



Infant Meal Form ~ All Meals

Each month complete a new form for each infant

Not required for infants whose meals/snacks will not be claimed

Month/Year: _____

Infant's Full Name: _____ Birthdate: _____ Age: _____ months

1. Complete Meal Components Chart

- At the beginning of each month, mark the *Parent Supplied* or *Program Supplied* column only for the meal component(s) the infant is **currently** eating.
- In the *Start Date* column record the date only when the infant starts eating a new component or changes are made during the month (e.g. infant switches from breastmilk to program-supplied formula).

Meal Components	Parent Supplied	Program Supplied	Start Date
Breast Milk*			
Infant Formula*			
Iron-Fortified Infant Cereal			
Fruits/Vegetables**			
Meats/Meat Alternates**			
Grains			

*Breast milk and formula are 1 component. If breast milk is served, mark who supplies formula if used to supplement.

** Baby foods and/or table foods in the appropriate texture

2. Complete Meal Count Chart



RECORD a MEAL/SNACK WHEN program supplies all components or all but one component (parent/guardian may supply one component)

Put an 'X' or ✓ in the *Meal Count Chart* for that meal/snack at the time the meal/snack is served or immediately after

- Meals/snacks that contain only breast milk and/or formula can be marked regardless of who supplies the item (program or parent)
- When an infant is eating two or more components, the program must supply all components or all but one component in order to record the meal/snack in the chart. This applies to all ages, including an infant who starts solid foods before 6 months



DO NOT RECORD a MEAL OR SNACK WHEN the parent/guardian supplies two or more components

DO NOT put an 'X' or ✓ in the *Meal Count Chart*

- Ex: Program supplies infant cereal, parent supplies formula and fruit
- Ex: Parent supplies formula and all foods

3. Total Infant Meals: At the end of the month, total each column and include numbers with total meal counts submitted on the monthly claim. **Keep this form on file to support the monthly claim.**

- A maximum of two meals and one snack OR two snacks and one meal may be claimed per infant per day.

Meal Count Chart

Date	Bkfst	AM Snack	Lunch	PM Snack	Sup.	Eve. Snack
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
TOTAL						

Requirement: Programs must offer to supply at least one type of iron-fortified infant formula and all foods to each enrolled infant. Parents/guardians cannot be required to provide infant formula or foods.