

DAILY INFANT MEAL RECORDS:
Multiple Infants – Breakfast, AM Snack, Lunch, PM Snack, Supper & Evening Snack
**All food components are required when infant is developmentally ready.*

Month/Day/Year: _____

Site: _____

Common Abbreviations: B.M. = Breast milk F = Formula Rice = "Rice" Cereal Oat = "Oatmeal" Cereal Mixed = "Mixed" Cereal Infants fed on-site by breastfeeding mothers = B.M. by mom	Meal Benefit Category	BREAKFAST			AM SNACK			LUNCH			PM SNACK			SUPPER			EVENING SNACK			
		4-6 Fl. Oz (0-5 months) or 6-8 Fl. Oz (6-11 months)	0 – ½ oz eq	0 – 2 Tbsp.	4-6 Fl. Oz (0-5 months) or 2-4 Fl. Oz (6-11 months)	0-1/2 oz eq	0-2 Tbsp.	4-6 Fl. Oz (0-5 months) or 6-8 Fl. Oz (6-11 months)	0 – ½ oz eq	0 – 2 Tbsp.	4-6 Fl. Oz (0-5 months) or 2-4 Fl. Oz (6-11 months)	0-1/2 oz eq	0-2 Tbsp.	4-6 Fl. Oz (0-5 months) or 6-8 Fl. Oz (6-11 months)	0 – ½ oz eq	0 – 2 Tbsp.	4-6 Fl. Oz (0-5 months) or 2-4 Fl. Oz (6-11 months)	0-1/2 oz eq	0-2 Tbsp.	
Last Name, First Name & Date of Birth	Breast Milk ¹ or Formula	Infant Cereal and/or 0-4 Tbsp Meat/meat alternate ²	Vegetable, or Fruit or a combination of both	Breast Milk ¹ or Formula	Infant Cereal Or Bread or 0 – ¼ oz eq Crackers or Ready-to-eat Breakfast Cereal	Vegetable, or Fruit or a combination of both	Breast Milk ¹ or Formula	Infant Cereal and/or 0-4 Tbsp Meat/meat alternate ²	Vegetable, or Fruit or both	Breast Milk ¹ or Formula	Infant Cereal or Bread or 0 – ¼ oz eq Crackers or Ready-to-eat Breakfast Cereal	Vegetable, or Fruit or a combination of both	Breast Milk ¹ or Formula	Infant Cereal and/or 0-4 Tbsp Meat/meat alternate ²	Vegetable or Fruit or both	Breast Milk ¹ or Formula	Infant Cereal or Bread or 0 – ¼ oz eq Crackers or Ready-to-eat Breakfast Cereal	Vegetable or Fruit or both		

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 Tbsp.). Meat alternates include cooked dry beans or dry peas (0-4 Tbsp.), cheese (0-2 ounces), cottage cheese (0-4 ounces), or Yogurt (0-4 ounces or ½ 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.