

Individual Infant Meal Record

Month: August Year: 2024 Formula: 360 Infant Care Similac Center/Provider: Rise and Shine

Name: _____ Medical Statement on File? Yes No

Age: _____ Date of Birth: _____

Record the component(s) and amount(s) served to each infant after each meal. Reference the infant meal pattern for meal component requirements. Breast milk, provided by the infant's parent only, is recommended for the first year. PBO=parent breastfed onsite.

Food Components	Date: 08/26/24	Date: 08/27/24	Date: 08/28/24	Date: 08/29/24	Date: 08/30/24
Breakfast, Lunch, or Supper: 1: Breast milk or iron-fortified fluid infant formula	6-8 oz Formula	6-8 oz Formula	6-8 oz Formula	6-8 oz Formula	6-8 oz Formula
2: Infant cereal, meat, fish, poultry, whole egg, cooked dry beans or peas, cheese, or yogurt	1/2 c Yogurt	0-4 TBS Infant Oatmeal	0-4 oz Cottage Cheese	0-4 TBS Infant Oatmeal	1/2 c Yogurt
3: Fruit, vegetable, or combination of both	0-2 TBS Mixed Berries	0-2 TBS Banana	0-2 TBS Applesauce	0-2 TBS Banana	0-2 TBS Blueberries
AM or PM Supplement: 1: Breast milk or iron-fortified fluid infant formula	2-4 oz Formula	2-4 oz Formula	2-4 oz Formula	2-4 oz Formula	2-4 Formula
2: Bread, crackers, infant cereal, or ready-to-eat breakfast cereal	1/4 oz Kix	0-2 WG Ritz	1/4 oz Cheerios	0-2 WG Ritz	1/4 oz Kix
3: Fruit, vegetable, or combination of both	0-2 TBS Banana	0-2 TBS Black Beans	0-2 TBS Carrots	0-2 TBS Peaches	0-2 TBS Banana