

Contracting Entity Name:		CE ID # (Five Digit):		Date Meal was Served:		
Name of Site:		Site # (Four Digit):				
Planned Participants:		Meal Service: <input type="radio"/> Breakfast <input type="radio"/> Lunch <input type="radio"/> AM Snack <input type="radio"/> PM Snack <input type="radio"/> Supper <input type="radio"/> Evening Snack				
Required Food Components - Birth through 5 months		Required Food Components - 6 months thru 11 months		Leftover/Recycled Food		
Breakfast, Lunch/Supper, and Snack	Breakfast, Lunch, and Supper	Snack		Date First Served	Date Re-Served	Food Item and Quantity
4-6 fluid ounces breastmilk or infant formula	6-8 fluid ounces breastmilk or infant formula and 0-4 tbsp infant cereal, or 0-4 tbst meat, fish, poultry, whole egg, or 0-4 tbsp cooked dry beans or dry peas, or 0-2 oz cheese or 0-4 oz cottage cheese, or 0-4 oz or 1/2 cup of yogurt, or a combination of the above* and , 0-2 tbsp vegetable or fruit or a combination of both	2-4 fluid ounces breastmilk or infant formula and 0-1/2 slice bread, or 0-2 crackers, or 0-4 tbsp infant cereal* and 0-2 tbsp vegetable or fruit or a combination of both.*				
*Required component when infant is developmentally ready						
Infant Name and Age		Menu		Food Items Used (Enter each food item used)		Quantity Prepared (measurable amount)
Substitutions due to Medical or Special dietary needs or disability						
Name of Infant		Substitution(s) Made			Item/Component Provided by Parent/Guardian-Y/N	

Comments (Record any other meal modifications or special instructions here) :