



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 Month/Year /		
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 / /		Date / /	
	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										
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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.