

Infant Meal Form for School Programs

Each month, complete this form for every enrolled infant

Month/Year: _____

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

Offer the USDA Infant meal pattern to enrolled infants: SFAs must offer to supply at least **one** type of iron-fortified infant formula to enrolled infants. Parents/guardians may choose to supply breast milk, expressed or by breastfeeding on-site. Parents/guardians **cannot** be required to provide infant formula or foods.

1. Meal Components Chart

- At the beginning of each month, mark the column to indicate what component(s) the infant is currently eating
- When a new component is started or changes are made (i.e. infant switches from breastmilk to SFA-provided formula) record the date in the *Start Date* column.

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

Mark if infant is consuming

*Breast milk and formula are one component.

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

2. Meal Count Chart



RECORD A MEAL WHEN:

- SFA supplies all components or all but one component (parent or guardian may supply one component)



DO NOT RECORD A MEAL WHEN:

- Parent/guardian supplies more than one component
 - Ex. SFA supplies infant cereal and Parent supplies breast milk and fruits
 - Ex. SFA supplies formula and parent supplies all other foods

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

- ### 3. Total Infant Meals:
- At the end of the month, total each meal column and include with total meal count numbers submitted on the monthly claim.

Keep this form on file to support the monthly claim

Date	Breakfast	Lunch
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		