



Completing the Infant Meal Record

(Effective October 1, 2024)

Meals and snacks claimed for infants must be documented on the Wisconsin Department of Public Instruction (DPI) **Infant Meal Record** unless an agency-developed form has been reviewed and approved by DPI Community Nutrition Programs. This is effective October 1, 2024.

There are two options for the Infant Meal Record. Read below to determine which form your agency will use.

- **Infant Meal Record: Breakfast, Lunch, Snack** – use when the agency is approved to claim Breakfast, Lunch, and one Snack (AM Snack, PM Snack, or Additional Snack).
- **Infant Meal Record: All Meals** – use when the agency is approved to claim more than Breakfast, Lunch, and one Snack. The agency may not claim more than two meals and one snack OR two snacks and one meal per infant per day. Therefore, this form is to be used when the agency serves shifts of children and claims more than breakfast, lunch and one snack throughout the day.

Instructions for how to fill out the Infant Meal Record are on the Infant Meal Record. A sample completed Infant Meal Record is on the next page.

Additional Infant CACFP Meal Pattern Requirements

- Programs must offer to supply at least one creditable iron-fortified infant formula and creditable, developmentally appropriate infant foods to all enrolled infants.
- Infant formula must be iron-fortified. Infants requiring [FDA Exempt Formulas](#) must have a [Medical Statement](#) on file.
- Iron-fortified infant cereal (IFIC) is the only grain item allowed at meals (breakfast, lunch, supper). If iron-fortified infant cereal is not preferred, a Meat/Meat Alternate (M/MA) must be served instead. A mix of iron fortified infant cereal and M/MA may also be provided.
- Breads, crackers, breakfast cereals, and other appropriate grain items may only be served to infants developmentally ready for these foods at snack. For a list of allowable grain items and serving sizes, refer to the [CACFP Infant Meal Pattern and Grains Chart](#).

Write in the infant's full name and birthdate.

Check box to specify who supplies formula and specify name of formula served.
Check 'N/A Breast milk' if infant is served breast milk. If infant is served both, check the appropriate box for formula and check the 'N/A Breast milk' box.



Infant Meal Record: Breakfast, Lunch, Snack

Infant's Full Name: Brandon Jones

Birthdate: 1/1/20XX

Formula supplied by: Program Family N/A Breast milk

Name of Formula (IFIF): ABC Formula

- Record date meals are served in Date column.
- For each meal, record item(s) when served or immediately after:
 - **Breast Milk (BM) / Formula (IFIF):** Check breast milk (BM), formula (IFIF), both, or if mom fed onsite. Check Program (P) or Family (F) to identify who supplied item. When infant is developmentally ready for foods, document food(s) served:
 - **Fruit / Vegetable (Veg):** Specify fruits or vegetables served (ex. pureed carrots, bananas). Check Program (P) or Family (F) to identify who supplied item.
 - **IFIC or Meat/Meat Alternate (M/MA) (Breakfast):** Specify item served.
 - **IFIC or Grain (Snack):** Check item served. Specify item served.

- Determine if a meal is reimbursable: When a meal (1) is served by a program (P) supplies all components, or all but one component is served by a program (P) and one component is served by family (F) in the same meal column when the family (F) supplies two or more components.
- Total checked boxes in each RM column and record total in the RM column for each meal and snack.

These are examples of a Non-Reimbursable Meal.

- All required components the infant is developmentally ready to eat, and creditable foods were served. The box for each item served is checked and/or actual food items served are documented.
- The program provided one component (the box for P is checked) and the family provided two components (the box for F is checked). The number of family-provided components exceeds the number of components a family may provide for a reimbursable meal.
- The box in the RM column is NOT checked.

BREAKFAST

Date	Breast Milk (BM) / Formula (IFIF)	Fruit / Veg	IFIC or Meat/Meat Alternate (M/MA)	RM	Breast Milk (BM) / Formula (IFIF)	Fruit / Veg	IFIC or Meat/Meat Alternate (M/MA)	RM	Breast Milk (BM) / Formula (IFIF)	Fruit / Veg	IFIC or Grain	RM		
10/7	<input type="checkbox"/> BM <input checked="" type="checkbox"/> IFIF <input type="checkbox"/> Mom Fed <input type="checkbox"/> P <input checked="" type="checkbox"/> F	Applesauce Specify f/v <input checked="" type="checkbox"/> P <input type="checkbox"/> F	<input checked="" type="checkbox"/> IFIC <input type="checkbox"/> M/MA Specify m/ma <input checked="" type="checkbox"/> P <input type="checkbox"/> F	<input checked="" type="checkbox"/>	<input type="checkbox"/> BM <input checked="" type="checkbox"/> IFIF <input type="checkbox"/> Mom Fed <input type="checkbox"/> P <input checked="" type="checkbox"/> F	Green beans Specify f/v <input checked="" type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> IFIC <input checked="" type="checkbox"/> M/MA Whole eggs Specify m/ma <input type="checkbox"/> P <input checked="" type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/> BM <input checked="" type="checkbox"/> IFIF <input type="checkbox"/> Mom Fed <input type="checkbox"/> P <input checked="" type="checkbox"/> F	Pears Specify f/v <input checked="" type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> IFIC <input type="checkbox"/> Grain Graham crackers Specify grain <input checked="" type="checkbox"/> P <input type="checkbox"/> F	<input checked="" type="checkbox"/>		
10/8	<input type="checkbox"/> BM <input checked="" type="checkbox"/> IFIF <input type="checkbox"/> Mom Fed <input type="checkbox"/> P <input checked="" type="checkbox"/> F	Bananas Specify f/v <input checked="" type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> IFIC <input checked="" type="checkbox"/> M/MA Yogurt Specify m/ma <input checked="" type="checkbox"/> P <input type="checkbox"/> F	<input checked="" type="checkbox"/>	<input type="checkbox"/> BM <input checked="" type="checkbox"/> IFIF <input type="checkbox"/> Mom Fed <input type="checkbox"/> P <input checked="" type="checkbox"/> F	Carrots Specify f/v <input checked="" type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> IFIC <input checked="" type="checkbox"/> M/MA Tofu Specify m/ma <input type="checkbox"/> P <input checked="" type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/> BM <input checked="" type="checkbox"/> IFIF <input type="checkbox"/> Mom Fed <input type="checkbox"/> P <input checked="" type="checkbox"/> F	Peaches Specify f/v <input checked="" type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> IFIC <input type="checkbox"/> Grain Cheerios Specify grain <input checked="" type="checkbox"/> P <input type="checkbox"/> F	<input checked="" type="checkbox"/>		
	<input type="checkbox"/> BM <input type="checkbox"/> IFIF <input type="checkbox"/> Mom Fed <input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> IFIC <input type="checkbox"/> M/MA Specify m/ma <input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> IFIC <input type="checkbox"/> M/MA Specify m/ma <input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/> BM <input type="checkbox"/> IFIF <input type="checkbox"/> Mom Fed <input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> IFIC <input type="checkbox"/> M/MA Specify m/ma <input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> BM <input type="checkbox"/> IFIF <input type="checkbox"/> Mom Fed <input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> IFIC <input type="checkbox"/> Grain Specify grain <input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F		<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F		<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> F	<input type="checkbox"/>		
TOTAL REIMBURSABLE BREAKFASTS:				2	TOTAL REIMBURSABLE LUNCHES:				0	TOTAL REIMBURSABLE SNACKS:				2

These are examples of a Reimbursable Meal (RM).

- All required components the infant is developmentally ready to eat, and creditable foods were served. The box for each item served is checked and/or actual food items served are documented.
- The program provided two components (the box for P is checked) and the family provided one component (the box for F is checked). The number of family-provided components does not exceed the number of components a family may provide for a reimbursable meal.
- The box in the RM column is checked.

Total the number of check boxes in each meal and snack's RM column. Document these numbers in this row.