



Infant Meal Record: Instructions

1. **Record date of the meals in Date column.** Use page 2 of record for PM Snack, Supper, and Additional Snack.
2. **For each meal, record item(s) when served or immediately after:**
 - **Breast Milk (BM) / Formula (IFIF):** Check breast milk (BM), formula (IFIF), both, or if mom fed onsite. Check **Program (P)** or **Family (F)** to identify who supplied item. *When infant is developmentally ready for foods, document food(s) served:*
 - **Fruit / Vegetable (Veg):** Specify fruits or vegetables served (ex. pureed carrots, bananas). Check **Program (P)** or **Family (F)** to identify who supplied item.
 - **IFIC or Meat/Meat Alternate (M/MA) (Breakfast, Lunch, Supper):** Check item served. Specify m/ma (ex. eggs). Check **Program (P)** or **Family (F)** to identify who supplied item.
 - **IFIC or Grain (Snack):** Check item served. Specify grain (ex. cracker, muffin). Check **Program (P)** or **Family (F)** to identify who supplied item.
3. **Determine if a meal is reimbursable:** When a meal (1) includes all required components the infant is developmentally ready to eat, (2) contains creditable foods, and (3) the program (P) supplies all components, or all but one component (family (F) supplies only one component), check box in **Reimbursable Meal (RM)** column. Do not check box in RM column when the family (F) supplies two or more components.
4. **Record the reimbursable meal served on the "Weekly Attendance and Meal Count worksheet. This must be done when the meal is served or immediately served.**
5. **Please send Horizons a copy of the Infant Meal Record with your monthly claim.**



Infant Meal Record

Center Name: _____

Infant's Full Name: _____ Birthdate: _____

Formula supplied by: Program Family N/A Breast milk

Name of Formula (IFIF): _____

BREAKFAST

AM SNACK

LUNCH

Date	(BM) / Formula (IFIF)	Fruit / Veg	IFIC or Meat/Meat Alternate (M/MA)	RM	Breast Milk (BM) / Formula (IFIF)	Fruit / Veg	IFIC or Grain	RM	Breast Milk (BM) / Formula (IFIF)	Fruit / Veg	IFIC or Meat/Meat Alternate (M/MA)	RM		
	<input type="checkbox"/> BM <input type="checkbox"/> IFIF <input type="checkbox"/> Mom Fed <input type="checkbox"/> P <input type="checkbox"/> F	_____ <i>Specify f/v</i> <input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> IFIC <input type="checkbox"/> M/MA _____ <i>Specify m/ma</i> <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	_____ <i>Specify f/v</i> <input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> IFIC <input type="checkbox"/> Grain _____ <i>Specify grain</i> <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	_____ <i>Specify f/v</i> <input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> IFIC <input type="checkbox"/> M/MA _____ <i>Specify m/ma</i> <input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/>		
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TOTAL REIMBURSABLE BREAKFASTS:					TOTAL REIMBURSABLE AM SNACKS:					TOTAL REIMBURSABLE LUNCHES:				

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



Infant Meal Record

Center Name: _____

Infant's Full Name: _____

Birthdate: _____

Formula supplied by: Program Family N/A Breast Milk
 Name of Formula (IFIF): _____

PM SNACK

SUPPER

EVENING SNACK

Date	Breast Milk (BM) / Formula (IFIF)	Fruit / Veg	IFIC or Grain	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	
	<input type="checkbox"/> BM <input type="checkbox"/> IFIF <input type="checkbox"/> Mom Fed <input type="checkbox"/> P <input type="checkbox"/> F	_____ <i>Specify f/v</i> <input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> IFIC <input type="checkbox"/> Grain _____ <i>Specify grain</i> <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	_____ <i>Specify f/v</i> <input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> IFIC <input type="checkbox"/> M/MA _____ <i>Specify m/ma</i> <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	_____ <i>Specify f/v</i> <input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> IFIC <input type="checkbox"/> Grain _____ <i>Specify grain</i> <input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/>	
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TOTAL REIMBURSABLE PM SNACKS:					TOTAL REIMBURSABLE SUPPERS:					TOTAL REIMBURSABLE ADD'L SNACK:			