(month/day/year)

Meal 1:

Meal 2:

Snack:

Infant Information	Breast Milk or Formula 6-8 fl oz	Infant Cereal or M/MA* 0-4 Tbsp	Veg. or Fruit 0-2 Tbsp	Complete Meal?	Breast Milk or Formula 6-8 fl oz	Infant Cereal or M/MA* 0-4 Tbsp	Veg. or Fruit 0-2 Tbsp	Complete Meal?	Breast Milk or Formula 2-4 fl oz	Bread, Crackers, Cereal** 0-½ oz eq	Veg. or Fruit 0-2 Tbsp	Complete Snack?
Name:	B <input type="checkbox"/>			<input type="checkbox"/>	B <input type="checkbox"/>			<input type="checkbox"/>	B <input type="checkbox"/>			<input type="checkbox"/>
Birthdate:												
Formula:	F <input type="checkbox"/>				F <input type="checkbox"/>				F <input type="checkbox"/>			
Name:	B <input type="checkbox"/>			<input type="checkbox"/>	B <input type="checkbox"/>			<input type="checkbox"/>	B <input type="checkbox"/>			<input type="checkbox"/>
Birthdate:												
Formula:	F <input type="checkbox"/>				F <input type="checkbox"/>				F <input type="checkbox"/>			
Name:	B <input type="checkbox"/>			<input type="checkbox"/>	B <input type="checkbox"/>			<input type="checkbox"/>	B <input type="checkbox"/>			<input type="checkbox"/>
Birthdate:												
Formula:	F <input type="checkbox"/>				F <input type="checkbox"/>				F <input type="checkbox"/>			
Name:	B <input type="checkbox"/>			<input type="checkbox"/>	B <input type="checkbox"/>			<input type="checkbox"/>	B <input type="checkbox"/>			<input type="checkbox"/>
Birthdate:												
Formula:	F <input type="checkbox"/>				F <input type="checkbox"/>				F <input type="checkbox"/>			

Parent Supplied items must be labeled with **PS**.

*M/MA = Meat/Meat Alternate. At meals, an infant may be served iron-fortified infant cereal, M/MA, or a mix of both.

**Bread, Crackers, and Cereals (including ready-to-eat breakfast cereal) can only be served at snack. To determine a ½ oz eq serving, check out the [Infants Grains Measuring Chart](#).

Complete (Reimbursable) Meals and Snacks:

#Breakfast: ____ **#Lunch:** ____ **#Supper:** ____ **#AM Snack:** ____ **#PM Snack:** ____

This institution is an equal opportunity provider.