

Daily Meals Worksheet Report

Provider: _____ Provider Number: _____ Date: _____

Infants 0-5 Months

Breakfast Inf Milk: _____ **PM Snack** Inf Milk: _____

AM Snack Inf Milk: _____ **Dinner** Inf Milk: _____

Lunch Inf Milk: _____ **Evening Snack** Inf Milk: _____

Infants 6-11 Months

Breakfast Inf Milk: _____ **PM Snack** Inf Milk: _____
 Cereal/Meat/Alt: _____ Bread/Crackers: _____
 Fruit/Veg: _____ Fruit/Veg: _____

AM Snack Inf Milk: _____ **Dinner** Inf Milk: _____
 Bread/Crackers: _____ Cereal/Meat/Alt: _____
 Fruit/Veg: _____ Fruit/Veg: _____

Lunch Inf Milk: _____ **Evening Snack** Inf Milk: _____
 Cereal/Meat/Alt: _____ Bread/Crackers: _____
 Fruit/Veg: _____ Fruit/Veg: _____

Name	#	BRK	AMS	LUN	PMS	DIN	EVS	In	Out	In	Out
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