GROUP OPTION

Child and Adult Care Food Program Daily Infant Production Record

Date: _____/_____/_____ Center: _____

Instructions		
	1) Write the names of the infants by age group. 2) Record who is providing formula or breast milk 3) Record the amounts prepared for each infant 4) Record the type of fruit, vegetable, or meat 5) Mark ☐ if meal is claimed (must serve all required items to claim the meal or snack).	PF – Parent provided formula. Meals containing ONLY parent provided formula are reimbursable if served by the center staff. BMC – Breast milk provided by the parent and served by the center BMM – Mother feeds breast milk to the infant CF – Center provided formula.

First and Last Names: Birth through 3 months	**Eligibility Code**	**PF BMC BMM CF**	**BREAKFAST** Formula or Breast Milk 4-6 oz	**AM SNACK** Formula or Breast Milk 4-6 oz	**LUNCH** Formula or Breast Milk 4-6 oz	**PM SNACK** Formula or Breast Milk 4-6 oz
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First and Last Names: 4 through 7 months	**Eligibility Code**	**PF BMC BMM CF**	**BREAKFAST**		**AM SNACK**	**LUNCH**			**PM SNACK**
			Formula or Breast Milk 4-8 oz	Infant Cereal 0-3 T (Optional)	Formula or Breast Milk 4-6 oz	Formula or Breast Milk 4-8 oz	Vegetable/ Fruit 0-3 T (Optional)	Infant Cereal 0-3 T (Optional)	Formula or Breast Milk 4-6 oz
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First and Last Names: 8 through 11 months	**Eligibility Code**	**PF BMC BMM CF**	**BREAKFAST**			**AM SNACK**		**LUNCH**			**PM SNACK**	
			Formula or Breast Milk 6-8 oz	Infant Cereal 2-4 T	Fruit/ Vegetable 1-4 T **Food Item:** _____	Formula or Breast Milk or Juice 2-4 oz	0-½ slice bread or 1-2 crackers (Optional)	Formula or Breast Milk 6-8 oz	Fruit/ Vegetable 1-4 T **Food Item:** _____	Infant Cereal 2-4 T. and/or Meat 1-4 T **Food Item:** _____	Formula or Breast Milk or Juice 2-4 oz	0-½ slice bread or 1-2 crackers (Optional)
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