

WEEKLY MEAL RECORD
Individual Infant - 4 Through 7 Months

Site: _____ Month/Week/Year: _____

Child's Name: _____ D.O.B.: _____ Formula Selection Form: ____ 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.

	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)	Veg./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)	Veg./Fruit 0 - 3 T (optional)
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										
Saturday										
Sunday										

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.