



**CACFP Infant Meal Record- Breastmilk and/or Formula Only
GREATER THAN THREE INFANT MEAL RECORD***

Month/Year: _____

Infant's Full Name: _____ Birth Date: _____ Age: _____ Months

Instructions: Record the date the meal is served, circle item(s) served and record amount(s) 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	AM Snack	Lunch	PM Snack	Supper	Add 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	____ 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						

* A maximum of two meals and one snack OR two snacks and one meal may be claimed per infant per day.



CACFP Infant Meal Record- Solid Foods GREATER THAN THREE INFANT MEAL RECORD*

Month/Year: _____

Infant Name: _____ Birth Date: _____ Age: _____ Months

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 center 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	AM Snack	Lunch	PM Snack	Supper	Add 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: _____ 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: _____ 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: _____ 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: _____ 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: _____ 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: _____ 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: _____ 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: _____ 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: _____ Slice Bread/Cracker(s) _____ Tbsp IFIC/Dry Cereal
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	_____ 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: _____ 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: _____ Slice Bread/Cracker(s) _____ Tbsp IFIC/Dry Cereal

Meal Totals						
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