

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 okay).
- 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 or).
- 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.

NAMES	Breakfast	AM Snack	Lunch	PM Snack	Supper	PM Snack	Lunch	PM Snack	Supper	Late PM
6–11 months	1. Formula or Breast Milk - 6-8 oz 2. Infant Cereal - 0-4 T AND/OR 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 and/or 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 and/or Vegetable - 0-2 T	1. Formula or Breast Milk - 6-8 oz 2. Infant Cereal - 0-4 T AND/OR 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 and/or 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 and/or Vegetable - 0-2 T	1. Formula or Breast Milk - 6-8 oz 2. Infant Cereal - 0-4 T AND/OR 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 and/or Vegetable - 0-2 T	1. Formula or Breast Milk - 4-6 oz (✓) 2. N/A 3. N/A	1. Formula or Breast Milk - 4-6 oz (✓) 2. N/A 3. N/A	1. Formula or Breast Milk - 4-6 oz (✓) 2. N/A 3. N/A	1. Formula or Breast Milk - 4-6 oz (✓) 2. N/A 3. N/A	1. Formula or Breast Milk - 4-6 oz (✓) 2. N/A 3. N/A
	1. (✓) 2. ✎ 3. ✎	1. N/A 2. N/A 3. N/A	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. N/A 2. N/A 3. N/A
	1. (✓) 2. ✎ 3. ✎	1. N/A 2. N/A 3. N/A	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. N/A 2. N/A 3. N/A
	1. (✓) 2. ✎ 3. ✎	1. N/A 2. N/A 3. N/A	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. N/A 2. N/A 3. N/A

Daily Infant Totals:	Breakfast: _____	AM Snack: N/A	Lunch: _____	PM Snacks: _____	Supper: _____	Late PM Snacks: N/A
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	1. (✓) 2. ✍ 3. ✍	1. N/A 2. N/A 3. N/A	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. N/A 2. N/A 3. N/A	1. (✓) 2. ✍ 3. ✍	1. N/A 2. N/A 3. N/A	1. N/A 2. N/A 3. N/A	1. N/A 2. N/A 3. N/A
Daily Infant Totals:	Breakfast: _____	AM Snack: <u>N/A</u>	Lunch: _____	PM Snack: _____	Supper: _____	PM Snack: _____	Late PM Snack: <u>N/A</u>					