



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 (7 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 Breakfast Snack Lunch Supper

Requirements	Date / /		Date / /		Date / /		Date / /		Date / /		Date / /		Date / /	
	Amount Eaten	Time	Amount Eaten	Time	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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¹ Breastmilk or formula, or portions of both, must be served; however, it is recommended that breastmilk be served in place of formula from birth through 11 months. For some breastfed infants who regularly consume less than the minimum amount of breastmilk per feeding, a serving of less than the minimum amount of breastmilk may be offered, with additional breastmilk offered at a later time if the infant will consume more.

² Infant formula and dry infant cereal must be iron-fortified.

³ Beginning October 1, 2019, ounce equivalents are used to determine the quantity of creditable grains.

⁴ Yogurt must contain no more than 23 grams of total sugars per 6 ounces.

⁵ A serving of this component is required when the infant is developmentally ready to accept it.

⁶ Fruit and vegetable juices must not be served.