

Daily Meal Production Record - Infants (1530-A)

CE Name: Coastal Child Nutrition Services

CE ID # (Five Digit): 02107

Date Meal was Served: 2/21/2019

Name of Site: ABC 123 Day Care Center

Site # (Four Digit): 1234

Meal Service: B A L

Cycle Menu

Thurs, Week One

Planned Participation	Birth thru 5 months	<u>2</u>
	6 thru 11 months	<u>2</u>

P S E

Age Group	Required Food Components	Infant Name	Age	Menu	Food Items Used (enter each food item used)	Iron Fortified	Quantity Prepared (measurable amount)
Birth thru 5 months	Breakfast, Lunch, Supper, Snack <i>4 - 6 fluid ounces breastmilk (BM) or infant formula (IF)</i>	<i>Samantha Davis</i>	3 MOS.	<input type="checkbox"/> BM <input checked="" type="checkbox"/> IF	<i>Similac IF</i>	<input checked="" type="checkbox"/>	<u>6 OZS</u>
		<i>Joey Lightfoot</i>	4 MOS.	<input type="checkbox"/> BM <input checked="" type="checkbox"/> IF	<i>Enfamil IF</i>	<input checked="" type="checkbox"/>	<u>6 OZS</u>
			MOS.	<input type="checkbox"/> BM <input type="checkbox"/> IF		<input type="checkbox"/>	_____ OZS
			MOS.	<input type="checkbox"/> BM <input type="checkbox"/> IF		<input type="checkbox"/>	_____ OZS
			MOS.	<input type="checkbox"/> BM <input type="checkbox"/> IF		<input type="checkbox"/>	_____ OZS
6 thru 11 months	Breakfast, Lunch, Supper <i>6-8 fluid ounces breastmilk (BM) or infant formula (IF) and,</i> <i>0-4 tbsp infant cereal, or</i> <i>0-4 tbst meat, fish, poultry, whole egg, or</i> <i>0-4 tbsp cooked dry beans or dry peas, or</i> <i>0-2 oz cheese or 0-4 oz cottage cheese, or</i> <i>0-4 oz or 1/2 cup of yogurt, or a combination of the above* and,</i> <i>0-2 tbsp vegetable or fruit or a combination of both*</i>	<i>Billy Kidd</i>	7 MOS.	<input type="checkbox"/> BM <input checked="" type="checkbox"/> IF	<i>Enfamil IF</i>	<input checked="" type="checkbox"/>	<u>8 ozs</u>
				Infant Cereal *	Infant Rice Cereal	<input checked="" type="checkbox"/>	<u>4 tbsp</u>
				Applesauce *	Smooth Applesauce	<input type="checkbox"/>	<u>4 tbsp</u>
		<i>Janie Hernandez</i>	10 MOS.	<input type="checkbox"/> BM <input checked="" type="checkbox"/> IF	<i>Enfamil IF</i>	<input checked="" type="checkbox"/>	<u>8 ozs</u>
				Infant Cereal *	Infant Rice Cereal	<input checked="" type="checkbox"/>	<u>4 tbsp</u>
				Applesauce *	Smooth Applesauce	<input type="checkbox"/>	
			MOS.	<input type="checkbox"/> BM <input type="checkbox"/> IF		<input type="checkbox"/>	_____ OZS
			MOS.	Infant Cereal *	Infant Rice Cereal	<input checked="" type="checkbox"/>	_____ tbsp
			MOS.	Applesauce *	Smooth Applesauce	<input type="checkbox"/>	_____ tbsp
			MOS.	<input type="checkbox"/> BM <input type="checkbox"/> IF		<input type="checkbox"/>	_____ OZS
			MOS.	Infant Cereal *	Infant Rice Cereal	<input checked="" type="checkbox"/>	_____ tbsp
			MOS.	Applesauce *	Smooth Applesauce	<input type="checkbox"/>	_____ tbsp
			MOS.	<input type="checkbox"/> BM <input type="checkbox"/> IF		<input type="checkbox"/>	_____ OZS
			MOS.	Infant Cereal *	Infant Rice Cereal	<input checked="" type="checkbox"/>	_____ tbsp
			MOS.	Applesauce *	Smooth Applesauce	<input type="checkbox"/>	_____ tbsp
			MOS.	<input type="checkbox"/> BM <input type="checkbox"/> IF		<input type="checkbox"/>	_____ OZS
			MOS.	Infant Cereal *	Infant Rice Cereal	<input checked="" type="checkbox"/>	_____ tbsp
			MOS.	Applesauce *	Smooth Applesauce	<input type="checkbox"/>	_____ tbsp

*Required component when infant is developmentally ready

