## DAILY INFANT MEAL RECORDS:

## Multiple Infants - Breakfast, AM Snack, Lunch, PM Snack

*All food components are required when infant is developmentally ready.

## Month/Day/Year:

$\qquad$ Site:

|  |  | BREAKFAST |  |  | AM SNACK |  |  | LUNCH |  |  | PM SNACK |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Common Abbreviations: <br> B.M. = Breast milk <br> $\mathrm{F}=$ Formula <br> Rice $=$ "Rice" Cereal <br> Oat = "Oatmeal" Cereal <br> Mixed $=$ "Mixed" Cereal <br> Infants fed on-site by breastfeeding mothers $=$ B.M. by mom <br> Last Name, First Name \& Date of Birth | Meal Benefit Category | 4-6 Fl. Oz <br> $(0-5$ months) <br> or <br> $\mathbf{6 - 8 ~ F l . ~ O z ~}$ <br> $(6-11$ months) <br>  <br> Breast <br> Milk <br> or <br> Formula | $\mathbf{0}-1 / 2$ oz eq <br> Infant <br> Cereal <br> and/or <br> $\mathbf{0 - 4}$ Tbsp <br> Meat/ <br> meat <br> alternate $^{2}$ | 0-2 Tbsp. <br> Vegetable, or Fruit or a combination of both |  <br> 4-6 Fl. Oz <br> $(0-5$ months $)$ <br> $\mathbf{2 - 4 ~ F l . ~ O z}$ <br> $(6-11$ months $)$ <br> Breast Milk <br> or <br> Formula | 0-1/2 oz eq <br> Infant <br> Cereal <br> Or Bread or <br> $0-1 / 4$ oz eq Crackers or <br> Ready-toeat <br> Breakfast Cereal | 0-2 Tbsp. <br> Vegetable, or Fruit or a combination of both | 4-6 Fl. Oz <br> $(0-5$ months) <br> or <br> $\mathbf{6 - 8 ~ F l . ~ O z ~}$ <br> $(6-11$ months $)$ <br> Breast Milk <br> or <br> Formula | $\mathbf{0}-1 / 2$ oz eq <br> Infant <br> Cereal <br> and/or <br> $\mathbf{0 - 4}$ Tbsp <br> Meat/ <br> meat <br> alternate $^{2}$ | 0-2 Tbsp. <br> Vegetable, or Fruit or a combination of both |  <br> 4-6 Fl. Oz <br> (0-5 months) <br> $\mathbf{2 - 4 ~ F l . ~ O z}$ <br> $(6-11$ months) <br>  <br> Breast <br> Milk <br> or <br> Formula | $\mathbf{0 - 1 / 2}$ oz eq Infant Cereal or Bread or $\mathbf{0 - 1 / 4 ~ o z ~ e q ~}$ Crackers or Ready-to-eat Breakfast Cereal | 0-2 Tbsp. <br> Vegetable, or Fruit or a combination of both |
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${ }^{1}$ - Breastfed infants who regularly consume less than the minimum amount of breastmilk per feeding, a serving of less than the minimum amount of breastmilk may be offered, with additional breastmilk offered at a later time if the infant will consume more. ${ }^{2-}$ Meats include beef, pork, fish poultry, whole egg ( $0-4 \mathrm{Tbsp}$.). Meat alternates include cooked dry beans or dry peas ( $0-4 \mathrm{Tbsp}$.), cheese ( $0-2$ ounces), cottage cheese ( $0-4$ ounces), or Yogurt ( $0-4$ ounces or $1 / 2$ cup).

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 form.

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Month/Day/Year: $\qquad$ Site:

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WEEKLY MEAL RECORD
Individual Infant－Breakfast，Lunch and PM Snack
＊All food components are required when infant is developmentally ready

Child＇s Name： $\qquad$ Site： $\qquad$ ： —

Date of Birth： $\qquad$ －
Meal Benefit Category： $\qquad$ －

|  |  | BREAKFAST |  |  | LUNCH |  |  | PM SNACK |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | $\begin{gathered} \text { 4-6 Fl. Oz } \\ (0-5 \mathrm{months}) \\ \mathbf{6 - 8} \mathbf{~ F l . ~ O z} \\ (6-11 \text { months }) \\ \\ \text { Breast Milk }{ }^{1} \\ \text { or } \\ \text { Formula } \end{gathered}$ | $\begin{gathered} \mathbf{0}-1 / 2 \text { oz eq. } \\ \text { Infant } \\ \text { Cereal } \\ \boldsymbol{\&} / \mathbf{o r} \\ \mathbf{0 - 4} \text { Tbsp } \\ \text { Meat/meat } \\ \text { alternate }^{2} \end{gathered}$ | 0－2 Tbsp． <br> Vegetable， or Fruit or a combination of both | $\begin{gathered} \text { 4-6 Fl. Oz } \\ (0-5 \mathrm{months}) \\ \mathbf{6 - 8 ~ F l . ~ O z} \\ (6-11 \text { months }) \\ \\ \text { Breast Milk }{ }^{1} \\ \text { or } \\ \text { Formula } \end{gathered}$ | $\begin{gathered} \mathbf{0 - 1 / 2} \mathbf{~ o z} \text { eq. } \\ \text { Infant } \\ \text { Cereal } \\ \boldsymbol{\&} / \mathbf{o r} \\ \mathbf{0 - 4 ~ T b s p} \\ \text { Meat/meat } \\ \text { alternate }^{2} \end{gathered}$ | 0－2 Tbsp． <br> Vegetable， or Fruit or a combination of both | 4－6 Fl．Oz <br> （0－5 months） <br> 2－4 Fl．Oz <br> （6－11 months） <br> Breast Milk ${ }^{1}$ <br> or <br> Formula | 0－1／2 oz eq <br> Infant Cereal／ <br> or Bread or <br> $0-1 / 4 \mathrm{oz} \mathrm{eq}$ <br> Crackers or <br> Ready－to－eat Breakfast Cereal | $\begin{gathered} \text { 0-2 Tbsp. } \\ \text { Vegetable, } \\ \text { or Fruit } \\ \text { or a } \\ \text { combination } \\ \text { of both } \end{gathered}$ |
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[^0] breastmilk offered at a later time if the infant will consume more．
 ounces or $1 / 2$ cup）．

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 form．

## WEEKLY MEAL RECORD

Individual Infant - Breakfast, AM Snack, Lunch \& PM Snack
*All food components are required when infant is developmentally ready
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Site: $\qquad$ -

Date Of Birth:
Meal Benefit Category:

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Oat = "Oatmeal" Cereal
Mixed = "Mixed" Cereal
Infants fed on-site by breastfeeding mothers $=$ B.M. by mom

 breastmilk offered at a later time if the infant will consume more.
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Nebraska Department of Education - Nutrition Services


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