

# CACFP WEEKLY INFANT MEAL RECORD

For the week of: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: (\_\_\_\_ months)

\_\_\_\_ Breast milk or \_\_\_\_ Formula      Who provides? \_\_\_\_ Parent or \_\_\_\_ Child Care Provider      Name of Formula: \_\_\_\_\_

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

Infant Menu		Monday	Tuesday	Wednesday	Thursday	Friday										
Breakfast	Breast Milk <b>OR</b> Formula															
	Infant Cereal, Meat, Fish, Poultry, Whole Egg, Cooked Dry Beans or Dry Peas <b>OR</b> Cheese <b>OR</b> Cottage Cheese <b>OR</b> Yogurt <b>OR</b> a Combination															
	Vegetable, Fruit <b>OR BOTH</b>															
Lunch/Supper	Breast Milk <b>OR</b> Formula															
	Infant Cereal, Meat, Fish, Poultry, Whole Egg, Cooked Dry Beans or Dry Peas <b>OR</b> Cheese <b>OR</b> Cottage Cheese <b>OR</b> Yogurt <b>OR</b> a Combination															
	Vegetable, Fruit <b>OR BOTH</b>															
Snack	Breast Milk <b>OR</b> Formula															
	Slice Bread <b>OR</b> Crackers <b>OR</b> Infant Cereal or Ready-To-Eat Breakfast Cereal															
	Vegetable, Fruit <b>OR BOTH</b>															
<b>Reimbursable Meals</b>		B	L	S	B	L	S	B	L	S	B	L	S	B	L	S

WVDE OCN Revised Summer 2016

<b>Total Reimbursable Meals:</b>	Breakfast _____	Lunch _____	Snack _____
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