

WEEKLY INFANT MEAL RECORD

Individual Infant - Birth through 3 Months

Site : _____

Child's Name: _____

D.O.B.: _____

Code: _____

See the *Crediting Foods in the Child and Adult Care Food Program* book for a list of creditable foods and minimum amounts to feed infants.

| Dates | BREAKFAST | | AM SNACK | LUNCH | PM SNACK | SUPPER |
|-------|-------------------------------------|--|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| | Formula or Breast Milk 4 - 6 oz. | | Formula or Breast Milk 4 - 6 oz |
| | MON | | | | | |
| | TUE | | | | | |
| | WED | | | | | |
| | THU | | | | | |
| | FRI | | | | | |
| | SAT | | | | | |
| | SUN | | | | | |

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

WEEKLY INFANT MEAL RECORD
Individual Infant - 4 through 7 Months

Site: _____

Child's Name: _____

D.O.B.: _____

Code: _____

See the *Crediting Foods in the Child and Adult Care Food Program* book for a list of creditable foods and minimum amounts to feed infants.

| Dates | | BREAKFAST | | AM SNACK | LUNCH | | | PM SNACK | SUPPER | | |
|-------|------|------------------------------------|--|------------------------------------|------------------------------------|--|---|------------------------------------|------------------------------------|--|---|
| | | Formula or Breast Milk 4 - 8 oz | Infant Cereal 0 - 3 T (Optional) | Formula or Breast Milk 4 - 6 oz | Formula or Breast Milk 4 - 8 oz | Infant Cereal 0 - 3 T (Optional) | Vegetable and/or Fruit 0 - 3 T (Optional) | Formula or Breast Milk 4 - 6 oz | Formula or Breast Milk 4 - 8 oz | Infant Cereal 0 - 3 T (Optional) | Vegetable and/or Fruit 0 - 3 T (Optional) |
| | MON | | | | | | | | | | |
| | TUE | | | | | | | | | | |
| | WED | | | | | | | | | | |
| | THUU | | | | | | | | | | |
| | FRI | | | | | | | | | | |
| | SAT | | | | | | | | | | |
| | SUN | | | | | | | | | | |

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

WEEKLY INFANT MEAL RECORD

Individual Infant - *8 through 11 Months

Site: _____

Child's Name: _____ D.O.B.: _____

Code: _____

See the *Crediting Foods in the Child and Adult Care Food Program* book for a list of creditable foods and minimum amounts to offer infants.

| Dates | BREAKFAST All 3 components are required | | | AM SNACK | | LUNCH All 3 components are required | | | PM SNACK | | SUPPER All 3 components are required | | |
|-------|--|-----------------------------|---|--|---|--|--|---|--|---|--|--|---|
| | Formula or Breast Milk 6 – 8 oz | Infant Cereal 2 – 4 T | Vegetable and/or Fruit 1 – 4 T | Formula, Breast Milk or Fruit Juice 2 – 4 oz | 0 – 1/2 slice Bread or 0 – 2 Crackers | Formula or Breast Milk 6 – 8 oz | Infant Cereal 2 - 4 T and/or Meat, Fish, Poultry, Egg Yolk, Cheese 1 - 4 T | Vegetable and/or Fruit 1 – 4 T | Formula, Breast Milk or Fruit Juice 2 – 4 oz | 0 – 1/2 slice Bread or 0 – 2 Crackers | Formula or Breast Milk 6 – 8 oz | Infant Cereal 2 - 4 T and/or Meat, Fish, Poultry, Egg Yolk, Cheese 1 - 4 T | Vegetable and/or Fruit 1 – 4 T |
| MON | | | | | | | | | | | | | |
| TUE | | | | | | | | | | | | | |
| WED | | | | | | | | | | | | | |
| THU | | | | | | | | | | | | | |
| FRI | | | | | | | | | | | | | |
| SAT | | | | | | | | | | | | | |
| SUN | | | | | | | | | | | | | |

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

*The center cannot claim meals if parents provide all required components.