

Provider: _____

Daily Infant Meal Record - Birth through 11 months
CACFP Form # 101

Child & Adult Care Food Program

Month/Day/Year: _____

Refer to the Infant Meal Pattern and "Feeding Infants, A Guide for Use in the Child Nutrition Programs" for more information about food items and infant feeding requirements. List each infant's name. Record the food item served and the amount in the respective column for each meal type served.

INFANT NAMES	BREAKFAST		AM SNACK	LUNCH			PM SNACK	DINNER		
0-3 Months	4 – 6 oz. Formula or Breast Milk		4 – 6 oz. Formula or Breast Milk	4 – 6 oz. Formula or Breast Milk			4 – 6 oz. Formula or Breast Milk	4 – 6 oz. Formula or Breast Milk		
4-7 Months	Formula or Breast Milk 4 – 8 oz.	Infant Cereal 0 - 3 T. (optional)	Formula or Breast Milk 4 - 6 oz.	Formul a or Breast Milk 4 - 8 oz.	Veg. or Fruit 0 – 3 T. (option al)	Infant Cereal 0 – 3 T. (option al)	Formula or Breast Milk 4 - 6 oz.	Formul a or Breast Milk 4 - 8 oz.	Veg. or Fruit 0 - 3 T. (option al)	Infant Cereal 0 - 3 T. (option al)

INFANT NAMES	BREAKFAST			AM SNACK		LUNCH			PM SNACK		DINNER		
8-11 Months	Formula or Breast Milk 6 – 8 oz.	Infant Cereal 2 – 4 T.	Veg. and /or Fruit 1 – 4 T.	Formula or Breast Milk or Fruit Juice 2 – 4 oz.	0 – ½ slice bread or 0 – 2 crackers	Formula or Breast Milk 6 – 8 oz.	Veg. and/or Fruit 1 – 4 T.	Meat/Alt 1-4 T. or Infant cereal 2-4 T.	Formula or Breast Milk or Fruit Juice 2 – 4 oz.	0 – ½ slice bread or 0 – 2 crackers	Formula or Breast Milk 6 – 8 oz.	Veg. and/or Fruit 1 – 4 T.	Meat/Alt 1-4 T. or Infant cereal 2-4 T.