

# NM CACFP DAILY INFANT MEAL RECORD

Date: \_\_\_\_\_

Completed by: \_\_\_\_\_

## INSTRUCTIONS:

- Record the name(s) of the infant(s) eating the meal.
- Use a (✓) where indicated for formula or breast milk (X also ok).
- Record (✎) the kind of fruit/vegetable, grain/bread or meat/meat alternate served (start when 6– 11 mo. olds are developmentally ready, with parent's ok).
- All formula & infant cereal served must be iron fortified.
- Record Daily Infant Totals each day.
- For special dietary needs with doctor's note, record alternative food items in the space for the component they substitute.

NAME(S) Birth—5 months	Breakfast	AM Snack	Lunch	PM Snack	Supper	Late PM
	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 – 6 oz (✓)	Formula or Breast Milk 4 – 6 oz (✓)

NAME(S) 6—11 months	Breakfast	AM Snack	Lunch	PM Snack	Supper	Late PM Snack
	1. Formula or Breast Milk - 6-8 oz 2. Infant Cereal - 0-4 T <b>AND/OR</b> Meat/Meat Alternate: Meat, Fish, Poultry, Whole Egg, or Cooked Dry Beans/Peas - 0-4 T; or Cheese - 0-2 oz; or Cottage Cheese - 0-4 oz; or Yogurt - 0-4 oz 3. Fruit <b>and/or</b> Vegetable - 0-2 T	1. Formula or Breast Milk - 2-4 oz 2. Infant Cereal - 0-4 T; or whole grain bread - 0-1/2 slice; or whole grain / enriched crackers - 0-2 crackers; or ready-to-eat breakfast cereal - 0-4 T 3. Fruit <b>and/or</b> Vegetable - 0-2 T	1. Formula or Breast Milk - 6-8 oz 2. Infant Cereal - 0-4 T <b>AND/OR</b> Meat/Meat Alternate: Meat, Fish, Poultry, Whole Egg, or Cooked Dry Beans/Peas - 0-4 T; or Cheese - 0-2 oz; or Cottage Cheese - 0-4 oz; or Yogurt - 0-4 oz 3. Fruit <b>and/or</b> Vegetable - 0-2 T	1. Formula or Breast Milk - 2-4 oz 2. Infant Cereal - 0-4 T; or whole grain bread - 0-1/2 slice; or whole grain / enriched crackers - 0-2 crackers; or ready-to-eat breakfast cereal - 0-4 T 3. Fruit <b>and/or</b> Vegetable - 0-2 T	1. Formula or Breast Milk - 6-8 oz 2. Infant Cereal - 0-4 T <b>AND/OR</b> Meat/Meat Alternate: Meat, Fish, Poultry, Whole Egg, or Cooked Dry Beans/Peas - 0-4 T; or Cheese - 0-2 oz; or Cottage Cheese - 0-4 oz; or Yogurt - 0-4 oz 3. Fruit <b>and/or</b> Vegetable - 0-2 T	1. Formula or Breast Milk - 2-4 oz 2. Infant Cereal - 0-4 T; or whole grain bread - 0-1/2 slice; or whole grain / enriched crackers - 0-2 crackers; or ready-to-eat breakfast cereal - 0-4 T 3. Fruit <b>and/or</b> Vegetable - 0-2 T
1. (✓) 2. ✎ 3. ✎	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	
1. (✓) 2. ✎ 3. ✎	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	
1. (✓) 2. ✎ 3. ✎	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	
1. (✓) 2. ✎ 3. ✎	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	

<b>Daily Infant Totals;</b>	<b>Breakfast:</b> _____	<b>AM Snack</b> _____	<b>Lunch:</b> _____	<b>PM Snack:</b> _____	<b>Supper:</b> _____	<b>Late PM Snack:</b> _____
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