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 ☐ YES ☐ NO	FORMULA TYPE	CLAIM MONTH/YEAR

Claim only approved meals. Meals claimed: ☐ Breakfast ☐ Snack ☐ Lunch ☐ 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.

MO 580-3186 (3-2025)

CACFP-284B