**Child and Adult Care Food Program DAILY INFANT MEAL RECORD Date:**

**Instructions:**

* Write the full names of the infants eating the meal.
* 🞿 Record who is providing breastmilk/formula:

**BM –** Breast milk providedby parent

**MN** – Mom nursed on-site

**PF** – Parent provides formula

**CF** – Caregiver providing formula

* Record the amounts and types of food (rice cereal, peas, etc.) offered to each infant.
* Solid components required when infant is developmentally ready.
* Meat/Meat Alternates=0-4 T. Meat, fish, poultry, whole egg, cooked dry beans or peas; or 0-2 oz. cheese; or 0-4 oz. cottage cheese, or 0-4 oz. yogurt; or combination
* Check the box if the meal is reimbursable (only three meals per child per day).
* Total the reimbursable meals by type.

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| **NAMES:** | 🞿 | BREAKFAST | AM SNACK | LUNCH or SUPPER | PM SNACK |
| **Birth through** **5 months old** | BMMN PFCF | Breast Milkor Formula 4-6 oz. | Breast Milkor Formula 4-6 oz. | Breast Milkor Formula 4-6 oz. | Breast Milkor Formula 4-6 oz. |
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| **NAMES:** | 🞿 | BREAKFAST | AM SNACK | LUNCH or SUPPER | PM SNACK |
| **6 through** **11 months old** | BMMN PFCF | Breast Milkor Formula6-8 oz. | Infant Cereal0-4 T.and/or Meat/Meat Alternates0-4 T. | Vegetable, Fruit or both0-2 T. | Breast Milkor Formula2-4 oz. | Bread slice 0-1/2; or Crackers 0-2; or Infant cereal or ready-to-eat Cereal0-4 T. | Vegetable, Fruit or both0-2 T. | Breast Milkor Formula6-8 oz. | Infant Cereal0-4 T.and/or Meat/Meat Alternates0-4 T. | Vegetable, Fruit or both0-2 T. | Breast Milkor Formula2-4 oz. | Bread slice 0-1/2; or Crackers 0-2; or Infant cereal or ready-to-eat Cereal0-4 T | Vegetable, Fruit or both0-2 T. |
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**Daily Totals**

Count only meals that are reimbursable: Breakfast AM Snack Lunch or Supper PM Snack \_\_\_\_\_\_\_\_\_\_