

# **INFANT MEAL RECORD (complete one for each child)**

**Full Name of Infant** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Age in months** \_\_\_\_\_  
☐ Breast Milk or ☐ Breastfed by mother OR Formula provided by ☐ Center or ☐ Parent Formula Brand: \_\_\_\_\_

## **MEAL PATTERN CHART FOR INFANTS** **(All formula & dry infant cereal must be iron fortified)**

AGE RANGE	BREAKFAST, LUNCH, OR SUPPER	SNACK	Instructions
<b>BIRTH-5 MONTHS</b>	1) 4 - 8 fluid oz formula or breast milk	1) 4 - 8 fluid oz formula or breast milk	Must record amount served. Recording the amount the infant ate is optional.
<b>6 MONTHS UNTIL 1ST BIRTHDAY</b>	<p><b>Must serve when developmentally ready:</b></p> <p>1) 6 - 8 fluid oz formula (iron fortified) or breast milk <b>and</b></p> <p>2) Choose <b>at least one</b> of the following:</p> <ul style="list-style-type: none"> <li>• 0 - 4 Tbsp dry infant cereal (iron fortified)•</li> <li>• 0 - 4 Tbsp meat, fish, poultry, egg, cooked dry beans or peas</li> <li>• 0-2 ounces of cheese</li> <li>• 0-4 ounces (0-1/2 c) of cottage cheese</li> <li>• 0-8 ounces of yogurt (0-1 c)</li> </ul> <p align="center"><b>and</b></p> <p>3) 0 - 2 Tbsp of vegetable or fruit or both</p>	<p><b>Must serve when developmentally ready:</b></p> <p>1) 4-6 fluid oz formula (iron fortified) or breast milk <b>and</b></p> <p>2) 0 - 2 Tbsp of vegetable or fruit or both (no juice)</p> <p align="center"><b>and at least 1 of the following</b></p> <p>3) 0 - 1/2 slice bread or 0-2 crackers</p> <ul style="list-style-type: none"> <li>• 0-4 Tbsp dry infant cereal</li> <li>• 0-4 Tbsp ready to eat breakfast cereal</li> </ul>	<p>Record the time food was served.</p> <p>Name the individual food being served.</p> <p>Only fluid breastmilk or formula is creditable to meet requirement.</p>

### **RECORD FOOD ITEM(S), AND AMOUNT SERVED FOR EACH MEAL**

DATE	BREAKFAST	LUNCH OR SUPPER	SNACK
<b>Date:</b> _____ <b>Day of week:</b> _____	Time served: _____ Ate _____ 1) _____ oz Breast Milk or Formula or <input type="checkbox"/> breast fed by mother 2) _____ Tbsp _____ Infant Cereal and/or meat alternate 3) _____ Tbsp _____ Vegetable or _____ Fruit	Time served: _____ Ate _____ 1) _____ oz Breast Milk or Formula or <input type="checkbox"/> breast fed by mother 2) _____ Tbsp _____ Infant Cereal and/or and/or meat alternate 3) _____ Tbsp _____ Vegetable or _____ Fruit	Time served: _____ Ate _____ 1) _____ oz Breast Milk or Formula 2) _____ Tbsp _____ Vegetable or _____ Fruit 3) _____ Bread or _____ Crackers or _____ Tbsp _____ Ready-to-eat-cereal
<b>Date:</b> _____ <b>Day of week:</b> _____	Time served: _____ Ate _____ 1) _____ oz Breast Milk or Formula or <input type="checkbox"/> breast fed by mother 2) _____ Tbsp _____ Infant Cereal and/or meat alternate 3) _____ Tbsp _____ Vegetable or _____ Fruit	Time served: _____ Ate _____ 1) _____ oz Breast Milk or Formula or <input type="checkbox"/> breast fed by mother 2) _____ Tbsp _____ Infant Cereal and/or and/or meat alternate 3) _____ Tbsp _____ Vegetable or _____ Fruit	Time served: _____ Ate _____ 1) _____ oz Breast Milk or Formula 2) _____ Tbsp _____ Vegetable or _____ Fruit 3) _____ Bread or _____ Crackers or _____ Tbsp _____ Ready-to-eat-cereal
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