

Infant Meal Record

Effective **October 1, 2024**, meals and snacks claimed for infants must be documented on the *Infant Meal Record*.

The previous *Infant Meal Form* may no longer be used. Throw out unused printed forms.

This lesson will go through the new *Infant Meal Record*, with examples showing how to document meals and snacks, and how to determine if a meal or snack may be claimed.

Completing the Infant Meal Record and Meal Counts

- Complete one *Infant Meal Record* per infant.
- The *Infant Meal Record* does not need to be filled out for infants whose meals and snacks will not be claimed (for example, when the family provides more than one meal component for all meals and snacks).
- Once menu is completed record the infant meal count on the Weekly Attendance and Meal Count worksheet. This must be recorded at the time of service.

Step1

Name, Birthdate, Formula Supplier / Breast Milk



The screenshot shows the top portion of the 'Infant Meal Record: Breakfast, Lunch, Snack' form. On the left is the CACFP logo. The form fields are filled with: 'Infant's Full Name: Brandon Jones', 'Birthdate: 1/1/20XX', and 'Formula supplied by: Program Family N/A Breast milk'. Below these fields, the 'Name of Formula (IFIF): ABC Formula' is entered. At the bottom of the form, there are two numbered instructions: '1. Record date meals are served in Date column.' and '2. For each meal, record item(s) when served or immediately after:'.

At the top of each *Infant Meal Record*, record the infant's full name, birthdate, and check the appropriate box to indicate who supplies the infant's formula, either the program (i.e., the center) or the family. Document the name of the formula.

If the infant drinks breast milk, check the box for N/A Breast milk.

If the infant drinks both formula and breast milk, check all boxes that apply and document the name of the formula.

Step 2

Recording Meals

Breast milk and/or formula only		When developmentally ready, record foods in applicable columns		
Date	Breast Milk (BM) / Formula (IFIF)	Fruit / Veg	IFIC or Meat/Meat Alternate (M/MA)	RM
10/7	<input type="checkbox"/> BM <input type="checkbox"/> IFIF <input type="checkbox"/> Mom Fed <input type="checkbox"/> P <input type="checkbox"/> F	<hr/> <i>Specify f/v</i> <input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> IFIC <input type="checkbox"/> M/MA <hr/> <i>Specify m/ma</i> <input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/>

In the table, record the date meals are served in the Date column.

For each meal served, record items when they are served to the infant or immediately after.

- When an infant is only drinking breast milk and/or formula, only complete the Breast Milk (BM) / Formula (IFIF) column.
- When the infant is developmentally ready for foods, document food(s) served in the applicable columns.

Step 3

Recording Breast Milk (BM) / Formula (IFIF)

BREAKFAST				
Date	Breast Milk (BM) / Formula (IFIF)	Fruit / Veg	IFIC or Meat/Meat Alternate (M/MA)	RM
10/7	<input type="checkbox"/> BM <input checked="" type="checkbox"/> IFIF <input type="checkbox"/> Mom Fed <input type="checkbox"/> P <input checked="" type="checkbox"/> F	<hr/> <i>Specify f/v</i> <input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> IFIC <input type="checkbox"/> M/MA <hr/> <i>Specify m/ma</i> <input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/>

At all meals and snacks, breast milk and/or formula must be served. In the Breast Milk (BM) / Formula (IFIF) column:

- Check the box for breast milk (BM), formula (IFIF), or both, if applicable.
- When an infant's mom breast feeds her infant onsite, check the box for Mom Fed.
- Check the box for Program (P) or Family (F) to identify who supplied the item.

In this example, the infant was fed formula supplied by the family.

- The box for IFIF is checked in the Breast Milk (BM) / Formula (IFIF) column.
- The box for F is checked, indicating the formula is family-provided.

Step 4 Recording Fruit / Vegetable

BREAKFAST				
Date	Breast Milk (BM) / Formula (IFIF)	Fruit / Veg	IFIC or Meat/Meat Alternate (M/MA)	RM
10/7	<input type="checkbox"/> BM <input checked="" type="checkbox"/> IFIF <input type="checkbox"/> Mom Fed <input type="checkbox"/> P <input checked="" type="checkbox"/> F	<u>Applesauce</u> Specify f/v <input checked="" type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> IFIC <input type="checkbox"/> M/MA _____ Specify m/ma <input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/>

At all meals and snacks, a fruit and/or vegetable must be served.*

In the Fruit / Veg column:

- Specify the actual fruit and/or vegetable served on the provided line.
- Check the box for Program (P) or Family (F) to identify who supplied item.

In this example, the infant was fed applesauce supplied by the program.

- Applesauce is documented in the Fruit/Vegetable column.
- The box for P is checked, indicating the applesauce is supplied by the program.

**When developmentally ready.*

Step 5

Recording Infant Cereal (IFIC) or Meats/Meat Alternates at Breakfast, Lunch, and Supper

BREAKFAST				
Date	Breast Milk (BM) / Formula (IFIF)	Fruit / Veg	IFIC or Meat/Meat Alternate (M/MA)	RM
10/7	<input type="checkbox"/> BM <input checked="" type="checkbox"/> IFIF <input type="checkbox"/> Mom Fed <input type="checkbox"/> P <input checked="" type="checkbox"/> F	<u>Applesauce</u> Specify f/v <input checked="" type="checkbox"/> P <input type="checkbox"/> F	<input checked="" type="checkbox"/> IFIC <input type="checkbox"/> M/MA Specify m/ma <input checked="" type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/>

At Breakfast, Lunch, and Supper, Infant Cereal (IFIC) or a Meat/Meat Alternate (M/MA) must be served.*

In the IFIC or M/MA column:

- When infant cereal is served check the box for IFIC.
- When a meat/meat alternate is served, check the box for M/MA and specify the actual food item served on the provided line.
- Check the box for Program (P) or Family (F) to identify who supplied item.

In this example, the infant was fed infant cereal supplied by the program.

- The box for IFIC is checked in the IFIC or Meat/Meat Alternates (M/MA) column.
- The box for P is checked, indicating the infant cereal is supplied by the program.

*When developmentally ready.

Step 6

Recording Infant Cereal (IFIC) or Grains at Snacks

SNACK			
Breast Milk (BM) / Formula (IFIF)	Fruit / Veg	IFIC or Grain	RM
<input type="checkbox"/> BM <input checked="" type="checkbox"/> IFIF <input type="checkbox"/> Mom Fed <input type="checkbox"/> P <input checked="" type="checkbox"/> F	<p>Pears</p> <hr/> <p>Specify f/v</p> <input checked="" type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> IFIC <input checked="" type="checkbox"/> Grain <p>Graham crackers</p> <hr/> <p>Specify grain</p> <input checked="" type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/>

At Snacks, Infant Cereal (IFIC) or a Grain must be served.*

In the IFIC or Grain column:

- When infant cereal is served check the box for IFIC.
- When a grain item is served, check the box for Grain and specify the actual food item served on the provided line.
- Check the box for Program (P) or Family (F) to identify who supplied item.

In this example, the infant was fed graham crackers supplied by the program.

- The box for Grains is checked and graham crackers are documented in the IFIC or Grain column.
- The box for P is checked, indicating the graham crackers are supplied by the program.

**When developmentally ready.*

Step 7

Determine if a Meal is Reimbursable

BREAKFAST				
Date	Breast Milk (BM) / Formula (IFIF)	Fruit / Veg	IFIC or Meat/Meat Alternate (M/MA)	RM
10/7	<input type="checkbox"/> BM <input checked="" type="checkbox"/> IFIF <input type="checkbox"/> Mom Fed <input type="checkbox"/> P <input checked="" type="checkbox"/> F	<u>Applesauce</u> Specify f/v <input checked="" type="checkbox"/> P <input type="checkbox"/> F	<input checked="" type="checkbox"/> IFIC <input type="checkbox"/> M/MA Specify m/ma <input checked="" type="checkbox"/> P <input type="checkbox"/> F	<input checked="" type="checkbox"/>

A meal or snack is reimbursable (can be claimed) when it:

- Includes **all required components** the infant is developmentally ready to eat;
- Contains **creditable foods**; and
- The **program (P) supplies all component(s)** of the meal or snack, **or all but one component**. The family (F) can supply one creditable component of a reimbursable meal or snack.

When a meal/snack has met the above criteria, the box in the **Reimbursable Meals (RM)** column can be checked and record the meal count on the Weekly Attendance and Meal count worksheet. Remember this must be done at the time of service.

In this example, the breakfast includes all required components the infant is developmentally ready to eat, creditable foods, and the program supplies all but one component.

- The meal is reimbursable, therefore, the box in the RM column is checked.

Step 8

When a Meal is Not Reimbursable

LUNCH			
Breast Milk (BM) / Formula (IFIF)	Fruit / Veg	IFIC or Meat/Meat Alternate (M/MA)	RM
<input type="checkbox"/> BM <input checked="" type="checkbox"/> IFIF <input type="checkbox"/> Mom Fed <input type="checkbox"/> P <input checked="" type="checkbox"/> F	<u>Green beans</u> <i>Specify f/v</i> <input checked="" type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> IFIC <input checked="" type="checkbox"/> M/MA <u>Whole eggs</u> <i>Specify m/ma</i> <input type="checkbox"/> P <input checked="" type="checkbox"/> F	<input type="checkbox"/>

Do not check the box in the RM column when a meal or snack:

- Is missing all required components the infant is developmentally ready to eat;
- Contains non-creditable foods; and/or
- Includes two or more family (F) supplied components.

In this example, the lunch includes all required components the infant is developmentally ready to eat and creditable foods, however, **the family supplies two components** (formula and the meat/meat alternate).

- The meal is NOT reimbursable, therefore, the box in the RM column is NOT checked. Even though it is not reimbursable you should still be recorded on the Weekly Attendance and Meal Count form at the time of service.

Step 9

Total Check Boxes in RM Column

BREAKFAST				LUNCH				SNACK						
Date	Breast Milk (BM) / Formula (IFIF)	Fruit / Veg	IFIC or Meat/Meat Alternate (M/MA)	RM	Breast Milk (BM) / Formula (IFIF)	Fruit / Veg	IFIC or Meat/Meat Alternate (M/MA)	RM	Breast Milk (BM) / Formula (IFIF)	Fruit / Veg	IFIC or Grain	RM		
10/7	<input type="checkbox"/> BM <input checked="" type="checkbox"/> IFIF <input type="checkbox"/> Mom Fed <input type="checkbox"/> P <input checked="" type="checkbox"/> F	Applesauce Specify f/v <input checked="" type="checkbox"/> P <input type="checkbox"/> F	<input checked="" type="checkbox"/> IFIC <input type="checkbox"/> M/MA Specify m/ma <input checked="" type="checkbox"/> P <input type="checkbox"/> F	<input checked="" type="checkbox"/>	<input type="checkbox"/> BM <input checked="" type="checkbox"/> IFIF <input type="checkbox"/> Mom Fed <input type="checkbox"/> P <input checked="" type="checkbox"/> F	Green beans Specify f/v <input checked="" type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> IFIC <input checked="" type="checkbox"/> M/MA Whole eggs Specify m/ma <input type="checkbox"/> P <input checked="" type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/> BM <input checked="" type="checkbox"/> IFIF <input type="checkbox"/> Mom Fed <input type="checkbox"/> P <input checked="" type="checkbox"/> F	Pears Specify f/v <input checked="" type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> IFIC <input checked="" type="checkbox"/> Grain Graham crackers Specify grain <input checked="" type="checkbox"/> P <input type="checkbox"/> F	<input checked="" type="checkbox"/>		
10/8	<input type="checkbox"/> BM <input checked="" type="checkbox"/> IFIF <input type="checkbox"/> Mom Fed <input type="checkbox"/> P <input checked="" type="checkbox"/> F	Bananas Specify f/v <input checked="" type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> IFIC <input checked="" type="checkbox"/> M/MA Yogurt Specify m/ma <input checked="" type="checkbox"/> P <input type="checkbox"/> F	<input checked="" type="checkbox"/>	<input type="checkbox"/> BM <input checked="" type="checkbox"/> IFIF <input type="checkbox"/> Mom Fed <input type="checkbox"/> P <input checked="" type="checkbox"/> F	Carrots Specify f/v <input checked="" type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> IFIC <input checked="" type="checkbox"/> M/MA Tofu Specify m/ma <input type="checkbox"/> P <input checked="" type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/> BM <input checked="" type="checkbox"/> IFIF <input type="checkbox"/> Mom Fed <input type="checkbox"/> P <input checked="" type="checkbox"/> F	Peaches Specify f/v <input checked="" type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> IFIC <input type="checkbox"/> Grain Cheerios Specify grain <input checked="" type="checkbox"/> P <input type="checkbox"/> F	<input checked="" type="checkbox"/>		
	<input type="checkbox"/> BM <input type="checkbox"/> IFIF <input type="checkbox"/> Mom Fed <input type="checkbox"/> P <input type="checkbox"/> F	Specify f/v <input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> IFIC <input type="checkbox"/> M/MA Specify m/ma <input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/> BM <input type="checkbox"/> IFIF <input type="checkbox"/> Mom Fed <input type="checkbox"/> P <input type="checkbox"/> F	Specify f/v <input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> IFIC <input type="checkbox"/> M/MA Specify m/ma <input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/> BM <input type="checkbox"/> IFIF <input type="checkbox"/> Mom Fed <input type="checkbox"/> P <input type="checkbox"/> F	Specify f/v <input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> IFIC <input type="checkbox"/> Grain Specify grain <input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/>		
	<input type="checkbox"/> BM <input type="checkbox"/> IFIF <input type="checkbox"/> Mom Fed <input type="checkbox"/> P <input type="checkbox"/> F	Specify f/v <input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> IFIC <input type="checkbox"/> M/MA Specify m/ma <input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/> BM <input type="checkbox"/> IFIF <input type="checkbox"/> Mom Fed <input type="checkbox"/> P <input type="checkbox"/> F	Specify f/v <input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> IFIC <input type="checkbox"/> M/MA Specify m/ma <input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/> BM <input type="checkbox"/> IFIF <input type="checkbox"/> Mom Fed <input type="checkbox"/> P <input type="checkbox"/> F	Specify f/v <input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> IFIC <input type="checkbox"/> Grain Specify grain <input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/>		
	<input type="checkbox"/> BM <input type="checkbox"/> IFIF <input type="checkbox"/> Mom Fed <input type="checkbox"/> P <input type="checkbox"/> F	Specify f/v <input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> IFIC <input type="checkbox"/> M/MA Specify m/ma <input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/> BM <input type="checkbox"/> IFIF <input type="checkbox"/> Mom Fed <input type="checkbox"/> P <input type="checkbox"/> F	Specify f/v <input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> IFIC <input type="checkbox"/> M/MA Specify m/ma <input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/> BM <input type="checkbox"/> IFIF <input type="checkbox"/> Mom Fed <input type="checkbox"/> P <input type="checkbox"/> F	Specify f/v <input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> IFIC <input type="checkbox"/> Grain Specify grain <input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/>		
TOTAL REIMBURSABLE BREAKFASTS:				2	TOTAL REIMBURSABLE LUNCHES:				0	TOTAL REIMBURSABLE SNACKS:				2

- Total checked boxes in each RM column and record totals in the last row.

In this example, this infant was served two (2) reimbursable breakfasts, zero (0) reimbursable lunches, and two (2) reimbursable snacks. These numbers are recorded in the last row at the bottom of the *Infant Meal Record*.