



## Infant Point of Service Meal Count Sheet

Date: \_\_\_\_\_

Completed by: \_\_\_\_\_

### Form Instructions:

1. Write the date at the top of the page. Write the names of all infants in care (by age group).
2. Breastmilk/Formula Column: Use a ✓ when served by staff or mother nurses on site.
3. Foods + Extras Column: Write the name of the fruit/vegetable, meat/meat alternate, or bread/grain served.
4. Parent-Provided Components: If components are brought from home at parent/guardian request, indicate PP on form.

### Claiming Instructions:

1. Identify creditable meals to be claimed for reimbursement:
  - a. Maximum 2 meals/1 snack, or 2 snacks/1 meal per infant daily.
  - b. Only when breastmilk/iron-fortified infant formula at minimum is provided
  - c. Only when infants 6 months and older with an established eating pattern have been served solids
  - d. Only when 1 component or less has been brought from home/parent-provided (PP)
2. Record total number of infant meals/snacks to be claimed for reimbursement on the bottom line labeled 'Claiming Totals'.
3. Claiming totals are transferred to the Infant Meal Count Summary Sheet.

**Acronyms:** BM = Breastmilk IFC = Infant Cereal RTE = Ready to Eat Breakfast Cereal PP = Parent Provided

Names 0-5 months	Breakfast		AM Snack		Lunch		PM Snack		Supper	
	BM or Formula	Extras if early readiness	BM or Formula	Extras if early readiness	BM or Formula	Extras if early readiness	BM or Formula	Extras if early readiness	BM or Formula	Extras if early readiness
	✓	Specify	✓	Specify	✓	Specify	✓	Specify	✓	Specify

Names 6-11 months	Breakfast			AM Snack			Lunch			PM Snack			Supper		
	BM or Formula	IFC or Meat/Meat Alt	Fruit and/or Veg	BM or Formula	Grain	Fruit and/or veg	BM or Formula	IFC or Meat/Meat Alt	Fruit and/or veg	BM or Formula	Grain	Fruit and/or veg	BM or Formula	IFC or Meat/Meat Alt	Fruit and/or veg
	✓	Specify	Specify	✓	Specify	Specify	✓	Specify	Specify	✓	Specify	Specify	✓	Specify	Specify
<i>Example: Suzy</i>	✓	PP: IFC	Pear	✓	Bread	Peas	✓	Beef/Cheese	Squash	✓	RTE	Banana	✓	Yogurt	Melon

### Claiming Totals:

Not to exceed 2 meals + 1 snack  
or 2 snacks + 1 meal per infant  
daily.

Breakfast: \_\_\_\_\_

AM Snack: \_\_\_\_\_

Lunch: \_\_\_\_\_

PM Snack: \_\_\_\_\_

Supper: \_\_\_\_\_