

DAILY INFANT MEAL RECORD

Date: _____

Instructions:

- Write the full names of the infants eating the meal.
- * Record who is providing breastmilk/formula:
BM – Breast milk provided by parent
MN – Mom nursed on-site
PF – Parent provides formula
CF – Caregiver providing formula
- Record the amounts and types of food (rice cereal, peas, etc.) offered to each infant.
- Solid components required when infant is developmentally ready.
- Meat/Meat Alternates=0-4 T. Meat, fish, poultry, whole egg, cooked dry beans or peas; or 0-2 oz. cheese; or 0-4 oz. cottage cheese, or 0-4 oz. yogurt; or combination
- Check the box if the meal is reimbursable (only three meals per child per day).
- Total the reimbursable meals by type.

NAMES:	*	BREAKFAST		AM SNACK		LUNCH or SUPPER		PM SNACK	
Birth through 5 months old	BM MN PF CF	Breast Milk or Formula 4-6 oz.		Breast Milk or Formula 4-6 oz.		Breast Milk or Formula 4-6 oz.		Breast Milk or Formula 4-6 oz.	
			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

NAMES:	*	BREAKFAST			AM SNACK			LUNCH or SUPPER			PM SNACK		
6 through 11 months old	BM MN PF CF	Breast Milk or Formula 6-8 oz.	Infant Cereal 0-4 T. and/or Meat/Meat Alternates 0-4 T.	Vegetable, Fruit or both 0-2 T.	Breast Milk or Formula 2-4 oz.	Bread slice 0-1/2; or Crackers 0-2; or Infant cereal or ready-to-eat Cereal 0-4 T.	Vegetable, Fruit or both 0-2 T.	Breast Milk or Formula 6-8 oz.	Infant Cereal 0-4 T. and/or Meat/Meat Alternates 0-4 T.	Vegetable, Fruit or both 0-2 T.	Breast Milk or Formula 2-4 oz.	Bread slice 0-1/2; or Crackers 0-2; or Infant cereal or ready-to-eat Cereal 0-4 T.	Vegetable, Fruit or both 0-2 T.
				<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>
				<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>
				<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>
				<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>
				<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>
				<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>
				<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>
				<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>

Daily Totals

Count only meals that are reimbursable: Breakfast _____ AM Snack _____ Lunch or Supper _____ PM Snack _____