

Served the month of: \_\_\_\_\_

\* Formula used: \_\_\_\_\_

Infant Name: \_\_\_\_\_

Age: \_\_\_\_\_

List Amounts and Type of Food	Monday Amount	Tuesday Amount	Wednesday Amount	Thursday Amount	Friday Amount
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Served week of:					
Breakfast - infant formula or breast milk infant cereal fruit and/or vegetable					
A.M. Supplement - infant formula or breast milk or juice  (Optional) bread product					
Lunch or Supper - infant formula or breast milk infant cereal and/or meat/meat alternate fruit and/or vegetable					
P.M. Supplement - infant formula or breast milk or fruit juice  (Optional) bread product					

Served week of:					
Breakfast - infant formula or breast milk infant cereal fruit and/or vegetable					
A.M. Supplement - infant formula or breast milk or juice  (Optional) bread product					
Lunch or Supper - infant formula or breast milk infant cereal and/or meat/meat alternate fruit and/or vegetable					
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P.M. Supplement - infant formula or breast milk or fruit juice  (Optional) bread product					

**Feeding Record Sheet for Infants 8 - 11 Months**

Served week of:					
Breakfast - infant formula or breast milk infant cereal fruit and/or vegetable					
A.M. Supplement - infant formula or breast milk or juice (Optional) bread product					
Lunch or Supper - infant formula or breast milk infant cereal and/or meat/meat alternate fruit and/or vegetable					
P.M. Supplement - infant formula or breast milk or fruit juice (Optional) bread product					

Served week of:					
Breakfast - infant formula or breast milk infant cereal fruit and/or vegetable					
A.M. Supplement - infant formula or breast milk or juice (Optional) bread product					
Lunch or Supper - infant formula or breast milk infant cereal and/or meat/meat alternate fruit and/or vegetable					
P.M. Supplement - infant formula or breast milk or fruit juice (Optional) bread product					

I certify that the information on this feeding record is true to the best of my knowledge. I further understand that this information is being given in connection with the receipt of federal funds, and that deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes.

Original Signature: \_\_\_\_\_

**8 months through 11 months**

Breakfast	Lunch and Supper	Snack
6-8 fl oz formula (1) or breast milk (2, 3) <b>and</b> 2-4 tbsp infant cereal (1) <b>and</b> 1-4 tbsp fruit and/or vegetable	6-8 oz formula (1) or breast milk (2, 3) <b>and</b> 2-4 tbsp infant cereal (1) <b>and/or</b> 1-4 tsp meat, fish, poultry, egg yolk, or cooked dry beans or peas; or ½ - 2 oz cheese, or 1-4 oz cottage cheese, cheese food, or cheese spread <b>and</b> 1-4 tbsp fruit and/or vegetable	2-4 fl oz formula (1) or breast milk (2, 3) or fruit juice (5);  0-1/2 slice bread (4, 6) or 0-2 crackers (4, 6)

- (1) Infant formula and dry infant cereal shall be iron-fortified.
- (2) It is recommended that breast milk be served in place of formula from birth through 11 months.
- (3) For some breast fed infants who regularly consume less than the minimum amount of breast milk per feeding, a serving of less than the minimum amount of breast milk may be offered, with additional breast milk offered if the infant is still hungry.
- (4) A serving of this component shall be optional.
- (5) Fruit juice shall be full-strength.
- (6) Bread and bread alternates shall be made from whole-grain or enriched flour or meal. The amount served must be measurable.