

The meals/snacks listed on this page were served in my day care home/center/ministry/during the week of _____.

Infant Name: _____ Date of Birth: _____

List specific food served & serving size	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
BIRTH THROUGH 3 MONTHS					
Breakfast: infant formula or breast milk					
a.m. supplement: infant formula or breast milk					
Lunch or Supper: infant formula or breast milk					
p.m. supplement: infant formula or breast milk					
4 – 7 MONTHS OLD					
Breakfast: infant formula or breast milk					
Infant Cereal					
a.m. supplement: infant formula or breast milk					
Lunch/Supper: infant formula or breast milk					
Infant Cereal					
Fruit and/or Vegetable					
p.m. supplement: infant formula or breast milk					
8 – 11 MONTHS OLD					
Breakfast: infant formula or breast milk					
Infant Cereal					
Fruit and/or Vegetable					
a.m. supplement: infant formula or breast milk					
Optional: Grain/Bread					
Lunch/Supper: infant formula or breast milk					
Infant Cereal					
Fruit and/or Vegetable					
p.m. supplement: infant formula or breast milk					
Optional: Grain/Bread					

Note: Infant formula and dry infant cereal must be iron fortified, unless a Dr. statement is on file.

I certify that the information on this infant feeding record is true to the best of my knowledge. I further understand that this information is being given in connection with the receipt of Federal funds, and that misrepresentation may subject me to prosecution under applicable State and Federal criminal statutes.

Signature of Caregiver: _____ Date: _____