

CACFP DAILY INFANT MEAL RECORD

Date: ___/___/___

Directions: Record the specific food item(s) and the amount offered at each meal; total the reimbursable meals.

Age	Infant Meal Pattern			Name(s)	Breakfast	Lunch/Supper	Snack
	Breakfast	Lunch/Supper	Snack				
0 - 5 Months	4 - 6 fl. oz. Breast Milk OR Formula	4 - 6 fl. oz. Breast Milk OR Formula	4 - 6 fl. oz. Breast Milk OR Formula	1.			
				Age:			
				2.			
				Age:			
				3.			
				Age:			
6 - 11 Months	6 - 8 fl. oz. Breastmilk OR Formula	6 - 8 fl. oz. Breastmilk OR Formula	2 - 4 fl. oz. Breastmilk OR Formula	7.			
				Age:			
	0 - 4 Tbsp. Infant Cereal, Meat, Fish, Poultry, Whole Egg, Cooked Dry Beans or Dry Peas OR 0 - 2 oz. of Cheese OR 0 - 4 oz. of Cottage Cheese OR 0 - 8 oz. Yogurt OR a Combination	0 - 4 Tbsp. Infant Cereal, Meat, Fish, Poultry, Whole Egg, Cooked Dry Beans or Dry Peas OR 0 - 2 oz. of Cheese OR 0 - 4 oz. of Cottage Cheese OR 0 - 8 oz. Yogurt OR a Combination	0 - ½ Slice Bread OR 0 - 2 Crackers OR 0 - 4 Tbsp. Infant Cereal or Ready-To-Eat Breakfast Cereal	8.			
				Age:			
				9.			
				Age:			
				10.			
Age:							
11.							
Age:							
12.							
Age:							
13.	0 - 2 Tbsp. vegetable, fruit OR BOTH	0 - 2 Tbsp. vegetable, fruit OR BOTH	0 - 2 Tbsp. vegetable, fruit OR BOTH				
				Total Reimbursable Meals:			