

INFANT MEAL RECORD

Agency & Center _____

Date _____

Caregiver Signature _____

FOOD COMPONENT	NAME: Age: _____ Months *A.S. Yes___ No ___	NAME: Age: _____ Months *A.S. Yes___ No ___	NAME: Age: _____ Months *A.S. Yes___ No ___	NAME: Age: _____ Months *A.S. Yes___ No ___
<u>BREAKFAST</u> Iron-fortified infant fluid formula, breast milk or breast fed				
Infant cereal – must be iron-fortified cereal				
Fruits and/or vegetables				
<u>LUNCH</u> Iron-fortified infant fluid formula, breast milk or breast fed				
Infant cereal – must be iron-fortified cereal				
Fruits and/or vegetables				
Meat or meat alternative meats, poultry, fish or egg yolks or cheese or cottage cheese				
<u>SUPPLEMENT</u> Iron-fortified fluid infant formula, breast milk/fed				
Bread – crusty enriched or whole grain or two cracker type product suitable for an infant (4 months to 1 year) as a finger food may be served per child's Infant Needs & Services Plan				

DO NOT ADD SUGAR, FAT OR SALT TO THE INFANTS' FOOD.

RETAIN THIS DOCUMENT FOR MONITORING AND PARENT INFORMATION PURPOSES

*A.S. – ALLERGY STATEMENT