Community Colleges of Spokane

Spokane County Head Start/ECEAP/EHS
Infant Daily Meal Record for Birth – 7 Months

Center _____

Class _____

Child's Name _____ Date of Birth _____ Month/Year _____ Formula Brand _____

Does infant take any Breast Milk in classroom? ☐ Yes ☐ No If so, please indicate which meal/snack below**:**

4-7 Month Meal Requirements:	**Breakfast:** 4-6oz IFIF and/or Breast Milk **Optional** Foods: IFIC (list type)	**AM Snack:** 4-6oz IFIF and/or Breast Milk	**Lunch:** 4-6oz IFIF and/or Breast Milk **Optional** Foods: IFIC, Fruit and/or Vegetable (list type)	**PM Snack:** 4-6oz IFIF and/or Breast Milk

Date	**Monday _____**	**Tuesday _____**	**Wednesday _____**	**Thursday _____**	**Friday _____**
Breakfast Required	☐ 4-6 oz IFIF &/or HBM	☐ 4-6 oz IFIF &/or HBM	☐ 4-6 oz IFIF &/or HBM	☐ 4-6 oz IFIF &/or HBM	☐ 4-6 oz IFIF &/or HBM
Breakfast Optional	☐ Oat or Rice IFIC	☐ Oat or Rice IFIC	☐ Oat or Rice IFIC	☐ Oat or Rice IFIC	☐ Oat or Rice IFIC
AM Snack	☐ 4-6 oz IFIF &/or HBM	☐ 4-6 oz IFIF &/or HBM	☐ 4-6 oz IFIF &/or HBM	☐ 4-6 oz IFIF &/or HBM	☐ 4-6 oz IFIF &/or HBM
Lunch Required	☐ 4-6 oz IFIF &/or HBM	☐ 4-6 oz IFIF &/or HBM	☐ 4-6 oz IFIF &/or HBM	☐ 4-6 oz IFIF &/or HBM	☐ 4-6 oz IFIF &/or HBM
Lunch Optional	☐ Oat or Rice IFIC ☐ Applesauce, Apricots, Bananas, Peaches, Pears, Mand. Oranges, Melon, other _____ ☐ Carrots, G. Beans, Mixed Veggies, Peas, Sw. Potato, Squash, other _____	☐ Oat or Rice IFIC ☐ Applesauce, Apricots, Bananas, Peaches, Pears, Mand. Oranges, Melon, other _____ ☐ Carrots, G. Beans, Mixed Veggies, Peas, Sw. Potato, Squash, other _____	☐ Oat or Rice IFIC ☐ Applesauce, Apricots, Bananas, Peaches, Pears, Mand. Oranges, Melon, other _____ ☐ Carrots, G. Beans, Mixed Veggies, Peas, Sw. Potato, Squash, other _____	☐ Oat or Rice IFIC ☐ Applesauce, Apricots, Bananas, Peaches, Pears, Mand. Oranges, Melon, other _____ ☐ Carrots, G. Beans, Mixed Veggies, Peas, Sw. Potato, Squash, other _____	☐ Oat or Rice IFIC ☐ Applesauce, Apricots, Bananas, Peaches, Pears, Mand. Oranges, Melon, other _____ ☐ Carrots, G. Beans, Mixed Veggies, Peas, Sw. Potato, Squash, other _____
PM Snack	☐ 4-6 oz IFIF &/or HBM	☐ 4-6 oz IFIF &/or HBM	☐ 4-6 oz IFIF &/or HBM	☐ 4-6 oz IFIF &/or HBM	☐ 4-6 oz IFIF &/or HBM

- Check all components offered. If type of food item is not listed, write in type of food offered.
- Put a **"P"** by any food item provided by **and** fed by parent

IFIF = Iron Fortified Infant Formula * **HBM** = Human Breast Milk * **IFIC** = Iron Fortified Infant Cereal