

Provider's Name \_\_\_\_\_ Week of: \_\_\_\_\_

Child No. 1: \_\_\_\_\_ Age: \_\_\_\_\_ Formula: \_\_\_\_\_ Cereal \_\_\_\_\_

**4 THROUGH 7 MONTHS**

List amounts of food offered to infants, not amount consumed.

MEAL REQUIREMENTS		AMOUNTS	MON.	TUES.	WED.	THURS.	FRI.
BRK.	I.F.I.F. or Breast Milk*	4-8 fl. oz					
**	I.F.I.C.	0-3 Tbsp.					
AM	I.F.I.F. or Breast Milk*	4-8 fl. Oz					
LUN.	I.F.I.F. or Breast Milk*	4-8 fl. oz					
**	I.F.I.C.	0-3 Tbsp					
**	Fruit or Vegetable or both	0-3 Tbsp.					
PM.	I.F.I.F. or Breast Milk*	4-8 fl. Oz					
SUP.	I.F.I.F. or Breast Milk*	4-8 fl. oz					
**	I.F.I.C.	0-3 Tbsp					
**	Fruit or Vegetable or both	0-3 Tbsp.					
EVE	I.F.I.F. or Breast Milk*	4-8 fl. oz					

\* or portion of both                      \*\* = if developmentally ready

Child No. 2: \_\_\_\_\_ Age: \_\_\_\_\_ Formula: \_\_\_\_\_ Cereal \_\_\_\_\_

**4 THROUGH 7 MONTHS**

List amounts of food offered to infants, not amount consumed.

MEAL REQUIREMENTS		AMOUNTS	MON.	TUES.	WED.	THURS.	FRI.
BRK.	I.F.I.F. or Breast Milk*	4-8 fl. oz					
**	I.F.I.C.	0-3 Tbsp.					
AM	I.F.I.F. or Breast Milk*	4-8 fl. Oz					
LUN.	I.F.I.F. or Breast Milk*	4-8 fl. oz					
**	I.F.I.C.	0-3 Tbsp					
**	Fruit or Vegetable or both	0-3 Tbsp.					
PM.	I.F.I.F. or Breast Milk*	4-8 fl. Oz					
SUP.	I.F.I.F. or Breast Milk*	4-8 fl. oz					
**	I.F.I.C.	0-3 Tbsp					
**	Fruit or Vegetable or both	0-3 Tbsp.					
EVE	I.F.I.F. or Breast Milk*	4-8 fl. oz					

\* or portion of both                      \*\* = if developmentally ready