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|  | **Tennessee Department of Human Services**  **Infant Meal Menu/Meal Count Record for 6 through 11 Months** |

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| Name: | |  | | |  | Week of: |  | |  |
| Age: | Months | | Birthdate: |  |  | Type of Formula Served or Breastfed: | |  |  |

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| *Select either Breast Milk or Formula. To plan your menu, indicate what the child will be served for each day of the week.* | | | | | | | | |
| **Meal Component** | **Min. Serving Size** | **Day of Week** | | | | | | |
| **6 through 11 mo.** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| ***Breakfast*** | | | | | | | | |
| Breast Milk or  Formula\* | 6-8 fl. oz.† |  |  |  |  |  |  |  |
| Infant Cereal\* or | * 0-4 tbsp. |  |  |  |  |  |  |  |
| Meat/Alternate§ |  |
| * Meat, Poultry, Fish, Whole Eggs, Cooked Dry Beans or Peas; or | * 0-4 tbsp. |
| * Cheese; or | * 0-2 oz. |
| * Cottage Cheese; or | * 0-4 oz. |
| * Yogurt | * 0-4 oz. |
| Fruit/Vegetable\*\* | 0-2 tbsp. |  |  |  |  |  |  |  |

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| Name: | |  | | |  | Week of: |  | |  |
| Age: | Months | | Birthdate: |  |  | Type of Formula Served or Breastfed: | |  |  |

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| *Select either Breast Milk or Formula. To plan your menu, indicate what the child will be served for each day of the week.* | | | | | | | | | | | | | | | |
| **Meal Component** | **Min. Serving Size** | | **Day of Week** | | | | | | | | | | | | |
| **6 through 11 mo.** | | **Monday** | | **Tuesday** | | **Wednesday** | | **Thursday** | | **Friday** | | **Saturday** | | **Sunday** |
| ***AM Snack*** | | | | | | | | | | | | | | | |
| Breast Milk or  Formula\* | | 2-4 fl. oz. † | |  | |  | |  | |  | |  | |  |  |
| Bread Cracker | |  | |  | |  | |  | |  | |  | |  |  |
| * Bread; or | | * 0-1/2 slice | |
| * Crackers; or | | * 0-2 cracker(s) | |
| * Infant cereal\* or ready-to-eat cereal | | * 0-4 tbsp. | |
| Fruit/Vegetable\*\* | | 0-2 tbsp. | |  | |  | |  | |  | |  | |  |  |

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| Name: | |  | | |  | Week of: |  | |  |
| Age: | Months | | Birthdate: |  |  | Type of Formula Served or Breastfed: | |  |  |

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| *Select either Breast Milk or Formula. To plan your menu, indicate what the child will be served for each day of the week.* | | | | | | | | | | | | | | | | |
| **Meal Component** | | **Min. Serving Size** | **Day of Week** | | | | | | | | | | | | | |
| **6 through 11 mo.** | **Monday** | | **Tuesday** | | **Wednesday** | | **Thursday** | | **Friday** | | **Saturday** | | **Sunday** | |
| ***Lunch*** | | | | | | | | | | | | | | | | | |
| Breast Milk or  Formula\* | 6-8 fl. oz. † | | |  | |  | |  | |  | |  | |  | |  | |
| Infant Cereal\* or | * 0-4 tbsp. | | |  | |  | |  | |  | |  | |  | |  | |
| Meat/Alternate§ |  | | |
| * Meat, Poultry, Fish, Whole Eggs, Cooked Dry Beans or Peas; or | * 0-4 tbsp. | | |
| * Cheese; or | * 0-2 oz. | | |
| * Cottage Cheese; or | * 0-4 oz. | | |
| * Yogurt | * 0-4 oz. | | |
| Fruit/Vegetable\*\* | 0-2 tbsp. | | |  | |  | |  | |  | |  | |  | |  | |

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| Name: | |  | | |  | Week of: |  | |  |
| Age: | Months | | Birthdate: |  |  | Type of Formula Served or Breastfed: | |  |  |

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| *Select either Breast Milk or Formula. To plan your menu, indicate what the child will be served for each day of the week.* | | | | | | | | | | | | | | | | |
| **Meal Component** | | **Min. Serving Size** | **Day of Week** | | | | | | | | | | | | | |
| **6 through 11 mo.** | **Monday** | | **Tuesday** | | **Wednesday** | | **Thursday** | | **Friday** | | **Saturday** | | **Sunday** | |
| ***PM Snack*** | | | | | | | | | | | | | | | | | |
| Breast Milk or  Formula\* | 2-4 fl. oz. † | | |  | |  | |  | |  | |  | |  | |  | |
| Bread Cracker |  | | |  | |  | |  | |  | |  | |  | |  | |
| * Bread; or | * 0-1/2 slice | | |
| * Crackers; or | * 0-2 cracker(s) | | |
| * Infant cereal\* or ready-to-eat cereal | * 0-4 tbsp. | | |
| Fruit/Vegetable\*\* | 0-2 tbsp. | | |  | |  | |  | |  | |  | |  | |  | |

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| Name: | |  | | |  | Week of: |  | |  |
| Age: | Months | | Birthdate: |  |  | Type of Formula Served or Breastfed: | |  |  |

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| *Select either Breast Milk or Formula. To plan your menu, indicate what the child will be served for each day of the week.* | | | | | | | | | | | | | | | | |
| **Meal Component** | | **Min. Serving Size** | **Day of Week** | | | | | | | | | | | | | |
| **6 through 11 mo.** | **Monday** | | **Tuesday** | | **Wednesday** | | **Thursday** | | **Friday** | | **Saturday** | | **Sunday** | |
| ***Supper*** | | | | | | | | | | | | | | | | | |
| Breast Milk or  Formula\* | 6-8 fl. oz. † | | |  | |  | |  | |  | |  | |  | |  | |
| Infant Cereal\* or | * 0-4 tbsp. | | |  | |  | |  | |  | |  | |  | |  | |
| Meat/Alternate§ |  | | |
| * Meat, Poultry, Fish, Whole Eggs, Cooked Dry Beans or Peas; or | * 0-4 tbsp. | | |
| * Cheese; or | * 0-2 oz. | | |
| * Cottage Cheese; or | * 0-4 oz. | | |
| * Yogurt | * 0-4 oz. | | |
| Fruit/Vegetable\*\* | 0-2 tbsp. | | |  | |  | |  | |  | |  | |  | |  | |