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)

INFANT'S NAME		AGE IN MONTHS	DATE OF BIRTH
CENTER/PROVIDER	BREASTMILK? ☐ YES ☐ 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

BREAKFAST		Date	Date	Date	Date	Date	
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; or	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.