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| **Child and Adult Care Food ProgramDaily 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 infant3) Record the type of fruit, vegetable, or meat4) 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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