



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

Site: _____

Infant's Full Name: _____

Birthdate: _____

Formula Type: _____

Date Enrolled: _____

Type of Bottle: _____

Nipple Size: _____

REQUIREMENTS

Parent/guardians may choose to:

- Supply formula or human 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.

FORM INSTRUCTIONS

- Complete this form for each infant and update as needed.
- Complete the information section at the top of this form.
- Keep this form on file to support the monthly claim.
- Check the appropriate box in the Components Offered section for items the parent supplies.
- Check the appropriate box in the Components Offered section when the infant is developmentally ready for a component.
- Record and date changes and updates in the Notes section when a new component is started, or changes are made (i.e., infant switches from human milk to a center provided IFIF).
- Send this form to Nutrition Specialist when no longer using.

COMPONENTS OFFERED

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

Notes:

Parent Supplies	Changes/Updates	Date	Staff Initials

Reminders:

- Only 2 meals and 1 snack **or** 1 meal and 2 snacks can be claimed per infant, per day.
- Record a meal or snack when:
 - Center supplies all components
 - Parent/guardian supplies only one (1) component
 - Expressed human milk is a component
 - Parent supplies human milk or IFIF and center provides all other foods
- Do not record a meal or snack when:
 - Parent/guardian supplies **more than** one component
 - Center supplies infant cereal and parent supplies human milk and fruits
 - Center supplies formula and parent supplies all other foods