



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 ☐ YES ☐ 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 breast-milk 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.