

CACFP 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.

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

2) Meal Record

- 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(s) served, and record amount offered. Specify type of Fruit/Vegetable (F/V) or Meat/Meat Alternate (M/MA) offered on the corresponding line.

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: _____ Slice 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: _____ Slice Bread/Cracker(s) _____ Tbsp IFIC /Dry Cereal
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Meal Totals									