



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA)
 CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
INDIVIDUAL INFANT MEAL RECORD 6-11 MONTHS (7 DAY)

Infant's Name		Age in months	Date of Birth / /
Center/Provider	Breastmilk <input type="checkbox"/> Yes <input type="checkbox"/> No	Formula Type	Claim Month/Year /

List specific foods consumed by this infant. Foods from child menu may be used if infant is developmentally ready.

Meals claimed Breakfast Snack Lunch Supper

Requirements		Date / /	Date / /	Date / /	Date / /	Date / /	Date / /
Breakfast							
Iron-fortified formula or breastmilk; AND	6-8 fluid ounces						
Vegetable, fruit, or both; AND	0-2 tablespoons						
Iron-fortified infant cereal, meat, fish, poultry, whole eggs, cooked dry beans, or peas; or	0-1/2 oz. eq.						
cheese; or	0-2 ounces						
cottage cheese; or	0-4 ounces						
yogurt; or	0-4 ounces						
a combination							
Snack							
Iron-fortified formula or breastmilk; AND	2-4 fluid ounces						
Vegetable, fruit, or both; AND	0-2 tablespoons						
Iron-fortified infant cereal; or	0-1/2 oz. eq.						
Ready-to-eat cereal	0-1/4 oz. eq.						
Bread or bread-like items; or	0-1/2 oz. eq.						
Crackers	0-1/4 oz. eq.						
Lunch/Supper							
Iron-fortified formula or breastmilk; AND	6-8 fluid ounces						
Vegetable, fruit or both; AND	0-2 tablespoons						
Iron-fortified infant cereal, meat, fish, poultry, whole eggs, cooked dry beans, or peas; or	0-1/2 oz. eq.						
cheese; or	0-2 ounces						
cottage cheese; or	0-4 ounces						
yogurt; or	0-4 ounces						
a combination							

Note: Minimum serving sizes per age group and meal requirements as listed on the Food Charts must be followed for a creditable **CACFP** meal.