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*The State of New Mexico Children, Youth and Families Department, Child and Adult Care Food Program does not discriminate on the basis of age, color, race, sex, national origin or disability. Any person who believes they have been discriminated against in any USDA-related activity should contact: USDA, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD).*
The Menu Record Book (MRB) has been developed for your use to record breakfast, lunch, supper and snack menus and the quantities of foods used daily. The MRB serves as a basic record for auditing purposes.

The Menu Record Book is the ONLY form of documentation required by the State Agency to ensure child care centers serve meals that meet the USDA meal pattern requirements.

The purpose of the Menu Record Book is to provide you with useful information to:

a. Plan and record menus and portion sizes which meet the USDA meal pattern requirement,
b. Plan and record food items which are creditable following Federal and State guidelines,
c. Record the calculated amounts of food needed for the number of persons planned,
d. Record the actual number of meals served, and
e. Maintain a daily, permanent record.

The MRB MUST be filled out accurately and completely on a daily basis. This book must be available at any time for review by the Children, Youth & Families Department, Child & Adult Care Food Program or any other Federal Program Audit Unit staff. Meals cannot be reimbursed unless they are recorded in the MRB.

Please read the instructions and other important information on the next few pages carefully. This Menu Record Book should be used with the USDA Food Buying Guide for Child Nutrition Programs (Program Aid Number 1331) and the New Mexico Simplified Food Buying Guides. If you have any questions about this Menu Record Book or about the Child and Adult Care Food Program, please contact:

Family Nutrition Bureau
3401 Pan American Freeway, N.E. OR
Albuquerque, NM 87110
(505) 841-4856 OR 1-800-328-2665

Family Nutrition Bureau
PO Drawer 5160 / PERA Building
Santa Fe, NM 87502-5160
(505) 827-9954 OR 827-9961
Letter to Child and Adult Care Food Program Sponsors:

We are pleased to provide you with our *Menu Record Book for Infants*.

Feeding infants well is so important in setting the stage for a lifetime of healthy eating habits. Babies need to be talked to, played with, nurtured, held, and fed appropriately. Brain development is affected by the care-giving babies receive and the foods they eat. The nutrients in breast milk (and infant formula), and the tactile sensations of sucking help to stimulate pathways in the brain that control distress. This is one good reason to feed babies when they are hungry. Babies need to develop a sense of trust in the world to meet their needs, both physically *and* mentally.

Babies also need many nutrients to grow well, but they especially need:

- **Iron** – There is no substitute for iron-fortified infant formula or breast milk and iron-fortified infant cereal during the first year of life. Babies grow quickly, and iron is needed for blood, tissue, and brain development. Iron is an important micronutrient, which is required for many brain processes that help infants and children to concentrate, to think and to learn.

- **Dietary fat** - In infancy, fat supplies the energy for growth, carries fat-soluble vitamins and provides essential fatty acids. Breast milk contains the fatty acids docosahexaenoic acid (DHA) and arachidonic acid (AA). These fatty acids are found in high proportions in the structural lipids of cell membranes, particularly those of the central nervous system. Since babies are growing so rapidly, their brain cells are increasing, which meals they need more of these essential fatty acids. Most infant formulas contain linoleic and linolenic acids, which the baby’s body can convert to DHA and AA, but not as well. Now, new creditable formulas are starting to appear on the market that contains DHA and AA.

In addition to our *Menu Record Book for Infants*, USDA has published *Feeding Infants – A Guide for use in the Child Nutrition Programs*. This guide has up-to-date information on best practices for feeding babies foods which are safe and developmentally appropriate. You can download a copy at [http://www.fns.usda.gov/tn/Resources/contents.pdf](http://www.fns.usda.gov/tn/Resources/contents.pdf). Please use this guide and share it with all providers who work with infants. Also keep in mind that it is appropriate to share this information with parents.
Other important reminders about feeding infants and CACFP requirements:

- Meals containing breast milk only are reimbursable.
- Child care providers who are on CACFP and who care for infants must provide foods to meet the meal pattern requirements for infants and record the meals in the Menu Record Book for Infants.
- Child care providers must offer at least one creditable infant formula (a “house formula”), which meets program requirements. A center may not solicit (request or require) a parent or guardian to provide the components in order to complete the meal and reduce cost to the center.
- A parent or guardian may elect to decline the offered infant formula and supply another infant formula or breast milk. In order to document the preference of the parent, every parent or guardian should fill out and sign the form entitled, “Obligation to Offer Infant Formula and Food” contained in this manual.
- Between 4 and 7 months, when a baby is developmentally ready to accept them, solid foods become required in order to serve a reimbursable meal. In addition, between 8 and 11 months, bread or crackers become a required component at snack time when the infant is developmentally ready to accept them. When the infant is developmentally ready for them, these components must be served to make a reimbursable meal in the Child and Adult Care Food Program.
- Communication with parents is very important when deciding on the timing of introducing new foods to infants.

The Menu Record Book for Infants and the Feeding Infants Guide together contain the tools you need and a wealth of information to help you to feed infants well and successfully on the Child & Adult Care Food Program. If you have concerns, or need further information, please contact the Bureau Nutritionists in Albuquerque at (505) 841-4856.

Nutrition Education and Training Section
Family Nutrition Bureau
3401 Pan American Freeway, NE
Albuquerque, NM 87107
DEFINITIONS

The Children, Youth and Families Department (CYFD) reimburses sponsors participating in the Child and Adult Care Food Program (CACFP) for meals served that meet specific regulations from USDA for reimbursable meals. The regulations that must be followed in order to serve a reimbursable meal include guidelines for how the meals are served and what foods are served. The following definitions are used in the CACFP and it is important that sponsors become familiar with them.

Menu Record Book

The Menu Record Book (MRB) is the official record in which the food served and quantities used to meet the meal requirements for the USDA CACFP Meal Pattern are documented.

Creditable Foods

These are foods used to meet the requirements for a reimbursable meal. Foods are creditable based on the following: 1) nutrient content; 2) customary function in a meal; 3) USDA regulations; 4) the Food and Drug Administration's (FDA) Standards of Identity; and 5) Federal and State Agency policies.

Non-Creditable Foods

These are foods that do not meet one or more of the five criteria described under creditable foods, above. (Also called "Other Foods" or "Extras"). A meal may contain both creditable and some non-creditable foods. Non-creditable foods are allowed, for example, to supply calories to meet the energy needs of growing children, or to improve acceptability of the rest of the meal. However, non-creditable foods may not be used to meet the meal pattern requirements. Some non-creditable foods are also not reimbursable.

Reimbursable Meals

Those meals that are served and meet the following requirements:

1) USDA meal pattern requirements;
2) Federal regulations; and,
3) State Agency policies.

Non-Reimbursable Meals

Those meals that do not meet the criteria for reimbursement.

Non-Reimbursable Foods

These are foods which are non-creditable (i.e., do not meet the meal pattern guidelines) and non-reimbursable as part of total food costs. Most of these foods are very low in nutritional value and high in cost. One of four food categories of the USDA Meal Pattern Requirements, including:

1) Milk
2) Meat/Meat Alternates
3) Grains/Breads
4) Fruits/Vegetables
Disallowance  A meal or meals that are not approved for reimbursement by the State Agency because:

1) Meals are *not recorded* in the menu record book,

2) Meals are missing one or more of the required components. *All of these meals will be disallowed*; and/or,

3) Documentation in the menu record book and/or food receipts indicates that not enough food was served and/or purchased to give each participant the required minimum amount. In this case, the State Agency uses the USDA Food Buying Guide to determine how many servings of each component were available. *If the number of servings available is less than the number of participants listed on the menu record book, the difference will be the number of meals disallowed.*

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Note *** Note *** Note ***

Disallowance can be the result of substandard record keeping, insufficient documentation in the MRB, preparation of inadequate amounts of food and/or not meeting the meal pattern guidelines.

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Note *** Note *** Note ***
Guidance for Feeding Infants on CACFP

Infants change a great deal during the first year of life and their food needs also change a great deal. Always ask the infant’s parents or health care provider for written instructions about what the infant should eat, especially if food allergies are a concern.

Younger infants (0-4 months)

Breast milk or iron fortified infant formula is the best, and only, source of nutrition needed for infants this age. Centers that participate in CACFP must provide a creditable formula – or if a mother is breastfeeding, let her know that you are willing and able to care for breastfed babies. Make sure to discuss the mother’s wishes about supplementing with formula in case the breast fed infant needs an additional amount.

Older infants (4-11 months)

When the infant is 4-6 months of age, talk with the parents about introducing solid foods. The introduction of solids should begin between 4 and 6 months of age and depends on the infant’s developmental readiness for solid foods. Some signs that show an infant is ready are:

- Infant sits with support.
- Infant holds head steady and opens mouth when spoon approaches.
- Infant’s tongue does not thrust out when the spoon is placed in his month.
- Infant swallows easily without choking or gagging.

Caregivers should feed infants baby foods by spoon only. This helps the infant learn to control the solid foods in their mouth. Never use and infant feeder for solid foods or a bottle with a larger hole cut in the nipple. This might cause the infant to choke. When feeding from a spoon, pay attention to signs that the infant is hungry or full. Feed the infant when she/he opens his/her mouth and leans forward. When the infant turns away or does not open his/her mouth, do not force him/her to eat. When the infant is able to sit and hold his/her head up, encourage him/her to begin to take sips from a small plastic cup. The American Academy of Pediatrics recommends feeding iron-fortified infant formula or breast milk as the primary source of nutrition for the first twelve months of life.

Finger feeding helps infants learn many things - textures, eye-hand and hand-to-mouth coordination, and how to grasp and release objects. Being able to pick up small pieces of soft-textured foods and put it in his/her mouth is developmentally appropriate. Advance the texture of foods from pureed to mashed then to finely ground, ground and chopped as the infant shows the ability to handle the different textures. Never let an infant eat or feed themselves alone – the risk of choking at this age is great.

Transitional Feeding on the CACFP Program (11-13 months)

Transitional feeding begins when the eleven month old infant is developmentally ready to try more and different foods – foods that are included on the child CACFP meal pattern such as whole cow’s milk. The child care provider begins introducing small amounts of whole milk, usually mixed with iron-fortified infant formula (IFIF), and gradually increases the amount of whole milk while decreasing the amount of IFIF until the infant is exclusively taking whole milk. This process can take 4-6 weeks. To be in compliance with CACFP regulations, the child care provider should record the IFIF on the infant menu before the first birthday. After the first birthday, whole milk should be recorded in the child menu record book. Always remember to ask the parent for instruction on what foods to give, food textures, and developmental readiness for their infant.
May 17, 2002

Obligations of Child Care Centers and Day Care Homes to Offer Infant Meals in the Child and Adult Care Food Program (CACFP)

To:    Regional Director
       Child Nutrition Programs
       All Regions

This memorandum clarifies that child care centers and family day care homes participating in CACFP must offer program meals to all eligible children who are enrolled for care in their facilities. We are providing this explanation to ensure that all children, including infants, who are enrolled for child care, have access to CACFP meals.

A facility may not avoid this obligation by stating that the infants are not “enrolled” in CACFP, or by citing some logistical or cost barrier to offering an infant meal. Decisions on offering program meals must be based on whether the child is enrolled for care, not whether the child is enrolled for CACFP. Section 226.2 of the CACFP regulations defines an enrolled child as “a child whose parent or guardian has submitted to an institution a signed document which indicates that the child is enrolled for child care.”

As long as the infant is in care during the meal service period, the facility must offer the infant a meal that complies with program requirements. As with all children in CACFP facilities, an infant’s parent or guardian may decline what is offered, and supply the infant’s meals instead. The key factor is that the infant must be provided access to CACFP meals.

We are aware that there are States that are not currently following this policy. Please advise State agencies to ensure that their CACFP institutions and facilities come into compliance within a reasonable amount of time. If you have additional questions about this issue, please contact Melissa Rothstein or Susan Ponemon.

STANLEY C. GARNETT
Director
Child Nutrition Division
## CACFP Meal Pattern Requirements for Infants

<table>
<thead>
<tr>
<th></th>
<th>Birth through 3 months</th>
<th>4 through 7 months</th>
<th>8 through 11 months</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Breakfast</strong></td>
<td>4-6 fl. oz. Formula(^1) or Breast milk(^2,3)</td>
<td>4-8 fl. oz. Formula(^1) or Breast milk(^2,3)</td>
<td>6-8 fl. oz. Formula(^1) or Breast milk(^2,3) and 2-4 Tbsp. Infant cereal(^1) and 1-4 Tbsp. Fruit or Vegetable or both</td>
</tr>
<tr>
<td></td>
<td>0-3 Tbsp. Infant cereal(^1,4)</td>
<td>0-3 Tbsp. Infant cereal(^1,4) and 1-4 Tbsp. Fruit or Vegetable or both(^4)</td>
<td></td>
</tr>
<tr>
<td><strong>Lunch or Supper</strong></td>
<td>4-6 fl. oz. Formula(^1) or Breast milk(^2,3)</td>
<td>4-8 fl. oz. Formula(^1) or Breast milk(^2,3) and 2-4 Tbsp. Infant cereal(^1); and/or 1-4 Tbsp. Meat, Fish, Poultry, Egg Yolk, Cooked Dry Beans or peas; or ½ -2oz. Cheese; or 1-4oz (volume) Cottage Cheese, or 1-4oz (weight) Cheese Food, or Cheese spread; and 1-4 Tbsp. Fruit or Vegetable or both</td>
<td></td>
</tr>
<tr>
<td></td>
<td>0-3 Tbsp. Fruit or Vegetable or both(^4)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Supplement</strong> (Snack)</td>
<td>4-6 fl. oz. Formula(^1) or Breast milk(^2,3)</td>
<td>4-6 fl. oz. Formula(^1) or Breast milk(^2,3)</td>
<td>2-4 fl. oz. Formula(^1) or Breast milk(^2,3) or 100% Fruit Juice(^5); and 0-1/2 Bread(^4,6) or 0-2 Crackers(^4,6)</td>
</tr>
</tbody>
</table>

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1. Infant formula and dry infant cereal must be iron-fortified.
2. Breastmilk or formula, or portions of both, may be served; however, it is recommended that breast milk be served in place of formula from birth through 11 months.
3. For some breastfed infants who regularly consume less than the minimum amount of breast milk per feeding, a serving of less than the minimum amount of breast milk may be offered, with additional breast milk offered if the infant is still hungry.
4. A serving of this component is required when the infant is developmentally ready to accept it.
5. Fruit juice must be full-strength.
6. A serving of this component must be made from whole-grain or enriched meal or flour.
# Guidance on Components for Infants

## In the NM Child & Adult Care Food Program

### (0-3 months)

#### Iron Fortified Infant Formula or Breastmilk

This component can only be met by serving:
- Breast milk or
- Iron-fortified infant Formula (not low-iron formulas)

### (4-7 months)

#### Iron Fortified Infant Cereal

Iron-fortified infant cereals in a box or can:
- Barley cereal
- High protein cereal
- Mixed cereal
- Oatmeal cereal
- Rice cereal

- Jarred “wet” infant cereals or cereal/fruit mixtures are not reimbursable!
- Cereals designed for older children and adults are not reimbursable – such as cream of wheat or Malt o Meal

### (4-7 months)

#### Vegetables and Fruits

- Commercially-prepared vegetable or fruit baby food:
  - “Jarred” baby foods, where the first ingredient is a fruit or vegetable and the food items is not a pudding or dessert.
  - Mixtures of more than one fruit or vegetable or some of each is creditable, as long as water is NOT listed first on the ingredient statement.

- Home-prepared vegetable or fruit baby food:
  - Fruits or vegetables for infants can be fresh, frozen, canned, or jarred. Home-prepared fruits/vegetables should be soft-cooked and strained, mashed, chopped, or diced to meet the texture needs of the infant.
  - Mixtures of meats with vegetables and/or fruits are not creditable.
  - Baby food “dinners” are not creditable.

### (8-11 months)

#### Meat and Meat Alternates

This component includes USDA-inspected meats such as lean beef, pork, lamb, veal, chicken, turkey and liver, or boneless fin fish, egg yolk, natural cheese, cottage cheese, and dried beans or peas.

- Commercially-prepared meats made for baby:
  - “Jarred” baby foods, containing only plain, strained meat is creditable.
  - Mixtures of meats with vegetables and/or fruits are not creditable.
  - Baby food “dinners” are not creditable.

- Home-prepared meat baby food:
  - Meats should be well-cooked and lean, then pureed, strained, mashed, chopped or diced to meet the texture needs of the infant.
  - Do not feed shellfish (shrimp, crab, lobster, crawfish, scallops, oysters, or clams) to babies less than one year of age. These types of seafood can cause severe allergic reactions in some babies.
  - Fresh water-sport fish caught in New Mexico may not be safe to feed to babies less than one year of age. Visit [http://www.nmenv.state.nm](http://www.nmenv.state.nm) or contact the NM Environment Dept. for more information.

### (8-11 months – only at snack)

#### Juice for Infants

- Must be 100% juice
- Only creditable for 8-11 month old infants
- Is creditable only at snack in place of formula or breast milk
- Should be served in a cup, never in a bottle

### (8-11 months – at snack)

#### Bread and Crackers

- Bread and Crackers (Served in a form to be eaten as a finger food)
  - Breads: without nuts, seeds, or hard pieces of whole grain kernels
  - Bagels
  - Bread, white or wheat
  - Soft tortillas
  - English muffins
  - Pita Bread
  - Rolls

- Cracker-type products
- Crackers - low in salt, plain saltines or snack crackers made without nuts, seeds or hard pieces of whole grain kernels.
| **Not Creditable** Foods for Infants in the New Mexico CACFP |
| **Not Creditable for Infants of Any Age** |
| Iron Fortified Formula or Breastmilk (Formula/Milk) | Cow’s milk of any kind: whole, lowfat, or skim  
Evaporated Cow's Milk, or home-prepared cow’s milk formula  
Goat's Milk  
Nonfat Dry Milk  
Rice Milk  
Soy Milk, usually called *soy beverage,*  
Sweetened Condensed Milk  
Imitation Milks, including those made from rice, nuts, or non-dairy ingredients |
| Iron Fortified Infant Cereal | Cereal and fruit *mixtures* in a box, can or jar:  
(for example: Rice Cereal with Bananas or Infant Oatmeal with Apples)  
Cereals *designed or older children and adults*:  
(for example: Cream of Wheat, Malt O Meal, Quick Cooking /Rolled Oats, Cream of Rice, etc.) |
| Fruit/Vegetable | All *fruit desserts* in a jar or can (for example: Dutch Apple Dessert, Banana Dessert, Vanilla Custard)  
Fruits in a jar which list water as the first ingredient  
Vegetables in a jar which list water as the first ingredient  
Combinations of grains with veggies and/or fruit that is baked or “puffed” and designed to be finger foods for babies |
| Meats/Protein | Infant, junior or toddler dinners or combination foods in a jar or can  
Egg whites  
Fish sticks or commercially breaded fish products  
Fish, canned with bones (such as sardines),  
Home canned meats  
Hot dogs  
Meat sticks of any type  
Peanut butter, other nut butters  
Sausages  
Yogurt |
| Bread and Crackers | Bread or Cracker-type products made for infants that pose a choking risk or are sweetened, such as:  
Bread or crackers of any type that are made with honey  
Cookies, such as: Animal, Arrowroot, Teething Cookies, or Toddler Cookies  
Crackers or breads with seeds, nut pieces or whole-grain kernels such as wheat berries  
Granola bars  
Snack potato or corn chips, pretzels, or cheese twists |
December 19, 2002

Baby Fruits or Vegetables with DHA

To: Regional Director
   Child Nutrition Programs
   All Regions

In response to a number of inquiries, we wish to clarify that certain baby food products containing DHA cannot be served to infants as part of a reimbursable meal in the child nutrition programs. DHA is an omega-3 fatty acid known as docosahexaenoic that may be added to commercially prepared fruits or vegetables.

The source of DHA in some lines of baby food products, such as Beech-Nut First Advantage Sweet Potato Souffle or Tropical Blend, is egg yolk. These DHA-added products combine fruits or vegetables with dried egg yolk, heavy cream, rice flour, vanilla extract, and other ingredients. They are not labeled or marketed as desserts, but they contain similar ingredients that may not be appropriate for an infant younger than 8 months of age. Introducing these “dessert-like” ingredients into an infant’s diet at an earlier age could result in a food sensitivity or a food allergy.

Although DHA-added products cannot contribute to the infant meal pattern, they may be served as additional foods to infants 8 months of age or older. Since they contain several ingredients, additives, or extenders that could cause allergic reactions, we recommend that the center, the provider, or the school check with the infant’s parent or guardian, before serving them.

STANLEY C. GARNETT
Director
Child Nutrition Division
Child and Adult Care Food Program
Iron-fortified Infant Formulas That Do Not Require Medical Statements
(as of 06/05/2009)

We recommend that the school, center, or day care home offer the type of formula that the infant’s health care provider has suggested to the infant’s parent (or guardian). If the school or child care facility offers a different type of formula, the infant’s parent may decline the offered formula, and supply another type.

FNS provides this list as a guide of products that do not require medical statements when offered to infants in the child nutrition programs. Although this list is not meant to be all-inclusive, it does include most of the brands of iron-fortified infant formula that are currently available to consumers. It does not represent our endorsement of these companies or their products.

We update this list as we become aware of newer information. Be sure to check with your State agency if you are not sure whether a type of infant formula requires a medical statement to be served in the infant meal pattern.

Milk-based Infant Formulas:

- **Mead Johnson**
  - Enfamil Gentlease LIPIL
  - Enfamil AR LIPIL
  - Enfamil LIPIL

- **Nestle**
  - Good Start DHA & ARA
  - Good Start DHA & ARA Natural Cultures
  - Good Start

- **Ross**
  - Similac Advance Early Shield
  - Similac Advance
  - Similac Lactose Free Advance
  - Similac Sensitive (formerly Similac Lactose-free)

- **PBM (formerly known as Wyeth)**
  - AAFES/NEXCOM Baby’s Choice Infant Formula
  - AAFES/NEXCOM Baby’s Choice Infant Formula with DHA & ARA
  - Albertson’s Baby Basics Infant Formula with DHA & ARA
  - Berkley & Jensen Infant Formula with DHA & ARA
  - Bright Beginnings with Iron and DHA & ARA
  - CVS Infant Formula with Iron
  - CVS Infant Formula with Iron/DHA & ARA
  - Full Circle Organic Milk-Based Infant Formula
  - HEB Baby Infant Formula with Iron and DHA & ARA
  - HyVee Gentle Milk-based Infant Formula
  - Kozy Kids Gentle Infant Formula with DHA & ARA
  - Kroger Comforts Gentle Infant Formula with DHA & ARA
  - Kroger Comforts Infant Formula with Iron and DHA & ARA
  - Kroger Comforts Lactose-free Infant Formula with DHA & ARA
  - Kroger Comforts Milk-Based Infant Formula
  - Kroger Lactose-free Infant Formula with DHA & ARA
  - Kroger Private Selection Organic Milk-Based Infant Formula
  - Meijer Gentle Milk-Based Infant Formula
  - Meijer Infant Formula with Iron and DHA & ARA
  - Meijer Organic Milk-Based Infant Formula
  - Member’s Mark Infant Formula with Iron and DHA & ARA
  - Parent’s Choice Infant Formula with DHA & ARA
  - Pathmark Infant Formula with Iron and DHA & ARA
  - Pathmark Organic Milk-Based Formula
  - Price Chopper Infant Formula with Iron and DHA & ARA
  - Rite Aid Infant Formula with DHA & ARA
  - Target Infant Formula with Iron and DHA & ARA
  - Target Lactose-free Infant Formula
  - Top Care with Iron
  - Top Care Infant Formula with DHA & ARA
  - Top Care Gentle Infant Formula
  - Walgreens Gentle Infant Formula with DHA & ARA
  - Walgreens Infant Formula with Iron and DHA & ARA
  - Walgreens Lactose-free Infant Formula with DHA & ARA
  - Walgreens Milk-based Infant Formula with Iron and DHA & ARA
  - Wal-Mart Parent’s Choice Gentle Milk-based Infant Formula
  - Wal-Mart Parent’s Choice Milk-based Organic Infant Formula
  - Wal-Mart Parent’s Choice Milk-based Sensitivity Infant Formula
  - Wegmans Gentle Infant Formula
  - Wegmans Infant Formula with Iron and DHA & ARA
  - Western Family Gentle Milk-based Infant Formula
  - Western Family Infant Formula with Iron and DHA & ARA
  - Western Family Infant Formula with DHA & ARA
Soy-based Infant Formulas:

Mead Johnson
- Enfamil ProSobee LIPIL (formerly Enfamil ProSobee)
- Enfamil LactoFree LIPIL

Nestle
- Good Start Soy DHA & ARA

Ross
- Similac Go and Grow Soy-based Milk
- Similac Isomil Advance

PBM
- AAFES/NEXCOM Baby’s Choice Soy Infant Formula
- AAFES/NEXCOM Baby’s Choice Soy Infant Formula with DHA & ARA
- Albertson’s Baby Basics Soy Infant Formula with DHA & ARA
- HyVee Mother’s Choice Soy Infant Formula
- HyVee Mother’s Choice Soy Infant Formula with DHA & ARA
- Kozy Kids Soy-based Infant Formula with DHA & ARA
- Kroger Comforts Soy Infant Formula with Iron and DHA & ARA
- Parent’s Choice Infant Formula with Soy and DHA & ARA
- PathMark Soy Infant Formula with DHA & ARA
- Price Chopper Soy Infant Formula with Iron and DHA & ARA
- Rite Aid Soy Infant Formula with DHA & ARA
- Target Soy with Iron
- Target Soy Infant Formula with Iron and DHA & ARA
- Top Care Soy Infant Formula with DHA & ARA
- Walgreens Soy Protein Formula with Iron and DHA & ARA
- Wegman’s Soy Infant Formula with Iron and DHA & ARA
- Western Family Soy Infant Formula with DHA & ARA

Follow-up Iron-fortified Formulas That Do Not Require Medical Statements When They are Served to Infants at the Ages Indicated

When Served to Infants 4 Months and Older:
These types of formulas do not require medical statements when they are served to infants 4 months of age or older. (A medical statement is required if any of them is served to infants younger than 4 months of age.):
- Mead Johnson Enfamil Next Step Lipil
- Mead Johnson Enfamil Next Step Prosobee Lipil
- Nestle Good Start 2 DHA and ARA
- Nestle Good Start 2 Natural Culture
- Nestle Good Start 2 Soy DHA and ARA
Obligation to Offer Infant Formula and Food

Dear Parent:

This Child Care Center offers _____________________________ Iron Fortified Infant Formula for infants less than 12 months of age as part of our participation in the Child and Adult Care Food Program (CACFP).

We are required to follow the CACFP Infant Meal Pattern for infants at no additional charge to you. We are pleased to offer these benefits for as long as this center is eligible to participate. To better meet your personal preferences and your infant’s needs, you may choose from the following options. Please check your selection, sign, and date this form. If your decision changes, you may fill out a new form. Also, if the situation changes such as your pediatrician changing the infant’s formula, then a new form should be filled out as well. The ‘old’ form will be kept on file.

A form must be completed for every infant enrolled at our center that does not take our “house formula”.

** Please Note: We are providing formula to be used at our center ONLY. If your infant’s current formula is different, we strongly recommend that you check with your pediatrician before switching. Remember, you may choose to use our house formula at no extra charge or provide your own brand.

Infant’s Name: ____________________________ Date of Birth: _____________

_____ I accept the formula offered by this child care center which is _____________________________ Iron Fortified Infant Formula (Name of House Formula)

_____ I decline the formula offered by this child care center AND I will provide __________________________ (formula brand name or breast milk)

** I understand the center staff will serve infant formula and infant food according to the planned infant menus and the CACFP meal pattern. If I provide my own formula or breastmilk, I will clearly label the bottles with my infant’s name and the date.

PARENT’S SIGNATURE: ____________________________ Signature and Date ____________________________

CENTER STAFF SIGNATURE: ____________________________ Signature and Date ____________________________
DAILY INFANT MEAL RECORD
Instructions for Completing Daily Infant Meal Record for Infants

The following information must be recorded on the CACFP Meal Form:

1. **Date**
   Record the date menu was served.

2. **Completed By**
   Record the name of the person completing the form.

3. **Name(s) of Infant(s)**
   Record the names of infants eating meals in appropriate age table.

4. **Completion of Columns**
   - Using a (✓), indicate iron-fortified formula/breast milk or iron-fortified cereal was served.
   - Record the *kind* of vegetable/fruit or meat/meat alternate served.
   - All formula and infant cereal served *must* be iron-fortified (not low-iron).

5. **Daily Infant Totals**
   Complete daily infant totals for *each meal, each day* in the box provided.

Please refer to the sample page opposite for the following:

**Birth through 3 months**
Scott is 2 months old and Hannah is 3 months. At this age, both infants only need to be fed breast milk or iron fortified formula.

**4 through 7 months**
Shannon has just turned 4 months old and Javier is almost 7 months old. Shannon is still being fed only breast milk, because she is not ready for solids yet. Javier is being introduced to iron fortified cereal and vegetables/fruits.

**8 through 11 months**
Marcus and Maxine are 8-11 month old babies. They need iron fortified formula or breast milk, iron fortified cereal and/or meat/meat alternate and vegetables/fruits at meal time and enriched bread or crackers at snack.
**DAILY INFANT MEAL RECORD**

Date: ______January 12, 2011____________________

Completed by: ___Maria Goodsitter_______________

**INSTRUCTIONS:**
- Record the names of the infant(s) eating the meal.
- Use a (✓) where indicated.
- Record the kind of fruit/vegetable or meat served.
- All formula & infant cereal served must be iron fortified.
- Record Daily Infant Totals each day.

Adapted for New Mexico CACFP from: Nebraska Department of Education 2/2003

<table>
<thead>
<tr>
<th>NAMES</th>
<th>BREAKFAST</th>
<th>AM SNACK</th>
<th>LUNCH</th>
<th>PM SNACK</th>
<th>SUPPER</th>
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<tbody>
<tr>
<td></td>
<td>Formula or Breast Milk 4–6 oz (✓)</td>
<td>Formula or Breast Milk 4–6 oz (✓)</td>
<td>Veg./Fruit 0–3 T (Specify kind)</td>
<td>Infant Cereal 0–3 T (✓)</td>
<td>Formula or Breast Milk 4–6 oz (✓)</td>
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<td>Scott</td>
<td>✓</td>
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<td>✓</td>
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<tr>
<td>Hannah</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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**SAMPLE**

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<tr>
<td>Shannon</td>
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<td>✓</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Javier</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>Carrots</td>
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**SAMPLE**

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<th>LUNCH</th>
<th>PM SNACK</th>
<th>SUPPER</th>
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<tbody>
<tr>
<td>Marcus</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maxine</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>Apricots</td>
<td>✓</td>
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</table>

Daily Infant Totals:

Brkst:___6___ AM snack:___6___ Lunch:___6___ PM snack:_______ Supper:_____
DAILY INFANT MEAL RECORD

Date: _________________________________________
Completed by: ________________________________

INSTRUCTIONS:
- Record the names of the infant(s) eating the meal.
- Use a (✓) where indicated.
- Record the kind of fruit/vegetable or meat served.
- All formula & infant cereal served must be iron fortified.
- Record Daily Infant Totals each day.

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<tr>
<td></td>
<td>Formula or Breast Milk 4 – 6 oz (✓)</td>
<td>Formula or Breast Milk 4 – 6 oz (✓)</td>
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<td>Formula or Breast Milk 4 – 6 oz (✓)</td>
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<tr>
<td></td>
<td>Infant Cereal 0 – 3 T (✓)</td>
<td>Infant Cereal 0 – 3 T (✓)</td>
<td>Veg./Fruit 0 – 3 T (Specify kind)</td>
<td>Infant Cereal 0 – 3 T (✓)</td>
<td>Infant Cereal 0 – 3 T (✓)</td>
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<tr>
<td>NAMES 4 through 7 months</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NAMES 8 through 11 months</td>
<td></td>
<td></td>
<td></td>
<td></td>
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Daily Infant Totals:

Brkst: _____  AM snack: _____  Lunch: _____  PM snack: _____  Supper: _____
DAILY INFANT MEAL RECORD

Date: _________________________________________
Completed by: ________________________________

INSTRUCTIONS:
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</thead>
<tbody>
<tr>
<td>Birth through 3 months</td>
<td>Formula or Breast Milk 4 – 6 oz (✓)</td>
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<td></td>
<td></td>
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<tr>
<td>4 through 7 months</td>
<td>Formula or Breast Milk 4 – 8 oz (✓)</td>
<td>Infant Cereal 0 – 3 T (✓)</td>
<td>Formula or Breast Milk 4 – 6 oz (✓)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 through 11 months</td>
<td>Formula or Breast Milk 6–8 oz (✓)</td>
<td>Infant Cereal 2 – 4 T (Specify kind)</td>
<td>Formula or Breast Milk 6 – 8 oz (✓)</td>
<td>Veg./Fruit 0 – 3 T (Specify kind)</td>
<td>Infant Cereal 0 – 3 T (✓)</td>
</tr>
</tbody>
</table>

Daily Infant Totals:
Brkst: _____ AM snack: _____ Lunch: _____ PM snack: _____ Supper: _____
**DAILY INFANT MEAL RECORD**

Date: _________________________________________

Completed by: ________________________________

**INSTRUCTIONS:**
- Record the names of the infant(s) eating the meal.
- Use a (✓) where indicated.
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<tbody>
<tr>
<td>4 through 7 months</td>
<td>Formula or Breast Milk 4 – 6 oz (✓)</td>
<td>Infant Cereal 0 – 3 T (✓)</td>
<td>Formula or Breast Milk 4 – 6 oz (✓)</td>
<td>Veg./Fruit 0 – 3 T (Specify kind)</td>
<td>Infant Cereal 0 – 3 T (✓)</td>
</tr>
<tr>
<td>8 through 11 months</td>
<td>Formula or Breast Milk 6–8 oz (✓)</td>
<td>Infant Cereal 2 – 4 T (✓)</td>
<td>Veg./Fruit 1 – 4 T (Specify kind)</td>
<td>0 – 1/2 slice bread or 0 – 2 crackers (✓)</td>
<td>Infant Cereal 0 – 3 T (✓)</td>
</tr>
</tbody>
</table>

**Daily Infant Totals:**
Brkst: _____  AM snack: _____  Lunch: _____  PM snack: _____  Supper: _____
# DAILY INFANT MEAL RECORD

**Date:** ________________________________

**Completed by:** ________________________________

### INSTRUCTIONS:
- Record the names of the infant(s) eating the meal.
- Use a (✓) where indicated.
- Record the kind of fruit/vegetable or meat served.
- All formula & infant cereal served must be iron fortified.
- Record Daily Infant Totals each day.

---

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### NAMES

#### Birth through 3 months

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<thead>
<tr>
<th>BREAKFAST</th>
<th>AM SNACK</th>
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<tbody>
<tr>
<td>Formula or Breast Milk 4–6 oz (✓)</td>
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<td>Formula or Breast Milk 4–6 oz (✓)</td>
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#### 4 through 7 months

<table>
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<tr>
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<th>PM SNACK</th>
<th>SUPPER</th>
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</thead>
<tbody>
<tr>
<td>4–8 oz (✓)</td>
<td>Infant Cereal 0–3 T (✓)</td>
<td>Formula or Breast Milk 4–8 oz (✓)</td>
<td>Veg./Fruit 0–3 T (Specify kind)</td>
<td>Infant Cereal 0–3 T (✓)</td>
<td>Formula or Breast Milk 4–8 oz (✓)</td>
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#### 8 through 11 months

<table>
<thead>
<tr>
<th>NAMES</th>
<th>BREAKFAST</th>
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<th>LUNCH</th>
<th>PM SNACK</th>
<th>SUPPER</th>
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<tbody>
<tr>
<td>6–8 oz (✓)</td>
<td>Infant Cereal 2–4 T (✓)</td>
<td>Veg./ Fruit Juice 2–4 oz (✓)</td>
<td>0–1/2 slice bread or 0–2 crackers (✓)</td>
<td>Infant Cereal 2–4 T (✓)</td>
<td>Veg./Fruit Juice 2–4 oz (✓)</td>
</tr>
</tbody>
</table>

### Daily Infant Totals:

**Brkst:** _____  **AM snack:** _____  **Lunch:** _____  **PM snack:** _____  **Supper:** _____
**DAILY INFANT MEAL RECORD**

**Date:** _________________________________________  
**Completed by:** ________________________________

**INSTRUCTIONS:**
- Record the names of the infant(s) eating the meal.
- Use a (✓) where indicated.
- Record the kind of fruit/vegetable or meat served.
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<th>SUPPER</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Formula or Breast Milk 4 – 6 oz (✓)</td>
<td>Formula or Breast Milk 4 – 6 oz (✓)</td>
<td>Formula or Breast Milk 4 – 6 oz (✓)</td>
<td>Formula or Breast Milk 4 – 6 oz (✓)</td>
</tr>
<tr>
<td>4 through 7 months</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 through 11 months</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Daily Infant Totals:**
- Brkst: _____  
- AM snack: _____  
- Lunch: _____  
- PM snack: _____  
- Supper: _____
# Daily Infant Meal Record

**Date:** _________________________________________  
**Completed by:** ________________________________

**INSTRUCTIONS:**
- Record the names of the infant(s) eating the meal.
- Use a (✓) where indicated.
- Record the kind of fruit/vegetable or meat served.
- All formula & infant cereal served must be iron fortified.
- Record Daily Infant Totals each day.

---

### Names  
**Birth through 3 months**

<table>
<thead>
<tr>
<th>Names</th>
<th>Breakfast</th>
<th>AM Snack</th>
<th>Lunch</th>
<th>PM Snack</th>
<th>Supper</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Formula or Breast Milk 4 – 6 oz (✓)</td>
<td>Infant Cereal 0 – 3 T (✓)</td>
<td>Formula or Breast Milk 4 – 6 oz (✓)</td>
<td>Veg./Fruit 0 – 3 T (Specify kind)</td>
<td>Infant Cereal 0 – 3 T (✓)</td>
</tr>
</tbody>
</table>

---

### Names  
**4 through 7 months**

<table>
<thead>
<tr>
<th>Names</th>
<th>Breakfast</th>
<th>AM Snack</th>
<th>Lunch</th>
<th>PM Snack</th>
<th>Supper</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Formula or Breast Milk 4 – 8 oz (✓)</td>
<td>Infant Cereal 0 – 3 T (✓)</td>
<td>Formula or Breast Milk 4 – 8 oz (✓)</td>
<td>Veg./Fruit 0 – 3 T (Specify kind)</td>
<td>Infant Cereal 0 – 3 T (✓)</td>
</tr>
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</table>

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### Names  
**8 through 11 months**

<table>
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<tr>
<th>Names</th>
<th>Breakfast</th>
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<th>Lunch</th>
<th>PM Snack</th>
<th>Supper</th>
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<tbody>
<tr>
<td></td>
<td>Formula or Breast Milk 6–8 oz (✓)</td>
<td>Infant Cereal 2 – 4 T (✓)</td>
<td>Veg./Fruit Juice 2 – 4 oz (✓)</td>
<td>0 – 1/2 slice bread or 0 – 2 crackers (✓)</td>
<td>Veg./Fruit Juice 2 – 4 oz (✓)</td>
</tr>
</tbody>
</table>

---

**Daily Infant Totals:**  
Brkst:_____  AM snack:_____  Lunch:_____  PM snack:_____  Supper:_____
DAILY INFANT MEAL RECORD

Date: _________________________________________
Completed by: ________________________________

INSTRUCTIONS:
- Record the names of the infant(s) eating the meal.
- Use a (✓) where indicated.
- Record the kind of fruit/vegetable or meat served.
- All formula & infant cereal served must be iron fortified.
- Record Daily Infant Totals each day.

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<td>Infant Cereal 0 – 3 T (✓)</td>
<td>Formula or Breast Milk 4 – 6 oz (✓)</td>
<td>Veg./Fruit 0 – 3 T (Specify kind)</td>
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<tr>
<td>4 through 7 months</td>
<td>Formula or Breast Milk 4 – 8 oz (✓)</td>
<td>Infant Cereal 0 – 3 T (✓)</td>
<td>Formula or Breast Milk 4 – 8 oz (✓)</td>
<td>Veg./Fruit 0 – 3 T (Specify kind)</td>
<td>Infant Cereal 0 – 3 T (✓)</td>
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<tr>
<td>8 through 11 months</td>
<td>Formula or Breast Milk 6–8 oz (✓)</td>
<td>Infant Cereal 2 – 4 T (✓)</td>
<td>Formula, Breast Milk or Fruit Juice 2 – 4 oz (✓)</td>
<td>0 – 1/2 slice bread or 0 – 2 crackers (✓)</td>
<td>Infant Cereal 2 – 4 T (✓)</td>
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</tbody>
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Daily Infant Totals:
Brkst:____ AM snack:____ Lunch:____ PM snack:____ Supper:____
**DAILY INFANT MEAL RECORD**

Date: _________________________________________  
Completed by: ________________________________

**INSTRUCTIONS:**
- Record the names of the infant(s) eating the meal.
- Use a (✓) where indicated.
- Record the kind of fruit/vegetable or meat served.
- All formula & infant cereal served must be iron fortified.
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<tbody>
<tr>
<td><strong>Birth through 3 months</strong></td>
<td>Formula or Breast Milk 4 – 6 oz (✓)</td>
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<td>Formula or Breast Milk 4 – 6 oz (✓)</td>
<td>Formula or Breast Milk 4 – 6 oz (✓)</td>
<td>Formula or Breast Milk 4 – 6 oz (✓)</td>
</tr>
<tr>
<td><strong>4 through 7 months</strong></td>
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<td>Infant Cereal 0 – 3 T (✓)</td>
<td>Formula or Breast Milk 4 – 8 oz (✓)</td>
<td>Veg./Fruit 0 – 3 T (Specify kind)</td>
<td>Infant Cereal 0 – 3 T (✓)</td>
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<td><strong>8 through 11 months</strong></td>
<td>Formula or Breast Milk 6 – 8 oz (✓)</td>
<td>Infant Cereal 2 – 4 T (✓)</td>
<td>Veg./Fruit Juice 2 – 4 oz (Specify kind)</td>
<td>0 – 1/2 slice bread or 0 – 2 crackers (✓)</td>
<td>Infant Cereal 0 – 3 T (✓)</td>
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**Daily Infant Totals:**

Brkst: _____  AM snack: _____  Lunch: _____  PM snack: _____  Supper: _____
DAILY INFANT MEAL RECORD

Date: _________________________________________
Completed by: ________________________________

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<td>Veg./Fruit 0 – 3 T (Specify kind)</td>
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Daily Infant Totals:
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DAILY INFANT MEAL RECORD

Date: _________________________________________
Completed by: ________________________________

INSTRUCTIONS:

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<tr>
<td>8 through 11 months</td>
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Daily Infant Totals:
Brkst: ____  AM snack: ____  Lunch: ____  PM snack: ____  Supper: ____
**DAILY INFANT MEAL RECORD**

**INSTRUCTIONS:**
- Record the names of the infant(s) eating the meal.
- Use a (✓) where indicated.
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**Birth through 3 months**

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**4 through 7 months**

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**8 through 11 months**

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**Daily Infant Totals:**

Brkst: _____ AM snack: _____ Lunch: _____ PM snack: _____ Supper: _____
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Completed by: ________________________________

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<td>Formula or Breast Milk 4–8 oz (✓)</td>
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<td>8 through 11 months</td>
<td>Formula or Breast Milk 6–8 oz (✓)</td>
<td>Infant Cereal 2–4 T (✓)</td>
<td>Veg./Fruit Juice 2–4 oz (✓)</td>
<td>O–1/2 slice bread or 0–2 crackers (✓)</td>
<td>Infant Cereal 2–4 T (✓)</td>
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**Daily Infant Totals:**
- Brkst: _____ AM snack: _____ Lunch: _____ PM snack: _____ Supper: _____
DAILY INFANT MEAL RECORD

Date: _________________________________________
Completed by: ________________________________

INSTRUCTIONS:
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- Record the kind of fruit/vegetable or meat served.
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- Record Daily Infant Totals each day.

NAMES
Birth through 3 months

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NAMES
4 through 7 months

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NAMES
8 through 11 months

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Brkst: _____   AM snack: _____   Lunch: _____   PM snack: _____   Supper: _____
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**Date:** _______________________________________
**Completed by:** ________________________________

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Brkst: _____  AM snack: _____  Lunch: _____  PM snack: _____  Supper: _____
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### NAMES

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#### Birth through 3 months

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Brkst: _____  AM snack: _____  Lunch: _____  PM snack: _____  Supper: _____
**DAILY INFANT MEAL RECORD**

Date: _________________________________________
Completed by: ________________________________

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### Daily Infant Totals:

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**Date:** _________________________________________

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DAILY INFANT MEAL RECORD

Date: _________________________________________
Completed by: ________________________________

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Daily Infant Totals:

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<td>4 through 7 months</td>
<td>Formula or Breast Milk 4 – 8 oz (✓)</td>
<td>Infant Cereal 0 – 3 T (✓)</td>
<td>Formula or Breast Milk 4 – 6 oz (✓)</td>
<td>Veg./Fruit 0 – 3 T (Specify kind)</td>
<td>Infant Cereal 0 – 3 T (✓)</td>
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### 8 through 11 months

<table>
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<tr>
<td>8 through 11 months</td>
<td>Formula or Breast Milk 6 – 8 oz (✓)</td>
<td>Infant Cereal 2 – 4 T (✓)</td>
<td>Veg./Fruit 0 – 2 crackers (Specify kind)</td>
<td>Infant Cereal 2 – 4 T (✓)</td>
<td>Veg./Fruit Juice 2 – 4 oz (✓)</td>
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**Daily Infant Totals:**
- Brkst: _____
- AM snack: _____
- Lunch: _____
- PM snack: _____
- Supper: _____
DAILY INFANT MEAL RECORD

Date: _________________________________________
Completed by: ________________________________

INSTRUCTIONS:

- Record the names of the infant(s) eating the meal.
- Use a (✓) where indicated.
- Record the kind of fruit/vegetable or meat served.
- All formula & infant cereal served must be iron fortified.
- Record Daily Infant Totals each day.

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<tbody>
<tr>
<td>Birth through 3 months</td>
<td>Formula or Breast Milk 4 – 6 oz (✓)</td>
<td>Infant Cereal O – 3 T (✓)</td>
<td>Formula or Breast Milk 4 – 6 oz (✓)</td>
<td>Veg./Fruit 0 – 3 T (Specify kind)</td>
<td>Infant Cereal O – 3 T (✓)</td>
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<tr>
<td>4 through 7 months</td>
<td>Formula or Breast Milk 4 – 8 oz (✓)</td>
<td>Infant Cereal O – 3 T (✓)</td>
<td>Formula or Breast Milk 4 – 8 oz (✓)</td>
<td>Veg./Fruit 0 – 3 T (Specify kind)</td>
<td>Infant Cereal O – 3 T (✓)</td>
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<tr>
<td>8 through 11 months</td>
<td>Formula or Breast Milk 6 – 8 oz (✓)</td>
<td>Infant Cereal 2 – 4 T (✓)</td>
<td>Veg./Fruit Juice 1 – 4 T (Specify kind)</td>
<td>0 – 1/2 slice bread or 0 – 2 crackers (✓)</td>
<td>Infant Cereal 2 – 4 T (✓)</td>
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Daily Infant Totals:

Brkst: _____ AM snack: _____ Lunch: _____ PM snack: _____ Supper: _____
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Date: _________________________________________
Completed by: ________________________________

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### NAMES
**Birth through 3 months**

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### NAMES
**4 through 7 months**

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<td>Formula or Breast Milk 4 – 6 oz (✓)</td>
<td>Infant Cereal 0 – 3 T (✓)</td>
<td>Formula or Breast Milk 4 – 8 oz (✓)</td>
<td>Veg./Fruit 0 – 3 T (Specify kind)</td>
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### NAMES
**8 through 11 months**

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<td>Veg./Fruit 0 – 3 T (Specify kind)</td>
<td>Infant Cereal 0 – 3 T (✓)</td>
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**Daily Infant Totals:**

Brkst: _____ AM snack: _____ Lunch: _____ PM snack: _____ Supper: _____
**DAILY INFANT MEAL RECORD**

Date: _________________________________________
Completed by: ________________________________

**INSTRUCTIONS:**
- Record the names of the infant(s) eating the meal.
- Use a (✓) where indicated.
- Record the kind of fruit/vegetable or meat served.
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<tr>
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<td>Infant Cereal 0–3 T (✓)</td>
<td>Formula or Breast Milk 4–8 oz (✓)</td>
<td>Veg./Fruit 0–3 T (Specify kind)</td>
<td>Infant Cereal 0–3 T (✓)</td>
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<tr>
<td>8 through 11 months</td>
<td>Formula or Breast Milk 6–8 oz (✓)</td>
<td>Infant Cereal 2–4 T (✓)</td>
<td>Veg./ Fruit 1–4 T (Specify kind)</td>
<td>O–1/2 slice bread or 0–2 crackers (✓)</td>
<td>Infant Cereal 2–4 T (✓)</td>
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**Daily Infant Totals:**
Brkst: _____  AM snack: _____  Lunch: _____  PM snack: _____  Supper: _____
DAILY INFANT MEAL RECORD

Date: _________________________________________
Completed by: ________________________________

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<td>Formula or Breast Milk 4 – 8 oz (✓)</td>
<td>Veg./Fruit 0 – 3 T (Specify kind)</td>
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<td>Formula or Breast Milk 4 – 6 oz (✓)</td>
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<td>Formula or Breast Milk 4 – 8 oz (✓)</td>
<td>Infant Cereal 0 – 3 T (✓)</td>
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<td>Veg./Fruit 0 – 3 T (Specify kind)</td>
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<tr>
<td>8 through 11 months</td>
<td>Formula or Breast Milk 6–8 oz (✓)</td>
<td>Infant Cereal 2 – 4 T (Specify kind)</td>
<td>Veg./Fruit 1 – 4 T (Specify kind)</td>
<td>Meat/Air 1/2 – 2 oz (Specify kind)</td>
<td>Infant Cereal 2 – 4 T (✓)</td>
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Daily Infant Totals:

Brkst: _____  AM snack: _____  Lunch: _____  PM snack: _____  Supper: _____
DAILY INFANT MEAL RECORD

Date: _________________________________________
Completed by: ________________________________

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Daily Infant Totals:

Brkst: _____ AM snack: _____ Lunch: _____ PM snack: _____ Supper: _____
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Date: _________________________________________

Completed by: ________________________________

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<td>Formula or Breast Milk 4 – 6 oz (✓)</td>
<td>Infant Cereal 0 – 3 T (✓)</td>
<td>Formula or Breast Milk 4 – 6 oz (✓)</td>
<td>Veg./Fruit 0 – 3 T (Specify kind)</td>
<td>Infant Cereal 0 – 3 T (✓)</td>
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#### 4 through 7 months

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<td>Infant Cereal 0 – 3 T (✓)</td>
<td>Formula or Breast Milk 4 – 8 oz (✓)</td>
<td>Veg./Fruit 0 – 3 T (Specify kind)</td>
<td>Infant Cereal 0 – 3 T (✓)</td>
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#### 8 through 11 months

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<td>Formula or Breast Milk 6 – 8 oz (✓)</td>
<td>Infant Cereal 2 – 4 T (✓)</td>
<td>Veg./Fruit 1 – 4 T (Specify kind)</td>
<td>0 – 1/2 slice bread or 0 – 2 crackers (✓)</td>
<td>Infant Cereal 2 – 4 T (✓)</td>
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### Daily Infant Totals:

Brkst: _____ AM snack: _____ Lunch: _____ PM snack: _____ Supper: _____
DAILY INFANT MEAL RECORD

Date: _________________________________________
Completed by: ________________________________

INSTRUCTIONS:
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<td>Formula or Breast Milk 6 – 8 oz (✓)</td>
<td>Infant Cereal 2 – 4 T (✓)</td>
<td>Veg./Fruit 1 – 4 T (Specify kind)</td>
<td>Infant Cereal 2 – 4 T (✓)</td>
<td>Meat/Alt. 1 – 4 T, 1/2 – 2 oz (Specify kind)</td>
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<td><strong>Brkst:</strong> _____</td>
<td><strong>AM snack:</strong> _____</td>
<td><strong>Lunch:</strong> _____</td>
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# Daily Infant Meal Record

**Date:** _____________________________

**Completed by:** _____________________________

## INSTRUCTIONS:
- Record the names of the infant(s) eating the meal.
- Use a (✓) where indicated.
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### Daily Infant Totals:

Brkst: _____ AM snack: _____ Lunch: _____ PM snack: _____ Supper: _____
DAILY INFANT MEAL RECORD

Date: _________________________________________
Completed by: ________________________________

INSTRUCTIONS:
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- Use a (✓) where indicated.
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<td>Formula or Breast Milk 4 – 6 oz (✓)</td>
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<td>Infant Cereal 0 – 3 T (✓)</td>
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<td>8 through 11 months</td>
<td>Formula or Breast Milk 6 – 8 oz (✓)</td>
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<td>Veg./Fruit 1 – 4 T 2 – 4 oz (Specify level)</td>
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Daily Infant Totals:
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DAILY INFANT MEAL RECORD

Date: _________________________________________
Completed by: ________________________________

INSTRUCTIONS:
 Record the names of the infant(s) eating the meal.
 Use a (✓) where indicated.
 Record the kind of fruit/vegetable or meat served.
 All formula & infant cereal served must be iron fortified.
 Record Daily Infant Totals each day.

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<td>Formula or Breast Milk 4 – 6 oz (✓)</td>
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#### 8 through 11 months

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<td></td>
<td>Formula or Breast Milk 6 – 8 oz (✓)</td>
<td>Infant Cereal 2 – 4 T (✓)</td>
<td>Formula or Breast Milk or Fruit Juice 2 – 4 oz (✓)</td>
<td>Veg./Fruit 1 – 4 T (Specify kind)</td>
<td>Infant Cereal 2 – 4 T (✓)</td>
</tr>
</tbody>
</table>

### Daily Infant Totals:

Brkst: _____    AM snack: _____    Lunch: _____    PM snack: _____    Supper: _____
**DAILY INFANT MEAL RECORD**

Date: _________________________________________  
Completed by: ________________________________

**INSTRUCTIONS:**

- Record the names of the infant(s) eating the meal.
- Use a (✓) where indicated.
- Record the kind of fruit/vegetable or meat served.
- All formula & infant cereal served must be iron fortified.
- Record Daily Infant Totals each day.

Adapted for New Mexico CACFP from: Nebraska Department of Education                                            2/2003

### NAMES

#### Birth through 3 months

**BREAKFAST**  
Formula or  
Breast Milk  
4 – 6 oz (✓)

**AM SNACK**  
Infant Cereal  
0 – 3 T (✓)

**LUNCH**  
Formula or  
Breast Milk  
4 – 6 oz (✓)

**PM SNACK**  
Vegetables/Fruit  
0 – 3 T (Specify kind)

**SUPPER**  
Infant Cereal  
0 – 3 T (✓)

### NAMES

#### 4 through 7 months

**BREAKFAST**  
Formula or  
Breast Milk  
4 – 8 oz (✓)

**AM SNACK**  
Infant Cereal  
0 – 3 T (✓)

**LUNCH**  
Formula or  
Breast Milk  
4 – 8 oz (✓)

**PM SNACK**  
Vegetables/Fruit  
0 – 3 T (Specify kind)

**SUPPER**  
Infant Cereal  
0 – 3 T (✓)

### NAMES

#### 8 through 11 months

**BREAKFAST**  
Formula or  
Breast Milk  
6 – 8 oz (✓)

**AM SNACK**  
Infant Cereal  
2 – 4 T (✓)

**LUNCH**  
Vegetables/Fruit  
1 – 4 T (Specify kind)

**PM SNACK**  
Meat/Alternative  
1 – 4 T.  
1/2 – 2 oz (Specify kind)

**SUPPER**  
Infant Cereal  
0 – 3 T (✓)

---

**Daily Infant Totals:**  
Brkst: _____  
AM snack: _____  
Lunch: _____  
PM snack: _____  
Supper: _____
**DAILY INFANT MEAL RECORD**

**INSTRUCTIONS:**
- Record the names of the infant(s) eating the meal.
- Use a (✓) where indicated.
- Record the kind of fruit/vegetable or meat served.
- All formula & infant cereal served must be iron fortified.
- Record Daily Infant Totals each day.

**Adapted for New Mexico CACFP from: Nebraska Department of Education 2/2003**

### NAMES

#### 4 through 7 months

<table>
<thead>
<tr>
<th>NAMES</th>
<th>BREAKFAST</th>
<th>AM SNACK</th>
<th>LUNCH</th>
<th>PM SNACK</th>
<th>SUPPER</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 through 7 months</td>
<td>Formula or Breast Milk 4 – 8 oz (✓)</td>
<td>Infant Cereal 0 – 3 T (✓)</td>
<td>Formula or Breast Milk 4 – 8 oz (✓)</td>
<td>Veg./Fruit 0 – 3 T (Specify kind)</td>
<td>Infant Cereal 0 – 3 T (✓)</td>
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#### 8 through 11 months

<table>
<thead>
<tr>
<th>NAMES</th>
<th>BREAKFAST</th>
<th>AM SNACK</th>
<th>LUNCH</th>
<th>PM SNACK</th>
<th>SUPPER</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 through 11 months</td>
<td>Formula or Breast Milk 6 – 8 oz (✓)</td>
<td>Infant Cereal 2 – 4 T (✓)</td>
<td>Veg./Fruit 1 – 4 T (Specify kind)</td>
<td>Meat/Alt. 1 – 4 T.</td>
<td>Infant Cereal 2 – 4 T (✓)</td>
</tr>
</tbody>
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#### Birth through 3 months

<table>
<thead>
<tr>
<th>NAMES</th>
<th>BREAKFAST</th>
<th>AM SNACK</th>
<th>LUNCH</th>
<th>PM SNACK</th>
<th>SUPPER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth through 3 months</td>
<td>Formula or Breast Milk 4 – 6 oz (✓)</td>
<td>Infant Cereal 0 – 3 T (✓)</td>
<td>Formula or Breast Milk 4 – 6 oz (✓)</td>
<td>Veg./Fruit 0 – 3 T (Specify kind)</td>
<td>Infant Cereal 0 – 3 T (✓)</td>
</tr>
</tbody>
</table>

**Daily Infant Totals:**

Brkst: _____ AM snack: _____ Lunch: _____ PM snack: _____ Supper: _____
**DAILY INFANT MEAL RECORD**

**INSTRUCTIONS:**
- Record the names of the infant(s) eating the meal.
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Adapted for New Mexico CACFP from: Nebraska Department of Education 2/2003

### NAMES

**Brkst:**

**AM snack:**

**Lunch:**

**PM snack:**

**Supper:**

---

**Birth through 3 months**

<table>
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<tr>
<th>NAMES</th>
<th>BREAKFAST</th>
<th>AM SNACK</th>
<th>LUNCH</th>
<th>PM SNACK</th>
<th>SUPPER</th>
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</thead>
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<tr>
<td></td>
<td>Formula or Breast Milk 4 – 6 oz (✓)</td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Infant Cereal 0 – 3 T (✓)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Formula or Breast Milk 4 – 6 oz (✓)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Veg./Fruit 0 – 3 T (Specify kind)</td>
<td>Infant Cereal 0 – 3 T (✓)</td>
<td></td>
<td>Formula or Breast Milk 4 – 6 oz (✓)</td>
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</tr>
<tr>
<td></td>
<td>Veg./Fruit 1 – 4 T (Specify kind)</td>
<td>Infant Cereal 2 – 4 T (✓)</td>
<td></td>
<td>Veg./Fruit 0 – 3 T (Specify kind)</td>
<td></td>
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</tbody>
</table>

**4 through 7 months**

<table>
<thead>
<tr>
<th>NAMES</th>
<th>BREAKFAST</th>
<th>AM SNACK</th>
<th>LUNCH</th>
<th>PM SNACK</th>
<th>SUPPER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Formula or Breast Milk 4 – 8 oz (✓)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Infant Cereal 0 – 3 T (✓)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Formula or Breast Milk 4 – 8 oz (✓)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Veg./Fruit 0 – 3 T (Specify kind)</td>
<td>Infant Cereal 0 – 3 T (✓)</td>
<td></td>
<td>Formula or Breast Milk 4 – 6 oz (✓)</td>
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</tr>
<tr>
<td></td>
<td>Veg./Fruit 1 – 4 T (Specify kind)</td>
<td>Infant Cereal 2 – 4 T (✓)</td>
<td></td>
<td>Veg./Fruit 0 – 3 T (Specify kind)</td>
<td></td>
</tr>
</tbody>
</table>

**8 through 11 months**

<table>
<thead>
<tr>
<th>NAMES</th>
<th>BREAKFAST</th>
<th>AM SNACK</th>
<th>LUNCH</th>
<th>PM SNACK</th>
<th>SUPPER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Formula or Breast Milk 6 – 8 oz (✓)</td>
<td>Infant Cereal 2 – 4 T (✓)</td>
<td>Veg./ Fruit 1 – 4 T (Specify kind)</td>
<td>Infant Cereal 2 – 4 T (✓)</td>
<td>Veg./Fruit 1 – 4 T (Specify kind)</td>
</tr>
</tbody>
</table>

**Daily Infant Totals:**

Brkst: _____ AM snack: _____ Lunch: _____ PM snack: _____ Supper: _____
DAILY INFANT MEAL RECORD

Date: _________________________________
Completed by: ____________________________

INSTRUCTIONS:
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<table>
<thead>
<tr>
<th>NAMES</th>
<th>BREAKFAST</th>
<th>AM SNACK</th>
<th>LUNCH</th>
<th>PM SNACK</th>
<th>SUPPER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth through 3 months</td>
<td>Formula or Breast Milk 4 – 6 oz (✓)</td>
<td>Formula or Breast Milk 4 – 6 oz (✓)</td>
<td>Veg./Fruit O – 3 T (Specify kind)</td>
<td>Infant Cereal 0 – 3 T (✓)</td>
<td>Formula or Breast Milk 4 – 6 oz (✓)</td>
</tr>
<tr>
<td>4 through 7 months</td>
<td>Infant Cereal 0 – 3 T (✓)</td>
<td>Formula or Breast Milk 4 – 8 oz (✓)</td>
<td>Veg./Fruit 0 – 3 T (Specify kind)</td>
<td>Infant Cereal 0 – 3 T (✓)</td>
<td>Formula or Breast Milk 4 – 6 oz (✓)</td>
</tr>
<tr>
<td>8 through 11 months</td>
<td>Formula or Breast Milk 6 – 8 oz (✓)</td>
<td>Infant Cereal 2 – 4 T (Specify kind)</td>
<td>Veg./Fruit Juice 2 – 4 oz (✓)</td>
<td>Infant Cereal 2 – 4 T (✓)</td>
<td>Formula or Breast Milk 6 – 8 oz (✓)</td>
</tr>
<tr>
<td></td>
<td>Veg./Fruit 1 – 4 T (Specify kind)</td>
<td>0 – 1/2 slice bread or 0 – 2 crackers (✓)</td>
<td>Veg./Fruit 1 – 4 T (Specify kind)</td>
<td>Meat/Alt. 1 – 4 T, 1/2 – 2 oz (Specify kind)</td>
<td>0 – 1/2 slice bread or 0 – 2 crackers (✓)</td>
</tr>
</tbody>
</table>

Daily Infant Totals:
Brkst:_____  AM snack:_____  Lunch:_____  PM snack:_____  Supper:_____