

**CHILD AND ADULT CARE FOOD PROGRAM  
INDIVIDUAL WEEKLY INFANT MEAL RECORD**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ (Months)

Please list the food item & amount offered to infant each feeding.

Breast Milk or  Formula

Who supplies the formula?  Parent or  Caregiver

If the infant is breastfed onsite, a volume does not need to be recorded. Simply write MN (mom nursed).

Solid foods are required when infant is developmentally ready.

Food Components	0 thru	6 thru	Date:	Date:	Date:	Date:	Date:
	5 mo.	11 mo.					
<b>BREAKFAST</b>							
Breast milk or iron-fortified infant formula	4-6 fl. oz.	6-8 fl. oz.					
Infant cereal or meat/meat alternates-see list at LUNCH	N/A	0-4 T.					
Vegetable, fruit or both	N/A	0-2 T.					
<b>AM SNACK</b>							
Breast milk or iron-fortified infant formula	4-6 fl. oz.	2-4 fl. oz.					
Bread, <b>or</b> crackers <b>or</b> infant cereal <b>or</b> ready-to-eat cereal	N/A	0-½ slice, 0-2 crackers, 0-4 T. cereal					
Vegetable, fruit or both	N/A	0-2 T.					
<b>LUNCH OR SUPPER</b>							
Breast milk or iron-fortified infant formula	4-6 fl. oz.	6-8 fl. oz.					
Infant cereal, meat, fish, poultry, whole eggs, cooked dry beans or peas <b>or</b> cheese, cottage cheese <b>or</b> yogurt	N/A N/A N/A N/A N/A N/A	0-4 T. 0-4 T. 0-4 T. 0-2 oz. 0-4 oz. 0-4 oz.					
Vegetable, fruit or both	N/A	0-2 T.					
<b>PM SNACK</b>							
Breast milk or iron-fortified infant formula	4-6 fl. oz.	2-4 fl. oz.					
Bread, <b>or</b> crackers <b>or</b> infant cereal <b>or</b> ready-to-eat cereal	N/A	0-½ slice, 0-2 crackers, 0-4 T. cereal					
Vegetable, fruit or both	N/A	0-2 T.					
			<b>B A S L P S S</b>	<b>B A S L P S S</b>	<b>B A S L P S S</b>	<b>B A S L P S S</b>	<b>B A S L P S S</b>

Circle creditable meals:

Weekly Totals-count only those meals that are reimbursable: Breakfast \_\_\_\_\_ AM Snack \_\_\_\_\_ Lunch \_\_\_\_\_ PM Snack \_\_\_\_\_ Supper \_\_\_\_\_