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| **Child and Adult Care Food Program Daily Infant Production Record** (GROUP OPTION)  Date: \_\_\_\_\_\_\_\_/\_\_\_/\_\_\_\_\_ Center Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | Instructions | 1) Write the **first and last** names of the infants by age group.  2) Record the amounts **prepared** for each infant  3) Record the type of fruit, vegetable, or meat  4) Mark if meal is claimed (must serve all required items to claim the meal/snack). | | | | | | | | | | | |
| **Infants Ages Birth through 5 months:** | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **First and Last Names:**  Birth through 5 months | **Eligibility Code** | | **BREAKFAST**  Breast Milk or Formula | | | | | | **AM SNACK**  Breast Milk or Formula | | | | | | **LUNCH**  Breast Milk or Formula | | | | | **PM SNACK**  Breast Milk or Formula | | | | | |
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| **Infants Ages 6 months through 11 months:** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **First and Last Names:**  6 through 11 months | | **Eligibility**  **Code** | | **BREAKFAST** | | | | | **AM SNACK** | | | | | | **LUNCH** | | | | | **PM SNACK** | | | | | |
| Breast Milk or Formula | | | Infant Cereal and/or Meat  **Food Item:**  **\_\_\_\_\_\_\_\_\_** | Vegetable,  Fruit, or Both  **Food Item:**  **\_\_\_\_\_\_\_\_\_\_** | Breast Milk or Formula | | | Infant Cereal or Bread or Crackers or Ready to Eat Cereal  **Food Item:**  **\_\_\_\_\_\_\_\_\_\_** | | Vegetable, Fruit, or Both  **Food Item:**  **\_\_\_\_\_\_\_\_\_\_** | Breast Milk or Formula | | | Infant Cereal and/or Meat  **Food Item:**  **\_\_\_\_\_\_\_\_\_** | Vegetable,  Fruit, or Both  **Food Item:**  **\_\_\_\_\_\_\_\_\_\_** | Breast Milk or Formula | | | | Infant Cereal or Bread or Crackers or Ready to Eat Cereal  **Food Item:**  **\_\_\_\_\_\_\_\_\_\_** | Vegetable, Fruit, or Both  **Food Item:**  **\_\_\_\_\_\_\_\_\_** |
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