

DAILY INFANT MEAL RECORDS:
Multiple Infants – Breakfast, AM Snack, Lunch, PM Snack

**All food components are required when infant is developmentally ready.*

Month/Day/Year: _____

Site: _____

		BREAKFAST			AM SNACK			LUNCH			PM SNACK		
Common Abbreviations: B.M. = Breast milk F = Formula Rice = "Rice" Cereal Oat = "Oatmeal" Cereal Mixed = "Mixed" Cereal Infants fed on-site by breastfeeding mothers = B.M. by mom	Meal Benefit Category	4-6 Fl. Oz (0-5 months) or 6-8 Fl. Oz (6-11 months)	0 - 4 Tbsp.	0 - 2 Tbsp.	4-6 Fl. Oz (0-5 months) or 2-4 Fl. Oz (6-11 months)	0-4 Tbsp.	0-2 Tbsp.	4-6 Fl. Oz (0-5 months) or 6-8 Fl. Oz (6-11 months)	0 - 4 Tbsp.	0 - 2 Tbsp.	4-6 Fl. Oz (0-5 months) or 2-4 Fl. Oz (6-11 months)	0-4 Tbsp.	0-2 Tbsp.
		Breast Milk ¹ or Formula	Infant Cereal and/or Meat/ meat alternate ²	Vegetable, or Fruit or a combination of both	Breast Milk ¹ or Formula	Infant Cereal or Ready-to-eat Breakfast Cereal; or 0 - ½ ounce Bread or 0 - 2 Crackers	Vegetable, or Fruit or a combination of both	Breast Milk ¹ or Formula	Infant Cereal and/or Meat/ meat alternate ²	Vegetable, or Fruit or a combination of both	Breast Milk ¹ or Formula	Infant Cereal or Ready-to-eat Breakfast Cereal; or 0 - ½ ounce Bread or 0 - 2 Crackers	Vegetable, or Fruit or a combination of both

¹ – Breastfed infants who regularly consume less than the minimum amount of breastmilk per feeding, a serving of less than the minimum amount of breastmilk may be offered, with additional breastmilk offered at a later time if the infant will consume more. ² – Meats include beef, pork, fish poultry, whole egg (0-4 Tbsp.). Meat alternates include cooked dry beans or dry peas (0-4 Tbsp.), cheese (0-2 ounces), cottage cheese (0-4 ounces), or Yogurt (0-4 ounces or ½ cup).

This form must be used in combination with a point-of-service meal count sheet, i.e. the blue and white Record of Meals and Supplement Served form.

**DAILY INFANT MEAL RECORDS:
Multiple Infants – Breakfast, Lunch, PM Snack**

**All food components are required when infant is developmentally ready.*

Month/Day/Year: _____

Site: _____

		BREAKFAST			LUNCH			PM SNACK		
Common Abbreviations: B.M. = Breast milk F = Formula Rice = "Rice" Cereal Oat = "Oatmeal" Cereal Mixed = "Mixed" Cereal Infants fed on-site by breastfeeding mothers = B.M. by mom	Meal Benefit Category	4-6 Fl. Oz (0-5 months)	0 - 4 Tbsp.	0 – 2 Tbsp.	4-6 Fl. Oz (0-5 months)	0 - 4 Tbsp.	0 – 2 Tbsp.	4-6 Fl. Oz (0-5 months)	0-4 Tbsp.	0 – 2 Tbsp.
		6-8 Fl. Oz (6-11 months)	Infant Cereal and/or Meat/ meat alternate ²	Vegetable, or Fruit or a combination of both	6-8 Fl. Oz (6-11 months)	Infant Cereal and/or Meat/ meat alternate ²	Vegetable, or Fruit or a combination of both	2-4 Fl. Oz (6-11 months)	Infant Cereal or Ready-to- eat Breakfast Cereal; or 0 – ½ ounce Bread or 0 – 2 Crackers	Vegetable, or Fruit or a combination of both
Last Name, First Name & Date of Birth										

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WEEKLY MEAL RECORD

Individual Infant – Breakfast, Lunch and PM Snack

**All food components are required when infant is developmentally ready*

Child's Name: _____

Date of Birth: _____

Site: _____

Meal Benefit Category: _____

Common Abbreviations:

B.M. = Breast milk

F = Formula

Rice = "Rice" Cereal

Oat = "Oatmeal" Cereal

Mixed = "Mixed" Cereal

Infants fed on-site by breastfeeding

mothers = B.M. by mom

Month, Day, Year		BREAKFAST			LUNCH			PM SNACK		
		4-6 Fl. Oz (0-5 months) 6-8 Fl. Oz (6-11 months) Breast Milk ¹ or Formula	0 - 4 Tbsp. Infant Cereal and/or Meat/meat alternate ²	0 – 2 Tbsp. Vegetable, or Fruit or a combination of both	4-6 Fl. Oz (0-5 months) 6-8 Fl. Oz (6-11 months) Breast Milk ¹ or Formula	0 - 4 Tbsp. Infant Cereal and/or Meat/meat alternate ²	0– 2 Tbsp. Vegetable, or Fruit or a combination of both	4-6 Fl. Oz (0-5 months) 2-4 Fl. Oz (6-11 months) Breast Milk ¹ or Formula	0-4 Tbsp. Infant Cereal or Ready-to-eat Breakfast Cereal; or 0 – ½ ounce Bread; or 0 – 2 Crackers	0 – 2 Tbsp. Vegetable, or Fruit or a combination of both
	Monday									
	Tuesday									
	Wednesday									
	Thursday									
	Friday									

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² – Meats include beef, pork, fish poultry, whole egg (0-4 Tbsp.). Meat alternates include cooked dry beans or dry peas (0-4 Tbsp.), cheese (0-2 ounces), cottage cheese (0-4 ounces), or Yogurt (0-4 ounces or ½ cup).

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WEEKLY MEAL RECORD
Individual Infant – Breakfast, AM Snack, Lunch & PM Snack
**All food components are required when infant is developmentally ready*

Common Abbreviations:
 B.M. = Breast milk
 F = Formula
 Rice = "Rice" Cereal
 Oat = "Oatmeal" Cereal
 Mixed = "Mixed" Cereal
 Infants fed on-site by breastfeeding mothers = B.M. by mom

Child's Name: _____
 Site: _____

Date Of Birth: _____
 Meal Benefit Category: _____

Month, Day, Year		BREAKFAST			AM SNACK			LUNCH			PM SNACK		
		4-6 Fl. Oz (0-5 months) 6-8 Fl. Oz (6-11 months) Breast Milk ¹ or Formula	0 - 4 Tbsp. Infant Cereal and/or Meat/meat alternate ²	0 – 2 Tbsp. Vegetable, or Fruit or a combination of both	4-6 Fl. Oz (0-5 months) 2-4 Fl. Oz (6-11 months) Breast Milk ¹ or Formula	0-4 Tbsp. Infant Cereal or Ready-to- eat Breakfast Cereal; or 0 – ½ ounce Bread; or 0 – 2 Crackers	0 – 2 Tbsp. Vegetable, or Fruit or a combination of both	4-6 Fl. Oz (0-5 months) 6-8 Fl. Oz (6-11 months) Breast Milk ¹ or Formula	0 - 4 Tbsp. Infant Cereal and/or Meat/meat alternate ²	0 – 2 Tbsp. Vegetable, or Fruit or a combination of both	4-6 Fl. Oz (0-5 months) 2-4 Fl. Oz (6-11 months) Breast Milk ¹ or Formula	0-4 Tbsp. Infant Cereal or Ready-to- eat Breakfast Cereal; or 0 – ½ ounce Bread; or 0 – 2 Crackers	0 – 2 Tbsp. Vegetable, or Fruit or a combination of both
	Monday												
	Tuesday												
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DAILY INFANT MEAL RECORDS:
Multiple Infants – Breakfast through Evening Snack
**All food components are required when infant is developmentally ready.*

Month/Day/Year: _____ Site: _____

		BREAKFAST			AM SNACK			LUNCH			PM SNACK			SUPPER			EVE SNACK		
<div>Common Abbreviations: B.M. = Breast milk F = Formula Rice = “Rice” Cereal Oat = “Oatmeal” Cereal Mixed = “Mixed” Cereal Infants fed on-site by breastfeeding mothers = B.M. by mom</div>	Meal Benefit Category	<div>4-6 Fl. Oz (0-5 months) 6-8 Fl. Oz (6-11 months) Breast Milk¹ or Formula</div>	<div>0 - 4 Tbsp. Infant Cereal and/or Meat/ meat alternate²</div>	<div>0 – 2 Tbsp. Vegetable or Fruit or combination of both</div>	<div>4-6 Fl. Oz (0-5 months) 2-4 Fl. Oz (6-11 months) Breastmilk¹ or Formula</div>	<div>0-4 Tbsp. Infant Cereal or Ready-to- eat Breakfast Cereal; or 0 – ½ ounce Bread or 0 – 2 Crackers</div>	<div>0-2 Tbsp. Vegetable or Fruit or a combination of both</div>	<div>4-6 Fl. Oz (0-5 months) 6-8 Fl. Oz (6-11 months) Breast Milk¹ or Formula</div>	<div>0 - 4 Tbsp. Infant Cereal and/or Meat/ meat alternate²</div>	<div>0 – 2 Tbsp. Vegetable or Fruit or combination of both</div>	<div>4-6 Fl. Oz (0-5 months) 2-4 Fl. Oz (6-11 months) Breastmilk¹ or Formula</div>	<div>0-4 Tbsp. Infant Cereal or Ready-to- eat Breakfast Cereal; or 0 – ½ ounce Bread or 0 – 2 Crackers</div>	<div>0 – 2Tbsp. Vegetable or Fruit or a combination of both</div>	<div>4-6 Fl. Oz (0-5 months) 6-8 Fl. Oz (6-11 months) Breast Milk¹ or Formula</div>	<div>0 - 4 Tbsp. Infant Cereal and/or Meat/ meat alternate²</div>	<div>0 – 2Tbsp. Vegetable or Fruit or a combination of both</div>	<div>4-6 Fl. Oz (0-5 months) 2-4 Fl. Oz (6-11 months) Breastmilk¹ or Formula</div>	<div>0-4 Tbsp. Infant Cereal or Ready-to- eat Breakfast Cereal; or 0 – ½ ounce Bread or 0 – 2 Crackers</div>	<div>0-2Tbsp. Vegetable, or Fruit or a combination of both</div>
Last Name, First Name & Date of Birth																			

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DAILY INFANT MEAL RECORDS:
Individual Infant – Breakfast through Evening Snack
**All food components are required when infant is developmentally ready.*

Child’s Name: _____
Site: _____
Date of Birth: _____
Meal Benefit Category: _____

	BREAKFAST			AM SNACK			LUNCH			PM SNACK			SUPPER			EVE SNACK		
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Individual Infant – Breakfast through Evening Snack
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	BREAKFAST			AM SNACK			LUNCH			PM SNACK			SUPPER			EVE SNACK		
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