

**DAILY INFANT MEAL RECORD:  
Multiple Infants - Birth through Three Months**

Site: \_\_\_\_\_

Month/Day/Year: \_\_\_\_\_

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

| INFANT NAMES               |      | BREAKFAST                           | AM SNACK                           | LUNCH                              | PM SNACK                           | SUPPER                             |
|----------------------------|------|-------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| Names: Last, First & D.O.B | Code | Formula or Breast Milk<br>4 - 6 oz. | Formula or Breast Milk<br>4 - 6 oz |
|                            |      |                                     |                                    |                                    |                                    |                                    |
|                            |      |                                     |                                    |                                    |                                    |                                    |
|                            |      |                                     |                                    |                                    |                                    |                                    |
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|                            |      |                                     |                                    |                                    |                                    |                                    |

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 forms

## DAILY INFANT MEAL RECORDS

### Multiple Infants - 4 through 7 months

Site: \_\_\_\_\_

Month/Day/Year: \_\_\_\_\_

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

| INFANT NAMES<br><br>Names: Last, First & D.O.B | Code | BREAKFAST                          |  | AM SNACK                           | LUNCH                              |  |   | PM SNACK                           | SUPPER                             |  |   |
|--|------|------------------------------------|--|------------------------------------|------------------------------------|--|---|------------------------------------|------------------------------------|--|---|
|  |      | Formula or Breast Milk<br>4 - 8 oz | Infant Cereal<br>0 - 3 T<br>(Optional) | Formula or Breast Milk<br>4 - 6 oz | Formula or Breast Milk<br>4 - 8 oz | Infant Cereal<br>0 - 3 T<br>(Optional) | Vegetable and/or Fruit<br>0 - 3 T<br>(Optional) | Formula or Breast Milk<br>4 - 6 oz | Formula or Breast Milk<br>4 - 8 oz | Infant Cereal<br>0 - 3 T<br>(Optional) | Vegetable and/or Fruit<br>0 - 3 T<br>(Optional) |
|  |      |                                    |  |                                    |                                    |  |   |                                    |                                    |  |   |
|  |      |                                    |  |                                    |                                    |  |   |                                    |                                    |  |   |
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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 forms

**DAILY INFANT MEAL RECORDS:  
Multiple Infants - \*8 through 11 Months**

Site: \_\_\_\_\_

Month/Day/Year: \_\_\_\_\_

See the *Crediting Foods in the Child and Adult Care Food Program* for complete listings of foods and amounts to serve infants in this age group.

| INFANT NAMES<br><br>Last, First &<br>D.O.B. | Code | BREAKFAST<br>All 3 components are required  |                             |   | AM SNACK   |  | LUNCH<br>All 3 components are required      |   |   | PM SNACK   |  | SUPPER<br>All 3 components are required     |   |   |
|---|------|---|-----------------------------|---|--|--|---|---|---|--|--|---|---|---|
|   |      | Formula<br>or<br>Breast<br>Milk<br>6 - 8 oz | Infant<br>Cereal<br>2 - 4 T | Vegetable<br>and/or<br>Fruit<br>1 - 4 T | Formula<br>or<br>Breast<br>Milk<br>or<br>Fruit Juice<br>2 - 4 oz | 0 - ½<br>slice<br>Bread<br>or<br>0 - 2<br>Crackers<br>(Optional) | Formula<br>or<br>Breast<br>Milk<br>6 - 8 oz | Infant<br>Cereal<br>2 - 4 T<br>and/or<br>Meat,<br>Fish,<br>Poultry,<br>Egg yolk,<br>Cheese<br>1 - 4 T | Vegetable<br>and/or<br>Fruit<br>1 - 4 T | Formula<br>or<br>Breast<br>Milk<br>or<br>Fruit Juice<br>2 - 4 oz | 0 - ½<br>slice<br>bread<br>or<br>0 - 2<br>crackers<br>(Optional) | Formula<br>or<br>Breast<br>Milk<br>6 - 8 oz | Infant<br>Cereal<br>2 - 4 T<br>and/or<br>Meat,<br>Fish,<br>Poultry,<br>Egg yolk,<br>Cheese<br>1 - 4 T | Vegetable<br>and/or<br>Fruit<br>1 - 4 T |
|   |      |   |                             |   |  |  |   |   |   |  |  |   |   |   |
|   |      |   |                             |   |  |  |   |   |   |  |  |   |   |   |
|   |      |   |                             |   |  |  |   |   |   |  |  |   |   |   |
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|   |      |   |                             |   |  |  |   |   |   |  |  |   |   |   |

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