Infant Daily Production Record

Date _____

Meal Service	Serving Size per Age Group			Food Items Used	Amounts Used	Number Served
	0-4 Mos.	4-7Mos.	8-11 Mos.			
BREAKFAST						
1. Formula or Breast Milk	4-6oz	4-8oz	6-8oz	1. _____	_____	to 4 Mos. _____
2. Infant Cereal	-0-	0-3 Tbsp*	2-4 Tbsp	2. _____	_____	4-7 Mos. _____
3. Fruit and/or Vegetable	-0-	-0-	1-4 Tbsp	3. _____	_____	8-11 Mos. _____
	0-4 Mos.	4-7Mos.	8-11 Mos.			
LUNCH						
1. Formula or Breast Milk	4-6oz	4-8oz	6-8oz	1. _____	_____	to 4 Mos. _____
2. Infant Cereal	-0-	0-3 Tbsp*	2-4 Tbsp	2. _____	_____	4-7 Mos. _____
3. Vegetable and/or Fruit	-0-	0-3 Tbsp*	1-4 Tbsp	3. _____	_____	8-11 Mos. _____
4. Meat/Meat Alternate	-0-	-0-	1-4 Tbsp** see options below	4. _____	_____	
	0-4 Mos.	4-7Mos.	8-11 Mos.			
PM Snack* (supplement)						
1. Formula or Breast Milk	4-6oz	4-6oz	2-4 oz -or Full Strength Fruit Juice	1. _____	_____	to 4 Mos. _____
2. Bread or Bread Alternate	-0-	-0-	0-1/2 bread -or 0-2 Crackers	2. _____	_____	4-7 Mos. _____
				3. _____	_____	8-11 Mos. _____

***Optional items**

****(Meat, Fish, Poultry,Egg Yolk, Cooked Beans/Peas) -or- 1/2-2 oz Cheese or- 1-4oz Cottage Cheese/Cheese Spread**