

Individual Infant Meal Record

Month: November 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: 11/04/24	Date: 11/05/24	Date: 11/06/24	Date: 11/07/24	Date: 11/08/24
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	0-1/2 oz Infant Oatmeal	0-4 oz Cottage Cheese	0-1/2 oz Infant Oatmeal	0-1/2 c Yogurt	0-4 oz Cottage Cheese
3: Fruit, vegetable, or combination of both	e0-2 TBS Mandarin	0-2 TBS Blueberries	0-2 TBS Mixed Berries	0-2 TBS Peaches	0-2 TBS Applesauce
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 oz Formula
2: Bread, crackers, infant cereal, or ready-to-eat breakfast cereal	0-1/4 oz Cheerios	0-1/4 Toast	0-1/4 oz Crackers	0-1/4 oz Kix	0-1/4 oz Cheerios
3: Fruit, vegetable, or combination of both	0-2 TBS Peaches	0-2 TBS Carrots	0-2 TBS Avocado	0-2 TBS Applesauce	0-2 TBS Peaches