

## WEEKLY MEAL RECORD

### Individual Infant - 8 Through 11 Months

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

Month/Week/Year: \_\_\_\_\_

Child's Name: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

Formula Selection Form: \_\_\_\_\_

Code: \_\_\_\_\_

All 3 components listed MUST be offered for Breakfast and Lunch/Supper for the meal to be reimbursable.

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.

	BREAKFAST			AM SNACK		LUNCH			PM SNACK		SUPPER		
	Formula or Breast Milk 6 - 8 oz	Infant Cereal 2 - 4 T	Veg./ 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	Veg./ Fruit 1 - 4 T	Infant Cereal 2 - 4 T and/or Meat, fish, poultry, egg yolk, cheese 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	Veg./ Fruit 1 - 4 T	Infant Cereal 2 - 4 T and/or Meat, fish, poultry, egg yolk, cheese 1 - 4 T
Monday													
Tuesday													
Wednesday													
Thursday													
Friday													
Saturday													

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.