

**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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