

8-11 Months Infant Daily Menu

Center Name: _____ Infant Name: _____ DOB: _____
 Center Formula: _____ Formula Type: _____ Month of: _____

Age	Breakfast	Lunch or Supper	Snack
8-11 mos.	6-8 fl. oz. breast milk or formula AND 1-4 tbsp. infant cereal AND 1-4 tbsp. fruit and/or veg.	6-8 fl. oz. of breast milk or formula AND 2-4 tbsp. infant cereal AND/OR 1-4 tbsp. meat, poultry, meat alternates AND 1-4 tbsp. fruit and/or veg.	2-4 fl. oz. breast milk or formula 0-½ slice bread OR 0-2 crackers

Special Requirements: _____

Date	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast	____ breast milk or formula ____ infant cereal _____ ____ fr./veg. _____ _____	____ breast milk or formula ____ infant cereal _____ ____ fr./veg. _____ _____	____ breast milk or formula ____ infant cereal _____ ____ fr./veg. _____ _____	____ breast milk or formula ____ infant cereal _____ ____ fr./veg. _____ _____	____ breast milk or formula ____ infant cereal _____ ____ fr./veg. _____ _____
Lunch/Supper	____ breast milk or formula ____ infant cereal _____ ____ &/or meat, poultry, alt. ____ fr./veg. _____ _____	____ breast milk or formula ____ infant cereal _____ ____ &/or meat, poultry, alt. ____ fr./veg. _____ _____	____ breast milk or formula ____ infant cereal _____ ____ &/or meat, poultry, alt. ____ fr./veg. _____ _____	____ breast milk or formula ____ infant cereal _____ ____ &/or meat, poultry, alt. ____ fr./veg. _____ _____	____ breast milk or formula ____ infant cereal _____ ____ &/or meat, poultry, alt. ____ fr./veg. _____ _____
Snack	____ breast milk/formula ____ bread or crackers	____ breast milk/formula ____ bread or crackers	____ breast milk/formula ____ bread or crackers	____ breast milk/formula ____ bread or crackers	____ breast milk/formula ____ bread or crackers

Date	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast	____ breast milk or formula ____ infant cereal _____ ____ fr./veg. _____ _____	____ breast milk or formula ____ infant cereal _____ ____ fr./veg. _____ _____	____ breast milk or formula ____ infant cereal _____ ____ fr./veg. _____ _____	____ breast milk or formula ____ infant cereal _____ ____ fr./veg. _____ _____	____ breast milk or formula ____ infant cereal _____ ____ fr./veg. _____ _____
Lunch/Supper	____ breast milk or formula ____ infant cereal _____ ____ &/or meat, poultry, alt. ____ fr./veg. _____ _____	____ breast milk or formula ____ infant cereal _____ ____ &/or meat, poultry, alt. ____ fr./veg. _____ _____	____ breast milk or formula ____ infant cereal _____ ____ &/or meat, poultry, alt. ____ fr./veg. _____ _____	____ breast milk or formula ____ infant cereal _____ ____ &/or meat, poultry, alt. ____ fr./veg. _____ _____	____ breast milk or formula ____ infant cereal _____ ____ &/or meat, poultry, alt. ____ fr./veg. _____ _____
Snack	____ breast milk/formula ____ bread or crackers	____ breast milk/formula ____ bread or crackers	____ breast milk/formula ____ bread or crackers	____ breast milk/formula ____ bread or crackers	____ breast milk/formula ____ bread or crackers

Instructions: Fill in top section completely. Specify the food served and fill in the amount in ounces or tbsp. Cereal and formula are iron-fortified unless medical note available. 5/25/2010

Revised: 6/2011

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