Daily Meal Production Record for Infants
Date: _____
Completed by: _____

INSTRUCTIONS:

- Record the names of the infant(s) being served the meal
- Use a (√) where indicated
- Record the specific kind of fruit/vegetable or meat served
- Indicate by circling specific meals/snacks that will be claimed for reimbursement
- All formula and infant cereal served must be iron fortified
- Record infant totals each day and transfer to Daily Meal Count Summary Sheet
- IFC = Infant Cereal

***Adopted from New Mexico CACFP form**

NAMES 0-3 months	Breakfast	AM	Lunch	PM	Supper
	Formula or Breast Milk 4-6 oz (√)	Formula or Breast Milk 4-6 oz (√)	Formula or Breast Milk 4-6 oz (√)	Formula or Breast Milk 4-6 oz (√)	Formula or Breast Milk 4-6 oz (√)

NAMES 4-7 months	Breakfast		AM	Lunch			PM	Supper		
	Formula or Breast Milk 4-8 oz (√)	IFC 0-3 T (√)	Formula or Breast Milk 4-6 oz (√)	Formula or Breast Milk 4-8 oz (√)	Veg./Fruit 0-3 T **Specify**	IFC 0-3 T (√)	Formula or Breast Milk 4-6 oz (√)	Formula or Breast Milk 4-8 oz (√)	Veg./Fruit 0-3 T **Specify**	IFC 0-3 T (√)

NAMES 8-11 months	Breakfast			AM		Lunch			PM		Supper		
	Formula or Breast Milk 6-8 oz (√)	IFC 2-4 T (√)	Veg/Fr 1-4 T **Specify**	Formula, Breast Milk, fruit juice 2-4 oz (√)	0-1/2 slice bread or 0-2 crackers (√)	Formula or Breast Milk 6-8 oz (√)	Veg./Fruit 1-4 T **Specify**	IFC 2-4 T **OR** Meat/Alt 1-4 T ½ - 2 oz. **Specify**	Formula, Breast Milk, fruit juice 2-4 oz (√)	0-1/2 slice bread or 0-2 crackers (√)	Formula or Breast Milk 6-8 oz (√)	Veg./Fruit 1-4 T **Specify**	IFC 2-4 T **OR** Meat/Alt 1-4 T ½ - 2 oz. **Specify**

Daily Infant Totals: **Breakfast:_____ AM:_____ Lunch:_____ PM:_____ Supper:_____**