# Daily Infant Food Record

**Name of Contracting Organization:**

**Program Number:**

**Name of Facility:**

**Date:**

<table>
<thead>
<tr>
<th>AGE GROUP</th>
<th>NAME OF INFANT</th>
<th>DATE OF BIRTH</th>
<th>FORMULA/BREAST MILK</th>
<th>BREAKFAST</th>
<th>A.M. SNACK</th>
<th>LUNCH</th>
<th>P.M. SNACK</th>
<th>SUPPER</th>
<th>EVENING SNACK</th>
</tr>
</thead>
<tbody>
<tr>
<td>BIRTH THROUGH 3 MONTHS</td>
<td>Name:</td>
<td>DOB:</td>
<td>IFIF / BM:</td>
<td>Iron Fortified Infant Formula (IFIF) and/or Breast Milk (BM)</td>
<td>IFIF and/or BM</td>
<td>IFIF and/or BM</td>
<td>IFIF and/or BM</td>
<td>IFIF and/or BM</td>
<td>IFIF and/or BM</td>
</tr>
<tr>
<td>4 THROUGH 7 MONTHS</td>
<td>Name:</td>
<td>DOB:</td>
<td>IFIF / BM:</td>
<td>IFIF and/or BM</td>
<td>Other Foods</td>
<td>IFIF and/or BM</td>
<td>Other Foods</td>
<td>IFIF and/or BM</td>
<td>Other Foods</td>
</tr>
<tr>
<td>8 THROUGH 11 MONTHS</td>
<td>Name:</td>
<td>DOB:</td>
<td>IFIF / BM:</td>
<td>IFIF and/or BM</td>
<td>IFIC</td>
<td>Fruit and/or Veg</td>
<td>IFIF/BM/Fruit Juice and Other Foods</td>
<td>IFIF and/or BM</td>
<td>Fruit and/or Veg</td>
</tr>
</tbody>
</table>

**Planned participation:**

**Quantity Used:**

**Meals Claimed**

Breakfast: _____
A.M. Snack: _____
Lunch: _____
P.M. Snack: _____
Supper: _____
Evening Snack: _____