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/AN/AN/AN/AN/AN/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** |