Child and Adult Care Food Program (Child Care Components)

Infant Production Record

6 Months through 11 Months

☐ **SDC Provides all Components**
☐ **Parent/Guardian Provides all Components**
☐ **Parent/Guardian Provides Only One Components**

Site Name ______________________________ **Site #** ___________ Dates _____________________ to __________________

The minimum quantity of food must be available for the infant in order to qualify for reimbursement, but may be served during a span of time consistent with the infant's eating habits

First and Last Name of Child ____ **Date of Birth** ____________ **Age of Child** ____________

Meal	Component	Quantity	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast	**1.** Breast milk or IFIF[1] **2.** IFIC, meat, fish, poultry, whole eggs, cooked dry beans or peas; or cheese; or (volume) cottage cheese; or 0-8oz. yogurt; or a combination **3.**Vegetable, fruit or both*	6-8 oz. 0-4 Tbsp. 0-2 oz. 0-4 oz. 0-2 Tbsp.	______ oz Breast Milk/ IFIF ____ Tbsp. IFIC ____Tbsp. Meat etc. _______________ ____ oz. cheese/ or ____ oz. cottage cheese/ ____ oz. yogurt ____ Tbsp. Vegetable/ Fruit	______ oz. Breast Milk/ IFIF ____ Tbsp. IFIC ____Tbsp. Meat etc. _______________ ____ oz. cheese/ or ____ oz. cottage cheese/ ____ oz. yogurt ____ Tbsp. Vegetable/ Fruit	______ oz. Breast Milk/ IFIF ____ Tbsp. IFIC ____Tbsp. Meat etc. _______________ ____ oz. cheese/ or ____ oz. cottage cheese/ ____ oz. yogurt ____Tbsp. Vegetable/ Fruit	______ oz. Breast Milk/ IFIF ____ Tbsp. IFIC ____Tbsp. Meat etc. _______________ ____ oz. cheese/ or ____ oz. cottage cheese/ ____ oz. yogurt ____ Tbsp. Vegetable/ Fruit	______ oz Breast Milk/ IFIF ____ Tbsp. IFIC ____Tbsp. Meat etc. _______________ ____ oz. cheese/ or ____ oz. cottage cheese/ ____ oz. yogurt ____ Tbsp. Vegetable/ Fruit
Lunch/Supper	**1.** Breast milk or IFIF[1] **2.** IFIC, meat, fish, poultry, whole eggs, cooked dry beans **or** peas; **or** Cheese; **or** cottage cheese; **or** yogurt; or a combination **3.**Vegetable, fruit or both*	6-8 oz. 0-4 Tbsp. 0-2 oz. 0-4 oz. 0-2 Tbsp.	______ oz. Breast Milk/ IFIF ____ Tbsp. IFIC ____Tbsp. Meat etc. _______________ ____ oz. cheese/ or ____ oz. cottage cheese/ ____ oz. yogurt ____ Tbsp. Vegetable/ Fruit	______ oz. Breast Milk/ IFIF ____ Tbsp. IFIC ____Tbsp. Meat etc. _______________ ____ oz. cheese/ or ____ oz. cottage cheese/ ____ oz. yogurt ____ Tbsp. Vegetable/ Fruit	______ oz. Breast Milk/ IFIF ____ Tbsp. IFIC ____Tbsp. Meat etc. _______________ ____ oz. cheese/ or ____ oz. cottage cheese/ ____ oz. yogurt ____ Tbsp. Vegetable/ Fruit	______ oz. Breast Milk/ IFIF ____ Tbsp. IFIC ____Tbsp. Meat etc. _______________ ____ oz. cheese/ or ____ oz. cottage cheese/ ____ oz. yogurt ____ Tbsp. Vegetable/ Fruit	______ oz. Breast Milk/ IFIF ____ Tbsp. IFIC ____Tbsp. Meat etc. _______________ ____ oz. cheese/ or ____ oz. cottage cheese/ ____ oz. yogurt . ____ Tbsp. Vegetable/ Fruit
Snack	**1.**Breast milk or IFIF[1] **2.** Bread slice; or crackers; or infant cereal or ready -to-eat-cereal* **3.** Vegetable, Fruit or both*(juice cannot be served.)	2-4 oz. 0-1/2 0-2 0-4 Tbsp. 0-2 Tbsp.	______ oz. Breast Milk/ IFIF ______sl. Bread ______Cracker ______Tbsp. Cereal/ ______Tbsp. Vegetable/ Fruit	______ oz. Breast Milk/ IFIF ______sl. Bread ______Cracker ______Tbsp. Cereal/ ______Tbsp. Vegetable/ Fruit	______ oz. Breast Milk/ IFIF ______sl. Bread ______Cracker ______Tbsp. Cereal/ ______Tbsp. Vegetable/ Fruit	______ oz. Breast Milk/ IFIF ______sl. Bread ______Cracker ______Tbsp. Cereal/ ______Tbsp. Vegetable/ Fruit	______ oz. Breast Milk/ IFIF ______sl. Bread ______Cracker ______Tbsp. Cereal/ ______Tbsp. Vegetable/ Fruit

[1]IFIF = Iron Fortified Infant Formula / IFIC = Iron Fortified Infant Cereal

Circle specific item served, and record amounts offered

Revised 7/17

P.Payne