

# Child and Adult Care Food Program (CACFP) Individual Infant Meal Record

Division of Food and Nutrition



Center/Provider: \_\_\_\_\_ Infant Name: \_\_\_\_\_ Age: \_\_\_\_\_ Month(s) Date of Birth: \_\_\_\_\_

Infant Formula Type: \_\_\_\_\_ Breastmilk: ☐ Yes ☐ No Feeding Preference Form on File: ☐ Yes ☐ No

Allergies According to Medical Statement: \_\_\_\_\_

Plan to serve the component(s) and amount(s) appropriate for the age of each infant. **Place “P” next to each item the parent brings. \***

**Please indicate the amount of each component offered, not consumed.**

|           | Food Components  | 0-5 months    | 6-11 months   | Date: | Date: | Date: | Date: | Date: |
|-----------|--|---------------|---|-------|-------|-------|-------|-------|
| Breakfast | Iron Fortified Formula or Breastmilk   | 4-6 fluid oz. | 6-8 fluid oz.   |       |       |       |       |       |
|           | Infant Cereal<br>or meat, or fish, or poultry, or whole egg or cooked dry beans<br>or cooked dry peas or cheese<br>or cottage cheese<br>or yogurt<br>or combination of above |               | 0-1/2 oz eq<br>0-4 tbsp.<br>0-4 tbsp. 0-2oz<br>0-4oz<br>½ cup           |       |       |       |       |       |
|           | Fruit or vegetable or both   |               | 0-2 tbsp.   |       |       |       |       |       |
|           |  |               |   |       |       |       |       |       |
| Lunch     | Iron Fortified Formula or Breastmilk   | 4-6 fluid oz. | 6-8 fluid oz.   |       |       |       |       |       |
|           | Infant Cereal<br>or meat, or fish, or poultry, or whole egg or cooked dry beans<br>or cooked dry peas or cheese<br>or cottage cheese<br>or yogurt<br>or combination of above |               | 0-1/2 oz eq.<br>0-4 tbsp.<br>0-4 tbsp. 0-2oz<br>0-4oz<br>½ cup          |       |       |       |       |       |
|           | Fruit or vegetable or both   |               | 0-2 tbsp.   |       |       |       |       |       |
|           |  |               |   |       |       |       |       |       |
| Supper    | Iron Fortified Formula or Breastmilk   | 4-6 fluid oz. | 6-8 fluid oz.   |       |       |       |       |       |
|           | Infant Cereal<br>or meat, or fish, or poultry, or whole egg or cooked dry beans<br>or cooked dry peas or cheese<br>or cottage cheese<br>or yogurt<br>or combination of above |               | 0-1/2 oz eq.<br>0-4 tbsp.<br>0-4 tbsp. 0-2oz<br>0-4oz<br>½ cup          |       |       |       |       |       |
|           | Fruit or vegetable or both   |               | 0-2 tbsp.   |       |       |       |       |       |
|           |  |               |   |       |       |       |       |       |
| Snack     | Iron Fortified Formula or Breastmilk   | 4-6 fluid oz. | 2-4 fluid oz.   |       |       |       |       |       |
|           | <u>Grain</u><br>slice of bread<br>crackers<br>Infant cereal or<br>ready to eat breakfast cereal  |               | 0-1/2oz eq bread<br>0-1/4oz eq<br>crackers<br>0-1/2 oz eq<br>0-1/4oz eq |       |       |       |       |       |
|           | Fruit or vegetable or both   |               | 0-2 tbsp.   |       |       |       |       |       |
|           |  |               |   |       |       |       |       |       |

\*Parent may only supply one meal component (per meal service) for a reimbursable meal to be claimed.

This institution is an equal opportunity provider.