

## List of Infant Menu and Food Production Records

Sponsor must mark with an “X” which approved meal or snack service is recorded in the column.

- **Infant Menu and Food Production Record (birth to three months) 3 column**  
Menu and Food Production Record form for infants ages birth to three months. This form is intended for centers that request reimbursement for two meals and a snack daily.
- **Infant Menu and Food Production Record (birth to three months) 5 column**  
Menu and Food Production Record form for infants ages birth to three months. This form is intended for centers that have been approved for more than three meals/snacks.
- **Infant Menu and Food Production Record (four to seven months) 3 column**  
Menu and Food Production Record form for infants ages four months to seven months. This form is intended for centers that request reimbursement for two meals and a snack daily.
- **Infant Menu and Food Production Record (four to seven months) 5 column**  
Menu and Food Production Record form for infants ages four months to seven months. This form is intended for centers that have been approved for more than three meals/snacks.
- **Infant Menu and Food Production Record (eight months to first birthday) 3 column**  
Menu and Food Production Record form for infants ages eight months to their first birthday. This form is intended for centers that request reimbursement for two meals and a snack daily.
- **Infant Menu and Food Production Record (eight months to first birthday) 5 column**  
Menu and Food Production Record form for infants ages eight months to their first birthday. This form is intended for centers that have been approved for more than three meals/snacks.

**INFANT MENU AND FOOD PRODUCTION RECORD**  
**Birth Through Three Months**

Infant Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Check one:  Breast milk  
 Iron-Fortified Infant Formula (IFIF)

If formula, list brand: \_\_\_\_\_

Check one:  Center provided  
 Parent provided

Date	Breakfast	<input type="checkbox"/> Lunch/ <input type="checkbox"/> Supper	Snack— <input type="checkbox"/> am, <input type="checkbox"/> pm or <input type="checkbox"/> eve
	4 - 6 fluid oz. breast milk or iron-fortified infant formula	4 - 6 fluid oz. breast milk or iron-fortified infant formula	4 - 6 fluid oz. breast milk or iron-fortified infant formula
	<input type="checkbox"/> Breast milk oz. = _____ <input type="checkbox"/> IFIF oz. = _____	<input type="checkbox"/> Breast milk oz. = _____ <input type="checkbox"/> IFIF oz. = _____	<input type="checkbox"/> Breast milk oz. = _____ <input type="checkbox"/> IFIF oz. = _____
	<input type="checkbox"/> Breast milk oz. = _____ <input type="checkbox"/> IFIF oz. = _____	<input type="checkbox"/> Breast milk oz. = _____ <input type="checkbox"/> IFIF oz. = _____	<input type="checkbox"/> Breast milk oz. = _____ <input type="checkbox"/> IFIF oz. = _____
	<input type="checkbox"/> Breast milk oz. = _____ <input type="checkbox"/> IFIF oz. = _____	<input type="checkbox"/> Breast milk oz. = _____ <input type="checkbox"/> IFIF oz. = _____	<input type="checkbox"/> Breast milk oz. = _____ <input type="checkbox"/> IFIF oz. = _____
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	<input type="checkbox"/> Breast milk oz. = _____ <input type="checkbox"/> IFIF oz. = _____	<input type="checkbox"/> Breast milk oz. = _____ <input type="checkbox"/> IFIF oz. = _____	<input type="checkbox"/> Breast milk oz. = _____ <input type="checkbox"/> IFIF oz. = _____
	<input type="checkbox"/> Breast milk oz. = _____ <input type="checkbox"/> IFIF oz. = _____	<input type="checkbox"/> Breast milk oz. = _____ <input type="checkbox"/> IFIF oz. = _____	<input type="checkbox"/> Breast milk oz. = _____ <input type="checkbox"/> IFIF oz. = _____
	<input type="checkbox"/> Breast milk oz. = _____ <input type="checkbox"/> IFIF oz. = _____	<input type="checkbox"/> Breast milk oz. = _____ <input type="checkbox"/> IFIF oz. = _____	<input type="checkbox"/> Breast milk oz. = _____ <input type="checkbox"/> IFIF oz. = _____
	<input type="checkbox"/> Breast milk oz. = _____ <input type="checkbox"/> IFIF oz. = _____	<input type="checkbox"/> Breast milk oz. = _____ <input type="checkbox"/> IFIF oz. = _____	<input type="checkbox"/> Breast milk oz. = _____ <input type="checkbox"/> IFIF oz. = _____
<b>Reimbursable Meal Totals</b>			

- Breast milk is recommended in place of formula for the whole first year of life. For infants who regularly consume less than the minimum amount of breast milk per feeding, a serving of less than the minimum requirement of breast milk may be offered. Additional breast milk must be offered if the infant is still hungry.
- Meals and snacks of breast milk only may be claimed.
- If a mother comes to the child care center and breast feeds her infant, these meals cannot be claimed for reimbursement because the center has not incurred a cost or has not rendered a "service."
- Other substances (such as formula) may NOT be added to expressed breast milk.
- This form is intended for centers that request reimbursement for two meals and a snack daily.

**INFANT MENU AND FOOD PRODUCTION RECORD**  
**Birth Through Three Months**

Infant Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Check one:  Breast milk  
 Iron-Fortified Infant Formula (IFIF)

If formula, list brand: \_\_\_\_\_

Check one:  Center provided  
 Parent provided

<b>Date</b>	<b>Breakfast</b> 4 - 6 fluid oz. breast milk or iron-fortified infant formula	<b>AM Snack</b> 4 - 6 fluid oz. breast milk or iron-fortified infant formula	<b>Lunch</b> 4 - 6 fluid oz. breast milk or iron-fortified infant formula	<b>PM Snack</b> 4 - 6 fluid oz. breast milk or iron-fortified infant formula	<b>Supper</b> 4 - 6 fluid oz. breast milk or iron-fortified infant formula
	<input type="checkbox"/> Breast milk <input type="checkbox"/> IFIF OZ. = _____	<input type="checkbox"/> Breast milk <input type="checkbox"/> IFIF OZ. = _____	<input type="checkbox"/> Breast milk <input type="checkbox"/> IFIF OZ. = _____	<input type="checkbox"/> Breast milk <input type="checkbox"/> IFIF OZ. = _____	<input type="checkbox"/> Breast milk <input type="checkbox"/> IFIF OZ. = _____
	<input type="checkbox"/> Breast milk <input type="checkbox"/> IFIF OZ. = _____	<input type="checkbox"/> Breast milk <input type="checkbox"/> IFIF OZ. = _____	<input type="checkbox"/> Breast milk <input type="checkbox"/> IFIF OZ. = _____	<input type="checkbox"/> Breast milk <input type="checkbox"/> IFIF OZ. = _____	<input type="checkbox"/> Breast milk <input type="checkbox"/> IFIF OZ. = _____
	<input type="checkbox"/> Breast milk <input type="checkbox"/> IFIF OZ. = _____	<input type="checkbox"/> Breast milk <input type="checkbox"/> IFIF OZ. = _____	<input type="checkbox"/> Breast milk <input type="checkbox"/> IFIF OZ. = _____	<input type="checkbox"/> Breast milk <input type="checkbox"/> IFIF OZ. = _____	<input type="checkbox"/> Breast milk <input type="checkbox"/> IFIF OZ. = _____
	<input type="checkbox"/> Breast milk <input type="checkbox"/> IFIF OZ. = _____	<input type="checkbox"/> Breast milk <input type="checkbox"/> IFIF OZ. = _____	<input type="checkbox"/> Breast milk <input type="checkbox"/> IFIF OZ. = _____	<input type="checkbox"/> Breast milk <input type="checkbox"/> IFIF OZ. = _____	<input type="checkbox"/> Breast milk <input type="checkbox"/> IFIF OZ. = _____
	<input type="checkbox"/> Breast milk <input type="checkbox"/> IFIF OZ. = _____	<input type="checkbox"/> Breast milk <input type="checkbox"/> IFIF OZ. = _____	<input type="checkbox"/> Breast milk <input type="checkbox"/> IFIF OZ. = _____	<input type="checkbox"/> Breast milk <input type="checkbox"/> IFIF OZ. = _____	<input type="checkbox"/> Breast milk <input type="checkbox"/> IFIF OZ. = _____
<b>Meal Totals</b>					

- Breast milk is recommended in place of formula for the whole first year of life. For infants who regularly consume less than the minimum amount of breast milk per feeding, a serving of less than the minimum requirement of breast milk may be offered. Additional breast milk must be offered if the infant is still hungry.
- Meals and snacks of breast milk only may be claimed.
- If a mother comes to the child care center and breast feeds her infant, these meals cannot be claimed for reimbursement because the center has not incurred a cost or has not rendered a "service."
- Other substances (such as formula) may NOT be added to expressed breast milk.
- This form is intended for centers that have been approved for more than three meals/snacks. Staff may complete for all meals/snacks served but centers can only claim two meals and snacks or one meal and two snacks served to an infant in one day.

**INFANT MENU AND FOOD PRODUCTION RECORD  
 4 Through 7 Months**

Infant Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Check one:  Breast milk  
 Iron-Fortified Infant Formula (IFIF)

If formula, list brand: \_\_\_\_\_

Check one:  Center provided  
 Parent provided

Date	Breakfast	<input type="checkbox"/> Lunch/ <input type="checkbox"/> Supper	Snack— <input type="checkbox"/> am, <input type="checkbox"/> pm or <input type="checkbox"/> eve
	4 - 8 fluid oz. breast milk or iron-fortified infant formula Optional: 0-3 Tbsp. iron-fortified infant cereal	4 - 8 fluid oz. breast milk or iron-fortified infant formula Optional: 0-3 Tbsp. iron-fortified infant cereal 0-3 Tbsp. fruit/vegetables	4 - 6 fluid oz. breast milk or iron-fortified infant formula
	<input type="checkbox"/> Breast milk or <input type="checkbox"/> IFIF oz. = _____ IFIF Tbsp. = _____	<input type="checkbox"/> Breast milk or <input type="checkbox"/> IFIF oz. = _____ IFIF Tbsp. = _____ Fruit/Veg Tbsp. = _____	<input type="checkbox"/> Breast milk or <input type="checkbox"/> IFIF oz. = _____
	<input type="checkbox"/> Breast milk or <input type="checkbox"/> IFIF oz. = _____ IFIF Tbsp. = _____	<input type="checkbox"/> Breast milk or <input type="checkbox"/> IFIF oz. = _____ IFIF Tbsp. = _____ Fruit/Veg Tbsp. = _____	<input type="checkbox"/> Breast milk or <input type="checkbox"/> IFIF oz. = _____
	<input type="checkbox"/> Breast milk or <input type="checkbox"/> IFIF oz. = _____ IFIF Tbsp. = _____	<input type="checkbox"/> Breast milk or <input type="checkbox"/> IFIF oz. = _____ IFIF Tbsp. = _____ Fruit/Veg Tbsp. = _____	<input type="checkbox"/> Breast milk or <input type="checkbox"/> IFIF oz. = _____
	<input type="checkbox"/> Breast milk or <input type="checkbox"/> IFIF oz. = _____ IFIF Tbsp. = _____	<input type="checkbox"/> Breast milk or <input type="checkbox"/> IFIF oz. = _____ IFIF Tbsp. = _____ Fruit/Veg Tbsp. = _____	<input type="checkbox"/> Breast milk or <input type="checkbox"/> IFIF oz. = _____
	<input type="checkbox"/> Breast milk or <input type="checkbox"/> IFIF oz. = _____ IFIF Tbsp. = _____	<input type="checkbox"/> Breast milk or <input type="checkbox"/> IFIF oz. = _____ IFIF Tbsp. = _____ Fruit/Veg Tbsp. = _____	<input type="checkbox"/> Breast milk or <input type="checkbox"/> IFIF oz. = _____
<b>Reimbursable Meal Totals</b>			

- Breast milk is recommended in place of formula for the whole first year of life. For infants who regularly consume less than the minimum amount of breast milk per feeding, a serving of less than the minimum requirement of breast milk may be offered. Additional breast milk must be offered if the infant is still hungry.
- Meals/snacks of breast milk only may be claimed. However, if the mother breast feeds her infant at the child care center, then those meals cannot be claimed for reimbursement unless the center provides an optional component at that meal. Other substances (such as formula) may NOT be added to expressed breast milk.
- Solid foods are optional and should be introduced only when the infant is developmentally ready.
- This form is intended for centers that request reimbursement for two meals and a snack daily.

**INFANT MENU AND FOOD PRODUCTION RECORD  
 4 Through 7 Months**

Infant Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Check one:  Breast milk  
 Iron-Fortified Infant Formula (IFIF)

If formula, list brand: \_\_\_\_\_

Check one:  Center provided  
 Parent provided

Date	<b>Breakfast</b> 4 - 8 fluid oz. breast milk or iron-fortified infant formula Optional: 0-3 Tbsp. iron-fortified infant cereal	<b>AM Snack</b> 4 - 6 fluid oz. breast milk or iron-fortified infant formula	<b>Lunch</b> 4 - 8 fluid oz. breast milk or iron-fortified infant formula Optional: 0-3 Tbsp. iron-fortified infant cereal 0-3 Tbsp. fruit/vegetables	<b>PM Snack</b> 4 - 6 fluid oz. breast milk or iron-fortified infant formula	<b>Supper</b> 4 - 8 fluid oz. breast milk or iron-fortified infant formula Optional: 0-3 Tbsp. iron-fortified infant cereal 0-3 Tbsp. fruit/vegetables
	<input type="checkbox"/> Breast milk or <input type="checkbox"/> IFIF oz. = _____ IFIC T. = _____	<input type="checkbox"/> Breast milk or <input type="checkbox"/> IFIF oz. = _____	<input type="checkbox"/> Breast milk or <input type="checkbox"/> IFIF oz. = _____ IFIC T. = _____ Fruit/Veg T. = _____	<input type="checkbox"/> Breast milk or <input type="checkbox"/> IFIF oz. = _____	<input type="checkbox"/> Breast milk or <input type="checkbox"/> IFIF oz. = _____ IFIC T. = _____ Fruit/Veg T. = _____
	<input type="checkbox"/> Breast milk or <input type="checkbox"/> IFIF oz. = _____ IFIC T. = _____	<input type="checkbox"/> Breast milk or <input type="checkbox"/> IFIF oz. = _____	<input type="checkbox"/> Breast milk or <input type="checkbox"/> IFIF oz. = _____ IFIC T. = _____ Fruit/Veg T. = _____	<input type="checkbox"/> Breast milk or <input type="checkbox"/> IFIF oz. = _____	<input type="checkbox"/> Breast milk or <input type="checkbox"/> IFIF oz. = _____ IFIC T. = _____ Fruit/Veg T. = _____
	<input type="checkbox"/> Breast milk or <input type="checkbox"/> IFIF oz. = _____ IFIC T. = _____	<input type="checkbox"/> Breast milk or <input type="checkbox"/> IFIF oz. = _____	<input type="checkbox"/> Breast milk or <input type="checkbox"/> IFIF oz. = _____ IFIC T. = _____ Fruit/Veg T. = _____	<input type="checkbox"/> Breast milk or <input type="checkbox"/> IFIF oz. = _____	<input type="checkbox"/> Breast milk or <input type="checkbox"/> IFIF oz. = _____ IFIC T. = _____ Fruit/Veg T. = _____
	<input type="checkbox"/> Breast milk or <input type="checkbox"/> IFIF oz. = _____ IFIC T. = _____	<input type="checkbox"/> Breast milk or <input type="checkbox"/> IFIF oz. = _____	<input type="checkbox"/> Breast milk or <input type="checkbox"/> IFIF oz. = _____ IFIC T. = _____ Fruit/Veg T. = _____	<input type="checkbox"/> Breast milk or <input type="checkbox"/> IFIF oz. = _____	<input type="checkbox"/> Breast milk or <input type="checkbox"/> IFIF oz. = _____ IFIC T. = _____ Fruit/Veg T. = _____
	<input type="checkbox"/> Breast milk or <input type="checkbox"/> IFIF oz. = _____ IFIC T. = _____	<input type="checkbox"/> Breast milk or <input type="checkbox"/> IFIF oz. = _____	<input type="checkbox"/> Breast milk or <input type="checkbox"/> IFIF oz. = _____ IFIC T. = _____ Fruit/Veg T. = _____	<input type="checkbox"/> Breast milk or <input type="checkbox"/> IFIF oz. = _____	<input type="checkbox"/> Breast milk or <input type="checkbox"/> IFIF oz. = _____ IFIC T. = _____ Fruit/Veg T. = _____
<b>Meal Totals</b>					

- Breast milk is recommended in place of formula for the whole first year of life. For infants who regularly consume less than the minimum amount of breast milk per feeding, a serving of less than the minimum requirement of breast milk may be offered. Additional breast milk must be offered if the infant is still hungry.
- Meals/snacks of breast milk only may be claimed. However, if the mother breast feeds her infant at the child care center, then those meals cannot be claimed for reimbursement unless the center provides an optional component at that meal. Other substances (such as formula) may NOT be added to expressed breast milk.
- Solid foods are optional and should be introduced only when the infant is developmentally ready.
- This form is intended for centers that have been approved for more than three meals/snacks. Staff may complete for all meals/snacks served but centers can only claim two meals and snacks or one meal and two snacks served to an infant in one day.

**INFANT MENU AND FOOD PRODUCTION RECORD**  
**8 Months to 1<sup>st</sup> Birthday**

Infant Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Check one:  Breast milk  
 Iron-Fortified Infant Formula (IFIF)

If formula, list brand: \_\_\_\_\_

Check one:  Center provided  
 Parent provided

Date	Breakfast	<input type="checkbox"/> Lunch/ <input type="checkbox"/> Supper	Snack— <input type="checkbox"/> am, <input type="checkbox"/> pm or <input type="checkbox"/> eve
	6 - 8 fluid oz. breast milk or iron-fortified infant formula 2-4 Tbsp. iron-fortified infant cereal 1-4 Tbsp. fruit/vegetables	6 - 8 fluid oz. breast milk or iron-fortified infant formula 2-4 Tbsp. iron-fortified infant cereal and/or 1-4 Tbsp. meat/meat alternate 1-4 Tbsp. fruit/vegetables	2 - 4 fluid oz. breast milk or iron-fortified infant formula or full strength fruit juice Optional: 0-½ slice bread or 0-2 crackers
	<input type="checkbox"/> Breast milk or <input type="checkbox"/> IFIF oz. = _____ IFIC Tbsp. = _____ Fruit/Veg Tbsp. = _____	<input type="checkbox"/> Breast milk or <input type="checkbox"/> IFIF oz. = _____ IFIC/meat alt Tbsp. = _____ Fruit/Veg Tbsp. = _____	<input type="checkbox"/> Breast milk or <input type="checkbox"/> IFIF or <input type="checkbox"/> Fruit juice oz. = _____
	<input type="checkbox"/> Breast milk or <input type="checkbox"/> IFIF oz. = _____ IFIC Tbsp. = _____ Fruit/Veg Tbsp. = _____	<input type="checkbox"/> Breast milk or <input type="checkbox"/> IFIF oz. = _____ IFIC/meat alt Tbsp. = _____ Fruit/Veg Tbsp. = _____	<input type="checkbox"/> Breast milk or <input type="checkbox"/> IFIF or <input type="checkbox"/> Fruit juice oz. = _____
	<input type="checkbox"/> Breast milk or <input type="checkbox"/> IFIF oz. = _____ IFIC Tbsp. = _____ Fruit/Veg Tbsp. = _____	<input type="checkbox"/> Breast milk or <input type="checkbox"/> IFIF oz. = _____ IFIC/meat alt Tbsp. = _____ Fruit/Veg Tbsp. = _____	<input type="checkbox"/> Breast milk or <input type="checkbox"/> IFIF or <input type="checkbox"/> Fruit juice oz. = _____
	<input type="checkbox"/> Breast milk or <input type="checkbox"/> IFIF oz. = _____ IFIC Tbsp. = _____ Fruit/Veg Tbsp. = _____	<input type="checkbox"/> Breast milk or <input type="checkbox"/> IFIF oz. = _____ IFIC/meat alt Tbsp. = _____ Fruit/Veg Tbsp. = _____	<input type="checkbox"/> Breast milk or <input type="checkbox"/> IFIF or <input type="checkbox"/> Fruit juice oz. = _____
	<input type="checkbox"/> Breast milk or <input type="checkbox"/> IFIF oz. = _____ IFIC Tbsp. = _____ Fruit/Veg Tbsp. = _____	<input type="checkbox"/> Breast milk or <input type="checkbox"/> IFIF oz. = _____ IFIC/meat alt Tbsp. = _____ Fruit/Veg Tbsp. = _____	<input type="checkbox"/> Breast milk or <input type="checkbox"/> IFIF or <input type="checkbox"/> Fruit juice oz. = _____
<b>Meal Totals</b>			

- Meat/meat alternate includes meat, fish, poultry, egg yolk, cooked dry beans, dry peas, or ½-2 oz. cheese or 1-4 oz. cottage cheese or cheese food.
- Juice should not be offered to infants until they are ready to drink from a cup to prevent baby bottle tooth decay.
- This form is intended for centers that request reimbursement for two meals and a snack daily.

**INFANT MENU AND FOOD PRODUCTION RECORD**  
**8 Months to 1<sup>st</sup> Birthday**

Infant Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Check one:  Breast milk  
 Iron-Fortified Infant Formula (IFIF)

If formula, list brand: \_\_\_\_\_

Check one:  Center provided  
 Parent provided

<b>Date</b>	<b>Breakfast</b> 6 - 8 fluid oz. breast milk or iron-fortified infant formula 2-4 Tbsp. iron-fortified infant cereal 1-4 Tbsp. fruit/vegetables	<b>AM Snack</b> 2 - 4 fluid oz. breast milk or iron-fortified infant formula or full strength fruit juice Optional: 0-½ slice bread or 0-2 crackers	<b>Lunch</b> 6 - 8 fluid oz. breast milk or iron-fortified infant formula 2-4 T. iron-fortified infant cereal and/or 1-4 T. meat/meat alternate 1-4 T. fruit/vegetables	<b>PM Snack</b> 2 - 4 fluid oz. breast milk or iron-fortified infant formula or full strength fruit juice Optional: 0-½ slice bread or 0-2 crackers	<b>Supper</b> 6 - 8 fluid oz. breast milk or iron-fortified infant formula 2-4 T. iron-fortified infant cereal and/or 1-4 T. meat/meat alternate 1-4 T. fruit/vegetables
	<input type="checkbox"/> Breast milk or <input type="checkbox"/> IFIF oz. = _____ IFIC T.= _____ Fruit/Veg T.= _____	<input type="checkbox"/> Breast milk or <input type="checkbox"/> IFIF or <input type="checkbox"/> Fruit juice oz.= _____	<input type="checkbox"/> Breast milk or <input type="checkbox"/> IFIF oz. = _____ IFIC/meat T.= _____ Fruit/Veg T.= _____	<input type="checkbox"/> Breast milk or <input type="checkbox"/> IFIF or <input type="checkbox"/> Fruit juice oz.= _____	<input type="checkbox"/> Breast milk or <input type="checkbox"/> IFIF oz. = _____ IFIC/meat T.= _____ Fruit/Veg T.= _____
	<input type="checkbox"/> Breast milk or <input type="checkbox"/> IFIF oz. = _____ IFIC T.= _____ Fruit/Veg T.= _____	<input type="checkbox"/> Breast milk or <input type="checkbox"/> IFIF or <input type="checkbox"/> Fruit juice oz.= _____	<input type="checkbox"/> Breast milk or <input type="checkbox"/> IFIF oz. = _____ IFIC/meat T.= _____ Fruit/Veg T.= _____	<input type="checkbox"/> Breast milk or <input type="checkbox"/> IFIF or <input type="checkbox"/> Fruit juice oz.= _____	<input type="checkbox"/> Breast milk or <input type="checkbox"/> IFIF oz. = _____ IFIC/meat T.= _____ Fruit/Veg T.= _____
	<input type="checkbox"/> Breast milk or <input type="checkbox"/> IFIF oz. = _____ IFIC T.= _____ Fruit/Veg T.= _____	<input type="checkbox"/> Breast milk or <input type="checkbox"/> IFIF or <input type="checkbox"/> Fruit juice oz.= _____	<input type="checkbox"/> Breast milk or <input type="checkbox"/> IFIF oz. = _____ IFIC/meat T.= _____ Fruit/Veg T.= _____	<input type="checkbox"/> Breast milk or <input type="checkbox"/> IFIF or <input type="checkbox"/> Fruit juice oz.= _____	<input type="checkbox"/> Breast milk or <input type="checkbox"/> IFIF oz. = _____ IFIC/meat T.= _____ Fruit/Veg T.= _____
	<input type="checkbox"/> Breast milk or <input type="checkbox"/> IFIF oz. = _____ IFIC T.= _____ Fruit/Veg T.= _____	<input type="checkbox"/> Breast milk or <input type="checkbox"/> IFIF or <input type="checkbox"/> Fruit juice oz.= _____	<input type="checkbox"/> Breast milk or <input type="checkbox"/> IFIF oz. = _____ IFIC/meat T.= _____ Fruit/Veg T.= _____	<input type="checkbox"/> Breast milk or <input type="checkbox"/> IFIF or <input type="checkbox"/> Fruit juice oz.= _____	<input type="checkbox"/> Breast milk or <input type="checkbox"/> IFIF oz. = _____ IFIC/meat T.= _____ Fruit/Veg T.= _____
	<input type="checkbox"/> Breast milk or <input type="checkbox"/> IFIF oz. = _____ IFIC T.= _____ Fruit/Veg T.= _____	<input type="checkbox"/> Breast milk or <input type="checkbox"/> IFIF or <input type="checkbox"/> Fruit juice oz.= _____	<input type="checkbox"/> Breast milk or <input type="checkbox"/> IFIF oz. = _____ IFIC/meat T.= _____ Fruit/Veg T.= _____	<input type="checkbox"/> Breast milk or <input type="checkbox"/> IFIF or <input type="checkbox"/> Fruit juice oz.= _____	<input type="checkbox"/> Breast milk or <input type="checkbox"/> IFIF oz. = _____ IFIC/meat T.= _____ Fruit/Veg T.= _____
<b>Meal Totals</b>					

- Meat/meat alternate includes meat, fish, poultry, egg yolk, cooked dry beans, dry peas, or ½-2 oz. cheese or 1-4 oz. cottage cheese or cheese food.
- Juice should not be offered to infants until they are ready to drink from a cup to prevent baby bottle tooth decay.
- This form is intended for centers that have been approved for more than three meals/snacks. Staff may complete for all meals/snacks served but centers can only claim two meals and snacks or one meal and two snacks served to an infant in one day.