



Infant Meal Record Breastmilk and/or Formula Only

Month/Year: _____

Infant's Full Name: _____ Birthdate: _____ Age: _____ months

Instructions: Record date meal is served, circle items served and record amount offered. Do not record an amount when mom breastfeeds onsite, but circle "Mom Fed" for that meal. Meals and snacks that include only breast milk and/or formula can be claimed regardless of who supplies the item (the parent or the program).

When an infant starts to eat solid foods, the program must supply all components or all but one component of the meal/snack in order to claim. These meals must be recorded on *CACFP Infant Meal Record – Solid Foods* form.

Date	Breakfast	Lunch	Snack
	_____ oz Breast Milk / IFIF / Mom Fed	_____ oz Breast Milk / IFIF / Mom Fed	_____ oz Breast Milk / IFIF / Mom Fed
	_____ oz Breast Milk / IFIF / Mom Fed	_____ oz Breast Milk / IFIF / Mom Fed	_____ oz Breast Milk / IFIF / Mom Fed
	_____ oz Breast Milk / IFIF / Mom Fed	_____ oz Breast Milk / IFIF / Mom Fed	_____ oz Breast Milk / IFIF / Mom Fed
	_____ oz Breast Milk / IFIF / Mom Fed	_____ oz Breast Milk / IFIF / Mom Fed	_____ oz Breast Milk / IFIF / Mom Fed
	_____ oz Breast Milk / IFIF / Mom Fed	_____ oz Breast Milk / IFIF / Mom Fed	_____ oz Breast Milk / IFIF / Mom Fed
	_____ oz Breast Milk / IFIF / Mom Fed	_____ oz Breast Milk / IFIF / Mom Fed	_____ oz Breast Milk / IFIF / Mom Fed
	_____ oz Breast Milk / IFIF / Mom Fed	_____ oz Breast Milk / IFIF / Mom Fed	_____ oz Breast Milk / IFIF / Mom Fed
	_____ oz Breast Milk / IFIF / Mom Fed	_____ oz Breast Milk / IFIF / Mom Fed	_____ oz Breast Milk / IFIF / Mom Fed
	_____ oz Breast Milk / IFIF / Mom Fed	_____ oz Breast Milk / IFIF / Mom Fed	_____ oz Breast Milk / IFIF / Mom Fed
	_____ oz Breast Milk / IFIF / Mom Fed	_____ oz Breast Milk / IFIF / Mom Fed	_____ oz Breast Milk / IFIF / Mom Fed
	_____ oz Breast Milk / IFIF / Mom Fed	_____ oz Breast Milk / IFIF / Mom Fed	_____ oz Breast Milk / IFIF / Mom Fed
	_____ oz Breast Milk / IFIF / Mom Fed	_____ oz Breast Milk / IFIF / Mom Fed	_____ oz Breast Milk / IFIF / Mom Fed
	_____ oz Breast Milk / IFIF / Mom Fed	_____ oz Breast Milk / IFIF / Mom Fed	_____ oz Breast Milk / IFIF / Mom Fed
	_____ oz Breast Milk / IFIF / Mom Fed	_____ oz Breast Milk / IFIF / Mom Fed	_____ oz Breast Milk / IFIF / Mom Fed
	_____ oz Breast Milk / IFIF / Mom Fed	_____ oz Breast Milk / IFIF / Mom Fed	_____ oz Breast Milk / IFIF / Mom Fed
	_____ oz Breast Milk / IFIF / Mom Fed	_____ oz Breast Milk / IFIF / Mom Fed	_____ oz Breast Milk / IFIF / Mom Fed
	_____ oz Breast Milk / IFIF / Mom Fed	_____ oz Breast Milk / IFIF / Mom Fed	_____ oz Breast Milk / IFIF / Mom Fed
Meal Totals			



Infant Meal Record Solid Foods

Infant's Full Name: _____ Birthdate: _____ Age: _____ months Month/Year: _____

1) Meal Components Chart

- Mark in the *Parent Supplied* or *Program Supplied* column to indicate who provides component(s) the infant is **currently** eating.
- When a new component is started or changes are made (i.e. infant switches from breastmilk to program-provided formula) record the date in the *Start Date* column.

2) Meal Record (below)

- Only record and claim a meal/snack when the program supplies all components or all but one component.
- Record date meal is served, circle item served and record amount offered. Specify type of Fruit/Vegetable (F/V) or Meat/Meat Alternate (M/MA) offered on the corresponding line.

Start Date	Meal Components	Parent Supplied	Program Supplied
	Breast Milk		
	Infant Formula*		
	Iron-Fortified Infant Cereal		
	Fruits/Vegetables (F/V)**		
	Meats/Meat Alternates (M/MA)**		
	Grains		

* Mark who supplies formula if used to supplement breast milk

** Baby foods and/or table foods in the appropriate texture

Date	Breakfast			Lunch			Snack		
	____oz Breast Milk/ IFIF Mom Fed	____Tbsp F/V _____	One of the following: ____Tbsp IFIC ____Tbsp M/MA ____oz Cheese/Yogurt	____oz Breast Milk/ IFIF Mom Fed	____Tbsp F/V _____	One of the following: ____Tbsp IFIC ____Tbsp M/MA ____oz Cheese/Yogurt	____oz Breast Milk/ IFIF Mom Fed	____Tbsp F/V _____	One of the following: ____Bread/Cracker(s) ____Tbsp IFIC /Dry Cereal
	____oz Breast Milk/ IFIF Mom Fed	____Tbsp F/V _____	One of the following: ____Tbsp IFIC ____Tbsp M/MA ____oz Cheese/Yogurt	____oz Breast Milk/ IFIF Mom Fed	____Tbsp F/V _____	One of the following: ____Tbsp IFIC ____Tbsp M/MA ____oz Cheese/Yogurt	____oz Breast Milk/ IFIF Mom Fed	____Tbsp F/V _____	One of the following: ____Bread/Cracker(s) ____Tbsp IFIC /Dry Cereal
	____oz Breast Milk/ IFIF Mom Fed	____Tbsp F/V _____	One of the following: ____Tbsp IFIC ____Tbsp M/MA ____oz Cheese/Yogurt	____oz Breast Milk/ IFIF Mom Fed	____Tbsp F/V _____	One of the following: ____Tbsp IFIC ____Tbsp M/MA ____oz Cheese/Yogurt	____oz Breast Milk/ IFIF Mom Fed	____Tbsp F/V _____	One of the following: ____Bread/Cracker(s) ____Tbsp IFIC /Dry Cereal
	____oz Breast Milk/ IFIF Mom Fed	____Tbsp F/V _____	One of the following: ____Tbsp IFIC ____Tbsp M/MA ____oz Cheese/Yogurt	____oz Breast Milk/ IFIF Mom Fed	____Tbsp F/V _____	One of the following: ____Tbsp IFIC ____Tbsp M/MA ____oz Cheese/Yogurt	____oz Breast Milk/ IFIF Mom Fed	____Tbsp F/V _____	One of the following: ____Bread/Cracker(s) ____Tbsp IFIC /Dry Cereal
	____oz Breast Milk/ IFIF Mom Fed	____Tbsp F/V _____	One of the following: ____Tbsp IFIC ____Tbsp M/MA ____oz Cheese/Yogurt	____oz Breast Milk/ IFIF Mom Fed	____Tbsp F/V _____	One of the following: ____Tbsp IFIC ____Tbsp M/MA ____oz Cheese/Yogurt	____oz Breast Milk/ IFIF Mom Fed	____Tbsp F/V _____	One of the following: ____Bread/Cracker(s) ____Tbsp IFIC /Dry Cereal
Meal Totals									