

Infant Meal Pattern in School Programs Infant Meal Record – Breastmilk and/or Formula Only

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

Month/Year: _____

Instructions: Record the date the meal is served, circle item(s) served and record amount(s) offered. Do not record an amount when mom breastfeeds onsite.

When an infant starts to eat solid foods, the SFA must supply all components or all but one component of the meal in order to claim. These meals must be recorded on *Infant Meal Record – Solid Foods* form.

Date	Breakfast	Lunch	Notes
	_____ oz IFIF / Breast Milk / Mom Fed	_____ oz IFIF / Breast Milk / Mom Fed	
	_____ oz IFIF / Breast Milk / Mom Fed	_____ oz IFIF / Breast Milk / Mom Fed	
	_____ oz IFIF / Breast Milk / Mom Fed	_____ oz IFIF / Breast Milk / Mom Fed	
	_____ oz IFIF / Breast Milk / Mom Fed	_____ oz IFIF / Breast Milk / Mom Fed	
	_____ oz IFIF / Breast Milk / Mom Fed	_____ oz IFIF / Breast Milk / Mom Fed	
	_____ oz IFIF / Breast Milk / Mom Fed	_____ oz IFIF / Breast Milk / Mom Fed	
	_____ oz IFIF / Breast Milk / Mom Fed	_____ oz IFIF / Breast Milk / Mom Fed	
	_____ oz IFIF / Breast Milk / Mom Fed	_____ oz IFIF / Breast Milk / Mom Fed	
	_____ oz IFIF / Breast Milk / Mom Fed	_____ oz IFIF / Breast Milk / Mom Fed	
	_____ oz IFIF / Breast Milk / Mom Fed	_____ oz IFIF / Breast Milk / Mom Fed	
	_____ oz IFIF / Breast Milk / Mom Fed	_____ oz IFIF / Breast Milk / Mom Fed	
	_____ oz IFIF / Breast Milk / Mom Fed	_____ oz IFIF / Breast Milk / Mom Fed	
	_____ oz IFIF / Breast Milk / Mom Fed	_____ oz IFIF / Breast Milk / Mom Fed	
	_____ oz IFIF / Breast Milk / Mom Fed	_____ oz IFIF / Breast Milk / Mom Fed	
	_____ oz IFIF / Breast Milk / Mom Fed	_____ oz IFIF / Breast Milk / Mom Fed	
	_____ oz IFIF / Breast Milk / Mom Fed	_____ oz IFIF / Breast Milk / Mom Fed	
	_____ oz IFIF / Breast Milk / Mom Fed	_____ oz IFIF / Breast Milk / Mom Fed	
	_____ oz IFIF / Breast Milk / Mom Fed	_____ oz IFIF / Breast Milk / Mom Fed	
	_____ oz IFIF / Breast Milk / Mom Fed	_____ oz IFIF / Breast Milk / Mom Fed	
	_____ oz IFIF / Breast Milk / Mom Fed	_____ oz IFIF / Breast Milk / Mom Fed	
	_____ oz IFIF / Breast Milk / Mom Fed	_____ oz IFIF / Breast Milk / Mom Fed	
	_____ oz IFIF / Breast Milk / Mom Fed	_____ oz IFIF / Breast Milk / Mom Fed	
Meal Totals			

Infant Meal Record – Solid Foods

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

Month/Year: _____

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.

2. Meal Record

- Only record and claim a meal when the SFA supplies all components or all but one component (parent or guardian may supply one component).
- Record the date the meal is served, circle item(s) served and record amount(s) offered.

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

*Breast milk and formula are one component.

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

Date	Breakfast			Lunch			Notes
	____oz IFIF/ Breast Milk/ Mom Fed	____ Tbsp F/V	One of the following: ____ Tbsp IFIC ____ Tbsp Meat/Alt ____ oz Cheese/Yogurt	____oz IFIF/ Breast Milk/ Mom Fed	____ Tbsp F/V	One of the following: ____ Tbsp IFIC ____ Tbsp Meat/Alt ____ oz Cheese/Yogurt	
	____oz IFIF/ Breast Milk/ Mom Fed	____ Tbsp F/V	One of the following: ____ Tbsp IFIC ____ Tbsp Meat/Alt ____ oz Cheese/Yogurt	____oz IFIF/ Breast Milk/ Mom Fed	____ Tbsp F/V	One of the following: ____ Tbsp IFIC ____ Tbsp Meat/Alt ____ oz Cheese/Yogurt	
	____oz IFIF/ Breast Milk/ Mom Fed	____ Tbsp F/V	One of the following: ____ Tbsp IFIC ____ Tbsp Meat/Alt ____ oz Cheese/Yogurt	____oz IFIF/ Breast Milk/ Mom Fed	____ Tbsp F/V	One of the following: ____ Tbsp IFIC ____ Tbsp Meat/Alt ____ oz Cheese/Yogurt	
	____oz IFIF/ Breast Milk/ Mom Fed	____ Tbsp F/V	One of the following: ____ Tbsp IFIC ____ Tbsp Meat/Alt ____ oz Cheese/Yogurt	____oz IFIF/ Breast Milk/ Mom Fed	____ Tbsp F/V	One of the following: ____ Tbsp IFIC ____ Tbsp Meat/Alt ____ oz Cheese/Yogurt	
	____oz IFIF/ Breast Milk/ Mom Fed	____ Tbsp F/V	One of the following: ____ Tbsp IFIC ____ Tbsp Meat/Alt ____ oz Cheese/Yogurt	____oz IFIF/ Breast Milk/ Mom Fed	____ Tbsp F/V	One of the following: ____ Tbsp IFIC ____ Tbsp Meat/Alt ____ oz Cheese/Yogurt	
Meal Totals							