CHILD AND ADULT CARE FOOD PROGRAM Name:       Date of Birth:       Age:       (Months)

INDIVIDUAL WEEKLY INFANT MEAL RECORD

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.**

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

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Food Components |  | **0 thru**  **5 mo.** | **6 thru**  **11 mo.** |  | Date: | Date: | Date: | Date: | Date: |
| BREAKFAST |  |  |  |  |  |  |  |  |  |
| 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. |  |  |  |  |  |  |
| AM SNACK |  |  |  |  |  |  |  |  |  |
| Breast milk or iron-fortified infant formula |  | 4-6 fl. oz. | 2-4 fl. oz. |  |  |  |  |  |  |
| Bread, **or** crackers **or** infant cereal **or** 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. |  |  |  |  |  |  |
| LUNCH OR SUPPER |  |  |  |  |  | | | | |
| 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  **or** cheese,  cottage cheese  **or** 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. |  |  |  |  |  |  |
| PM SNACK |  |  |  |  |  |  |  |  |  |
| Breast milk or iron-fortified infant formula |  | 4-6 fl. oz. | 2-4 fl. oz. |  |  |  |  |  |  |
| Bread, **or** crackers **or** infant cereal **or** 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. |  |  |  |  |  |  |
|  |  | Circle creditable meals: | |  | **B AS L PS S** | **B AS L PS S** | **B AS L PS S** | **B AS L PS S** | **B AS L PS S** |