

CACFP / Individual Infant Meal Record

Division of Food and Nutrition



Infant Formula Type _____

Child's Name _____

Breastmilk ☐ Yes ☐ No

Formula Form on File ☐ Yes ☐ No

Age _____ (Months) Date of birth _____

Allergies according to medical statement _____

Center/Provider _____

Plan to serve the component(s) and amount(s) appropriate for the age of each infant. Place "P" by each item the parent brings*.

	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 or meat, or fish, or poultry, or whole egg or cooked dry beans or cooked dry peas or cheese or cottage cheese or yogurt or combination of above		0-1/2 oz eq 0-4 tbsp. 0-4 tbsp. 0-2oz 0-4oz 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 or meat, or fish, or poultry, or whole egg or cooked dry beans or cooked dry peas or cheese or cottage cheese or yogurt or combination of above		0-1/2 oz eq. 0-4 tbsp. 0-4 tbsp. 0-2oz 0-4oz 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 or meat, or fish, or poultry, or whole egg or cooked dry beans or cooked dry peas or cheese or cottage cheese or yogurt or combination of above		0-1/2 oz eq. 0-4 tbsp. 0-4 tbsp. 0-2oz 0-4oz ½ cup					
	Fruit or vegetable or both		0-2 tbsp.					
Snack	Iron Fortified Formula or Breastmilk	4-6 fluid oz.	2-4 fluid oz.					
	Grain slice of bread crackers Infant cereal or ready to eat breakfast cereal		0-1/2oz eq bread 0-1/4oz eq crackers 0-1/2 oz eq 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.