

CACFP INDIVIDUAL INFANT FEEDING RECORD

FACILITY NAME:

INFANT NAME:

WEEK OF:

INFANT DATE OF BIRTH:

MEAL PATTERN:

	BREAKFAST	LUNCH	SNACK
0-5 MONTHS	<ul style="list-style-type: none"> • 4-6 oz. Breastmilk/formula 	<ul style="list-style-type: none"> • 4-6 oz. Breastmilk/formula 	<ul style="list-style-type: none"> • 4-6 oz. Breastmilk/formula
6-11 MONTHS	<ul style="list-style-type: none"> • 6-8 oz. Breastmilk/formula • 0-4 T Infant cereal, meat, fish, poultry, whole egg, cooked dry beans or dry peas or 0-2 oz. of cheese or 0-4 oz. of cottage cheese or 0-4 oz. yogurt or a combination* • 0-2 T Vegetable, fruit, or both* 	<ul style="list-style-type: none"> • 6-8 oz. Breastmilk/formula • 0-4 T Infant cereal, meat, fish, poultry, whole egg, cooked dry beans or dry peas or 0-2 oz. of cheese or 0-4 oz. of cottage cheese or 0-4 oz. yogurt or a combination* • 0-2 T Vegetable, fruit, or both* 	<ul style="list-style-type: none"> • 2-4 oz. Breastmilk/formula • 0-1/2 Bread slice or 0-2 crackers or 0-4 T infant cereal/ready-to-eat cereal* • 0-2 T Vegetable, fruit, or both*

*Required when infant is developmentally ready

INFANT FEEDING RECORD:

	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
	Food Item	Serving Size	Food Item	Serving Size	Food Item	Serving Size	Food Item	Serving Size	Food Item	Serving Size
BREAKFAST										
AM SNACK										
LUNCH										
PM SNACK										