Caregiver Signature:_____

DAILY INFANT MEAL RECORD

Date: _____

INSTRUCTIONS: Write the names of the infants eating the meal. Record the exact kind of food and amount each infant is offered.

Indiana Department of Education 1/2003

NAMES Birth through 3 months	BREAKFAST Formula or Breast Milk 4 – 6 oz	AM SNACK Formula or Breast Milk 4 – 6 oz	LUNCH Formula or Breast Milk 4 – 6 oz	PM SNACK Formula or Breast Milk 4 – 6 oz	SUPPER Formula or Breast Milk 4 – 6 oz

NAMES 4 through 7 months	BREAKFAST		AM SNACK	LUNCH			PM SNACK	SUPPER		
	Formula or Breast Milk 4 – 8 oz	Infant Cereal 0 – 3 T	Formula or Breast Milk 4 – 6 oz	Formula or Breast Milk 4 – 8 oz	Veg./Fruit 0 – 3 T	Infant Cereal 0 – 3 T	Formula or Breast Milk 4 – 6 oz	Formula or Breast Milk 4 – 8 oz	Veg./Fruit 0 – 3 T	Infant Cereal 0 – 3 T

NAMES 8 through 11 months	BREAKFAST			AM SNACK		LUNCH				PM SNACK		SUPPER			
	Formula or Breast Milk 6 – 8 oz	Infant Cereal 2 – 4 T	Veg./ Fruit 1 – 4 T	Formula, Breast Milk or Fruit Juice 2 – 4 oz	0 – 1/2 slice bread or 0 – 2 crackers	Formula or Breast Milk 6 – 8 oz	Veg./ Fruit 1 – 4 T	**and/or** Infant Cereal 2 – 4 T	Meat/Alt. 1 - 4 T/ 1/2 – 2 oz	Formula, Breast Milk or Fruit Juice 2 – 4 oz	0 – 1/2 slice bread or 0 – 2 crackers	Formula or Breast Milk 6 – 8 oz	Veg./ Fruit 1 – 4 T	**and/or** Infant Cereal 2 – 4 T	Meat/Alt. 1 - 4 T/ 1/2 – 2 oz