Community Colleges of Spokane

Spokane County Head Start/ECEAP/EHS
Infant Daily Meal Record for 8 – 11 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:

Meal Requirements:	**Breakfast:** ☐ 6-8oz IFIF and/or Human Breast Milk ☐ 2-4 Tbsp. IFIC (list type) ☐ 1-4 Tbsp. Fruit and/or Vegetable	**AM Snack:** ☐ 2-4oz IFIF/Human Breast Milk or 100% Fruit Juice (list type) ☐ **Optional**: bread, crackers (list type)	**Lunch:** ☐ 6-8oz IFIF and/or Human Breast Milk ☐ 2-4 Tbsp. IFIC (list type) ☐ 1-4 Tbsp. Fruit and/or Vegetable	**PM Snack:** ☐ 2-4oz IFIF/Human Breast Milk or 100% Fruit Juice (list type) ☐ **Optional**: bread, crackers (list type)

Date	**Monday** _____	**Tuesday** _____	**Wednesday** _____	**Thursday** _____	**Friday** _____
Breakfast	☐ IFIF &/or HBM ☐ Oat or Rice IFIC ☐ Applesauce, Apricots, Bananas, Peaches, Pears, Mandarin Oranges, Melon, other _____	☐ IFIF &/or HBM ☐ Oat or Rice IFIC ☐ Applesauce, Apricots, Bananas, Peaches, Pears, Mandarin Oranges, Melon, other _____	☐ IFIF &/or HBM ☐ Oat or Rice IFIC ☐ Applesauce, Apricots, Bananas, Peaches, Pears, Mandarin Oranges, Melon, other _____	☐ IFIF &/or HBM ☐ Oat or Rice IFIC ☐ Applesauce, Apricots, Bananas, Peaches, Pears, Mandarin Oranges, Melon, other _____	☐ IFIF &/or HBM ☐ Oat or Rice IFIC ☐ Applesauce, Apricots, Bananas, Peaches, Pears, Mandarin Oranges, Melon, other _____
AM Snack	☐ IFIF &/or HBM or Fr Juice	☐ IFIF &/or HBM or Fr Juice	☐ IFIF &/or HBM or Fr Juice	☐ IFIF &/or HBM or Fr Juice	☐ IFIF &/or HBM or Fr Juice
AM Snack Optional	_____ Other (list)	_____ Other (list)	_____ Other (list)	_____ Other (list)	_____ Other (list)
Lunch	☐ IFIF &/or HBM ☐ Oat or Rice IFIC &/or Meat/Alt (list) _____ ☐ Applesauce, Apricots, Bananas, Peaches, Pears, Mandarin Oranges, Melon, other _____ ☐ Carrots, G. Beans, Mixed Veggies, Peas, Sw. Potato, Squash, other _____	☐ IFIF &/or HBM ☐ Oat or Rice IFIC &/or Meat/Alt (list) _____ ☐ Applesauce, Apricots, Bananas, Peaches, Pears, Mandarin Oranges, Melon, other _____ ☐ Carrots, G. Beans, Mixed Veggies, Peas, Sw. Potato, Squash, other _____	☐ IFIF &/or HBM ☐ Oat or Rice IFIC &/or Meat/Alt (list) _____ ☐ Applesauce, Apricots, Bananas, Peaches, Pears, Mandarin Oranges, Melon, other _____ ☐ Carrots, G. Beans, Mixed Veggies, Peas, Sw. Potato, Squash, other _____	☐ IFIF &/or HBM ☐ Oat or Rice IFIC &/or Meat/Alt (list) _____ ☐ Applesauce, Apricots, Bananas, Peaches, Pears, Mandarin Oranges, Melon, other _____ ☐ Carrots, G. Beans, Mixed Veggies, Peas, Sw. Potato, Squash, other _____	☐ IFIF &/or HBM ☐ Oat or Rice IFIC &/or Meat/Alt (list) _____ ☐ Applesauce, Apricots, Bananas, Peaches, Pears, Mandarin Oranges, Melon, other _____ ☐ Carrots, G. Beans, Mixed Veggies, Peas, Sw. Potato, Squash, other _____
PM Snack	☐ IFIF &/or HBM or Fr Juice	☐ IFIF &/or HBM or Fr Juice	☐ IFIF &/or HBM or Fr Juice	☐ IFIF &/or HBM or Fr Juice	☐ IFIF &/or HBM or Fr Juice
PM Snack Optional	_____ Other (list)	_____ Other (list)	_____ Other (list)	_____ Other (list)	_____ Other (list)

- 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 * **Fr** = Fruit
Meat Alternates include: lean meat, fish, poultry, egg yolk cooked dry beans or peas, cheese, or cottage cheese