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| **Breakfast** | **A.M. Snack** | **Lunch/Supper** | **P.M. Snack** |
| **Date** | 4-6 ozIFIF or Breast Milk | Count meal | 4-6 ozIFIF or Breast Milk | Count Meal | 4-6 ozIFIF or Breast Milk | Count Meal | 4-6 ozIFIF or Breast Milk | Count Meal |
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| **Total** |  |  |  |  |  |  |  |  |
| **IFIF= Iron Fortified Infant Formula Write in appropriate box the food offered to the infant – circle type** |

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| **Breakfast** | **A.M. Snack** | **Lunch/Supper** | **P.M. Snack** |
| **Date** | 4-8 oz IFIF &/or Breast Milk | 0-3 T IFIC | Count Meal | 4-6 oz IFIF or Breast Milk | Count Meal | 4-8 oz IFIF or Breast Milk | 0-3 T Vegetable or Fruit | 0-3 T IFIC | Count meal | 4-6 oz IFIF or Breast Milk | Count Meal |
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| **Total** |  |  |  |  |  |  |  |  |  |  |  |
| **IFIF=Iron Fortified Infant Formula - Write in appropriate box the food offered to the infant – circle BM or IFIF - IFIC=Iron Fortified Infant Cereal** |

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| **Breakfast** | **A.M. Snack** | **Lunch/Supper** | **P.M. Snack** |
| **Date** | 6-8 oz IFIF or Breast Milk | 1-4 Tbsp. Fruit or Vegetable | 2-4 Tbsp. IFIC | **Count Meal** | 2-4 oz IFIF, Breast Milk or Fruit Juice | ½ s bread or 0-2 crack | Count meal | 6-8 oz IFIF or Breast Milk | 1-4 Tbsp Fruit or Vegetable | 2-4 Tbsp IFIC &/or Meat/Alt\* | Count Meal | 2-4 oz IFIF, Breast Milk or Fruit Juice | Count Meal |
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| **Total** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **IFIF= Iron Fortified Infant Formula Write in appropriate box the food offered to the infant IFIC= Iron Fortified Infant Cereal**\*1-4 Tbsp lean meat, fish, poultry, egg yolk, cooked dry beans or cooked dry peas, or ½-2 oz cheese, or 1-4 oz cottage cheese, cheese food, or cheese spread |