



Spokane County Head Start/ECEAP/Early Head Start NUTRITION CACFP INFANT MEAL FORM

MUST BE ON FILE FOR ALL INFANTS

Infant's Full Name: _____ Birthdate: _____

Formula Type: _____ (Check components parent supplies below)

Centers must offer at least one type of iron-fortified infant formula (IFIF) and required foods.

Parent/guardians may choose to:

- Decline offered formula and supply a different formula or breast milk, expressed or by breastfeeding, on-site.
- Provide their own foods in place of center-provided foods.
- Parents/guardians cannot be required to provide infant formula or foods.
- Check the appropriate box when the infant is developmentally ready for a component.
- Record and date **Changes/Updates** when a new component is started or changes are made (i.e. infant switches from breastmilk to a center provided IFIF).

Meal Components	Developmentally Ready	Parent Supplies	Changes/Updates	Date	Staff Initials
Breast Milk					
IFIF					
Iron-Fortified Infant Cereal					
Meat/Meat Alternate					
Fruit/Vegetable					
Grains					

Type of bottle: _____ Nipple size: _____

	BIRTH THROUGH 5 MONTHS	6 THROUGH 11 MONTHS
Breakfast/Lunch/Supper	6 fluid ounces breastmilk or formula	6-8 fluid ounces breastmilk or formula; AND 0-4 tablespoons infant cereal, meat, fish, poultry, whole egg, cooked dry beans, or cooked dry peas; or 0-2 ounces of cheese; or 0-4 ounces (volume) of cottage cheese; or 0-4 ounces or 1/2 cup of yogurt; or a combination of the above; AND 0-2 tablespoons vegetable or fruit, or a combination of both
	BIRTH THROUGH 5 MONTHS	6 THROUGH 11 MONTHS
Snack	4-6 fluid ounces breastmilk or formula	2-4 fluid ounces breastmilk or formula; AND 0-Ya slice bread; or 0-2 crackers; or 0-4 tablespoons infant cereal or ready-to-eat breakfast cereal; AND 0-2 tablespoons vegetable or fruit, or a combination of both

Keep this form on file to support the monthly claim.