Child and Adult Care Food Program CACFP 32 (Rev. 07/2021)

Individual Infant Meal Record

Month:	Year:	Formula:	Center/Provider:		
Name:			Medical Statement on File?	Yes	No
Age:	Date of Birth:				

Record the component(s) and amount(s) served to each infant after each meal. Reference the infant meal pattern for meal component requirements. Breast milk, provided by the infant's parent only, is recommended for the first year. PBO=parent breastfed onsite.

Food Components	Date:	Date:	Date:	Date:	Date:
Breakfast, Lunch,					
or Supper:					
1: Breast milk or					
iron-fortified fluid					
infant formula					
2: Infant cereal,					
meat, fish, poultry,					
whole egg, cooked					
dry beans or peas,					
cheese, or yogurt					
3: Fruit, vegetable,					
or combination of					
both					
AM or PM					
Supplement:					
1: Breast milk or					
iron-fortified fluid					
infant formula					
2: Bread, crackers,					
infant cereal, or					
ready-to-eat					
breakfast cereal					
3: Fruit, vegetable,					
or combination of					
both					