

DAILY INFANT MEAL RECORD

BIRTH THROUGH 5 MONTHS	BREAKFAST	AM SNACK	LUNCH	PM SNACK
NAME	IFIF and/or B Milk - 4-6oz	IFIF and/or B Milk - 4-6oz	IFIF and/or B Milk - 4-6oz	IFIF and/or B Milk - 4-6oz
	IFIF/B Milk	IFIF/B Milk	IFIF/B Milk	IFIF/B Milk
	IFIF/B Milk	IFIF/B Milk	IFIF/B Milk	IFIF/B Milk
	IFIF/B Milk	IFIF/B Milk	IFIF/B Milk	IFIF/B Milk
	IFIF/B Milk	IFIF/B Milk	IFIF/B Milk	IFIF/B Milk

6 THROUGH 11 MONTHS	BREAKFAST			AM SNACK	LUNCH			PM SNACK
NAME	IFIF and/or B Milk 6-8oz	IFIC 0-4 T and/or Meat/Alt 0-4 T	Fruit and/or Veg 0-2 T	IFIF and/or B Milk 2-4oz F/V 0-2 T Grain 0-2 T or 0-1/2 slice or 0-2 crackers	IFIF and/or B Milk 6-8oz	IFIC 0-4 T and/or Meat/Alt 0-4 T	Fruit and/or Veg 0-2 T	IFIF and/or B Milk 2-4oz F/V 0-2 T Grain 0-2 T or 0-1/2 slice or 0-2 crackers
	IFIF/B Milk			IFIF/B Milk F/V _____ Grain _____	IFIF/B Milk			IFIF/B Milk F/V _____ Grain _____
	IFIF/B Milk			IFIF/B Milk F/V _____ Grain _____	IFIF/B Milk			IFIF/B Milk F/V _____ Grain _____
	IFIF/B Milk			IFIF/B Milk F/V _____ Grain _____	IFIF/B Milk			IFIF/B Milk F/V _____ Grain _____
	IFIF/B Milk			IFIF/B Milk F/V _____ Grain _____	IFIF/B Milk			IFIF/B Milk F/V _____ Grain _____
	IFIF/B Milk			IFIF/B Milk F/V _____ Grain _____	IFIF/B Milk			IFIF/B Milk F/V _____ Grain _____
	IFIF/B Milk			IFIF/B Milk F/V _____ Grain _____	IFIF/B Milk			IFIF/B Milk F/V _____ Grain _____

Date: _____

Meal Counts: Breakfast _____ AM Snack _____ Lunch _____ PM Snack _____

*Instructions on Page 2

Instructions:

List name of the infant consuming the meal. Circle IFIF or B Milk when offered. Record the **specific** food item(s) when offered (for example type of fruit, vegetable, etc.). Indicate when a parent has provided a food. All required components must be offered when the infant is developmentally ready.

Record a meal or snack when:

- Center supplies all components
- Parent/guardian supplies only one (1) component
 - Expressed breast milk is only component
 - Parent supplies breast milk or IFIF and center provides all other foods

Reminders:

Institutions are required to provide at least one (1) type of formula.

You can only claim 2 meals and 1 snack OR 1 meal and 2 snacks per infant, per day.

Label parent-provided foods with a “P”.

Acronyms:

IFIF = Iron Fortified Infant Formula

B Milk = Breast Milk

IFIC = Iron Fortified Infant Cereal

	BIRTH THROUGH 5 MONTHS	6 THROUGH 11 MONTHS
Breakfast/Lunch/Supper	4-6 fluid ounces breastmilk ¹ or formula ²	6-8 fluid ounces breastmilk ¹ or formula ² ; AND 0-4 tablespoons infant cereal ^{2,3} meat, fish, poultry, whole egg, cooked dry beans, or cooked dry peas; or 0-2 ounces of cheese; or 0-4 ounces (volume) of cottage cheese; or 0-4 ounces or ½ cup of yogurt ⁴ ; or a combination of the above ⁵ ; AND 0-2 tablespoons vegetable or fruit or a combination of both ^{5,6}
	BIRTH THROUGH 5 MONTHS	6 THROUGH 11 MONTHS
Snack	4-6 fluid ounces breastmilk ¹ or formula ²	2-4 fluid ounces breastmilk ¹ or formula ² ; AND 0-½ slice bread ^{3,4} ; or 0-2 crackers ^{3,4} ; or 0-4 tablespoons infant cereal ^{2,3,4} or ready-to-eat breakfast cereal ^{3,4,5,6} ; AND 0-2 tablespoons vegetable or fruit, or a combination of both ^{6,7}