

CACFP - Individual Infant Meal Record

Month: _____ Year: _____ Infant Formula: _____ Center/Provider: _____

Name: _____

Breastmilk Yes No

Medical Statement on File Yes No

Age: _____ (Months) Date of birth: _____

Record the component(s) and amount(s) served to each infant after each meal (e.g., carrots, 1 tbs). Reference the infant meal pattern for meal component requirements.

Breastmilk provided by the infant's parent only, is recommended for the first year. PBO=parent breastfed onsite.

	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, fish, poultry, whole egg, or cooked dry beans cooked dry peas, cheese cottage cheese 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, fish, poultry, whole egg or cooked dry beans cooked dry peas or cheese cottage cheese 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.					
	<u>Grain</u> 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.					