

## Individual Infant Meal Record Birth-5 months & 6-11 months

This form is a CACFP form that must be filled out each day that the child is in care.

1. The form must be completed entirely. First and last name, DOB, age in months, center/provider name, breast milk or formula, claim month and year all must be filled in. If there is something that does not pertain to the child such as breastmilk because they are on formula, please put a line through the empty box or N/A.
2. You must mark meals claimed, Breakfast, Lunch and Snack.
3. If the center is closed, please write closed on that day. If the child is absent please write absent on that day.
4. Please refer to the sample documents for your reference.

***\*REMINDER: ALL components required must be offered to the child. Be sure to read in the requirements box and note if it says an AND or an OR.***

These must be filled out legibly.

Please be sure you have the newest version of these forms.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE  
 CHILD AND ADULT CARE FOOD PROGRAM  
 INDIVIDUAL INFANT MEAL RECORD BIRTH-5 MONTHS (5 DAY)

SAMPLE

Infant's Name: John Doe Age in months: 4 months Date of Birth: 5/31/2022  
 Center/Provider: Run around Heads Start Breastmilk:  Yes  No Formula Type: ENFARM 1 Claim Month/Year: 8/2022

Claim only approved meals. Meals claimed  Breakfast  Snack  Lunch  Supper

Requirements	Date 8/1/2022		Date 8/2/2022		Date 8/3/2022		Date 8/4/2022		Date 8/5/2022	
	Amount Eaten	Time	Amount Eaten	Time	Amount Eaten	Time	Amount Eaten	Time	Amount Eaten	Time
4-6 fluid ounces of breastmilk or iron fortified formula	5oz	7:30A	6oz	8:00A	5.5oz	7:45A	5.5oz	7:45A	5oz	7:45A
4-6 fluid ounces of breastmilk or iron fortified formula	4oz	10:45A	4oz	11:15A	5oz	11:00A	6oz	11:00A	5oz	11:00A
4-6 fluid ounces of breastmilk or iron fortified formula	5.5oz	1:30P			6oz	2:30P			6oz	2:30P
4-6 fluid ounces of breastmilk or iron fortified formula	4.5oz	4:30P								
4-6 fluid ounces of breastmilk or iron fortified formula										
4-6 fluid ounces of breastmilk or iron fortified formula										

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

SAMPLE



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE  
 CHILD AND ADULT CARE FOOD PROGRAM  
**INDIVIDUAL INFANT MEAL RECORD BIRTH-5 MONTHS (5 DAY)**

Infant's Name		Age in months		Date of Birth				
Center/Provider		Breastmilk <input type="checkbox"/> Yes <input type="checkbox"/> No		Formula Type				
Claim only approved meals. Meals claimed <input type="checkbox"/> Breakfast <input type="checkbox"/> Snack <input type="checkbox"/> Lunch <input type="checkbox"/> Supper								
Requirements	Date / /		Date / /		Date / /		Date / /	
	Amount Eaten	Time	Amount Eaten	Time	Amount Eaten	Time	Amount Eaten	Time
4-6 fluid ounces of breastmilk or iron fortified formula								
4-6 fluid ounces of breastmilk or iron fortified formula								
4-6 fluid ounces of breastmilk or iron fortified formula								
4-6 fluid ounces of breastmilk or iron fortified formula								
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**Note:** Minimum serving sizes per age group and meal requirements as listed on the Food Charts must be followed for a creditable CACFP meal.



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 (5 DAY)

SAMPLE

Infant's Name		John Doe		Age in months		7 months		Date of Birth		8/21/2022	
Center/Provider		Run Around Head Start		Breastmilk		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Formula Type		8/2022	
List specific foods consumed by this infant. Foods from child menu may be used if infant is developmentally ready.											
Meals claimed <input checked="" type="checkbox"/> Breakfast <input checked="" type="checkbox"/> Snack <input checked="" type="checkbox"/> Lunch <input type="checkbox"/> Supper											
Requirements											
Breakfast											
Iron-fortified formula or breastmilk; AND			6-8 fluid ounces		Date		8/11/2022				
Vegetable, fruit, or both; AND			0-2 tablespoons		Date		8/12/2022				
Iron-fortified infant cereal, meat, fish, poultry, whole eggs, cooked dry beans, or peas; or			0-1/2 oz. eq.		Date		8/13/2022				
cheese; or			0-2 ounces		Date		8/14/2022				
cottage cheese; or			0-4 ounces		Date						
yogurt; or			0-4 ounces		Date						
a combination					Date						
Snack											
Iron-fortified formula or breastmilk; AND			2-4 fluid ounces		Date		8/12/2022				
Vegetable, fruit, or both; AND			0-2 tablespoons		Date		8/12/2022				
Iron-fortified infant cereal; or			0-1/2 oz. eq.		Date		8/12/2022				
Ready-to-eat cereal; or			0-1/4 oz. eq.		Date		8/12/2022				
Bread or bread-like items; or			0-1/2 oz. eq.		Date		8/12/2022				
Crackers			0-1/4 oz. eq.		Date		8/12/2022				
Lunch/Supper											
Iron-fortified formula or breastmilk; AND			6-8 fluid ounces		Date		8/12/2022				
Vegetable, fruit, or both; AND			0-2 tablespoons		Date		8/12/2022				
Iron-fortified infant cereal, meat, fish, poultry, whole eggs, cooked dry beans, or peas; or			0-1/2 oz. eq.		Date		8/12/2022				
cheese; or			0-2 ounces		Date		8/12/2022				
cottage cheese; or			0-4 ounces		Date		8/12/2022				
yogurt; or			0-4 ounces		Date		8/12/2022				
a combination					Date		8/12/2022				

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

SAMPLE



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 INDIVIDUAL INFANT MEAL RECORD 6-11 MONTHS (5 DAY)

Infant's Name		Age in months		Date of Birth	
Center/Provider		Breastmilk <input type="checkbox"/> Yes <input type="checkbox"/> No		Formula Type / /	
List specific foods consumed by this infant. Foods from child menu may be used if infant is developmentally ready.					
Meals claimed <input type="checkbox"/> Breakfast <input type="checkbox"/> Snack <input type="checkbox"/> Lunch <input type="checkbox"/> Supper					
<b>Requirements</b>		Date	Date	Date	Date
<b>Breakfast</b>		/ /	/ /	/ /	/ /
Iron-fortified formula or breastmilk; <b>AND</b>	6-8 fluid ounces				
Vegetable, fruit, or both; <b>AND</b>	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					
<b>Snack</b>					
Iron-fortified formula or breastmilk; <b>AND</b>	2-4 fluid ounces				
Vegetable, fruit, or both; <b>AND</b>	0-2 tablespoons				
Iron-fortified infant cereal; or	0-1/2 oz. eq.				
Ready-to-eat cereal; or	0-1/4 oz. eq.				
Bread or bread-like items; or	0-1/2 oz. eq.				
Crackers	0-1/4 oz. eq.				
<b>Lunch/Supper</b>					
Iron-fortified formula or breastmilk; <b>AND</b>	6-8 fluid ounces				
Vegetable, fruit, or both; <b>AND</b>	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.