

Daily Infant Meal Record

Instructions

Write the name and date of birth of the infant(s) offered each meal. Circle IFIF or B Milk when offered. Record the exact food item(s) offered (i.e., type of fruit, vegetable, etc.) – amounts not necessary. Label parent-provided foods with a “P”. All required components must be offered when the infant is developmentally ready. Once infants have been offered all required components, mark the claimed box “Y”. Infant meals/snacks are claimable if the parent has provided no more than one component, e.g. breast milk.

Acronyms:

IFIF = Iron Fortified Infant Formula

BMilk = Breastmilk

IFIC = Iron Fortified Infant Cereal

*Fax by the 5th of the month to (888) 311-1842 or email as an attachment to menus@pugetsoundhs.org

*Submit only page 2 (as many copies as needed)

	BIRTH THROUGH 5 MONTHS	6 THROUGH 11 MONTHS
Breakfast/Lunch/Supper	4-6 fluid ounces breastmilk or formula	6-8 fluid ounces breastmilk or formula AND 0-4 tablespoons infant cereal, 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 OR a combination of the above AND 0-2 tablespoons vegetable or fruit OR a combination of both
Snack	4-6 fluid ounces breastmilk or formula	2-4 fluid ounces breastmilk or formula AND 0-½ slice bread OR 0-2 crackers OR 0-4 tablespoons infant cereal or ready-to-eat breakfast cereal AND 0-2 tablespoons vegetable or fruit OR a combination of both

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Date: _____ Menu Contact Name and Email: _____

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

BIRTH THROUGH 5 MONTHS			BREAKFAST		AM SNACK		LUNCH		PM SNACK	
Name	Date of Birth	Dev. Ready Y/N	IFIF and/or BMilk - 4-6 oz.	Claimed	IFIF and/or BMilk - 4-6 oz.	Claimed	IFIF and/or BMilk - 4-6 oz.	Claimed	IFIF and/or BMilk - 4-6 oz.	Claimed
			IFIF/BMilk		IFIF/BMilk		IFIF/BMilk		IFIF/BMilk	
			IFIF/BMilk		IFIF/BMilk		IFIF/BMilk		IFIF/BMilk	
			IFIF/BMilk		IFIF/BMilk		IFIF/BMilk		IFIF/BMilk	
			IFIF/BMilk		IFIF/BMilk		IFIF/BMilk		IFIF/BMilk	

6 THROUGH 11 MONTHS			BREAKFAST				AM SNACK		LUNCH			PM SNACK		
Name	Date of Birth	Dev. Ready Y/N	IFIF and/or BMilk - 6-8 oz.	IFIC 0-4 T or Meat/Alt 0-4 T	Fruit and/or Veg 0-2 T	Claimed (Y/N)	IFIF and/or BMilk 2-4 oz. F/V 0-2 T Grain 0-2 T or 0-1/2 slice or 0-2 crackers	Claimed (Y/N)	IFIF and/or BMilk - 6-8 oz.	IFIC 0-4 T or Meat/Alt 0-4 T	Fruit and/or Veg 0-2 T	Claimed (Y/N)	IFIF and/or BMilk 2-4 oz. F/V 0-2 T Grain 0-2 T or 0-1/2 slice or 0-2 crackers	Claimed (Y/N)
			IFIF/BMilk				IFIF/BMilk F/V: Grain:		IFIF/BMilk				IFIF/BMilk F/V: Grain:	
			IFIF/BMilk				IFIF/BMilk F/V: Grain:		IFIF/BMilk				IFIF/BMilk F/V: Grain:	
			IFIF/BMilk				IFIF/BMilk F/V: Grain:		IFIF/BMilk				IFIF/BMilk F/V: Grain:	
			IFIF/BMilk				IFIF/BMilk F/V: Grain:		IFIF/BMilk				IFIF/BMilk F/V: Grain:	
			IFIF/BMilk				IFIF/BMilk F/V: Grain:		IFIF/BMilk				IFIF/BMilk F/V: Grain:	
			IFIF/BMilk				IFIF/BMilk F/V: Grain:		IFIF/BMilk				IFIF/BMilk F/V: Grain:	