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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. |       |       |       |       |       |       |       |