



Arizona Department of Education

Child and Adult Care Food Program

Infant Point of Service Meal Count Sheet

Date: _____

Completed by: _____

Instructions:

1. Record the date and the names of the infant(s) being served the meal
2. Use a (v) where indicated when serving breastmilk or formula or when a mother nurses onsite.
3. Record the specific kind of fruit/vegetable, meat/meat alternate or bread/grain served.
4. Identify creditable meals to be claimed for reimbursement; maximum of 2 meals + 1 snack or 2 snacks + 1 meal per infant daily.
5. Record total number of infant meals to be claimed for reimbursement on the bottom line labeled 'Daily Totals'.
6. Daily totals are transferred to the Infant Meal Count Summary Sheet.

Considerations:

All formula and infant cereal served must be iron fortified

How are meals/snacks with >1 component provided from home recorded to ensure they are not claimed for reimbursement?

IFC = Infant Cereal RTE = Ready to Eat Breakfast Cereal T = Tablespoon oz. = Ounce

NAMES 0-5 months	Breakfast		AM Snack		Lunch		PM Snack		Supper	
	4 – 6 oz. Breastmilk or formula (v)	Extras If Early Readiness Specify	4 – 6 oz. Breastmilk or formula (v)	Extras If Early Readiness Specify	4 – 6 oz. Breastmilk or formula (v)	Extras If Early Readiness Specify	4 – 6 oz. Breastmilk or formula (v)	Extras If Early Readiness Specify	4 – 6 oz. Breastmilk or formula (v)	Extras If Early Readiness Specify

NAMES 6-11 months	Breakfast			AM Snack			Lunch			PM Snack			Supper		
	6-8 oz. Breastmilk or formula (v)	0-4 T IFC, Meat, Meat Alt.; <u>OR</u> 0-2 oz. Cheese; <u>OR</u> 0-4 oz. Cottage, Yogurt Specify	0-2 T Veg and/or Fruit Specify	2-4 oz. Breastmilk or formula (v)	0-½ slice bread <u>OR</u> 0-2 crackers <u>OR</u> 0-4T IFC or RTE Specify	0-2 T Veg and/or Fruit Specify	6-8 oz. Breastmilk or formula (v)	0-4 T IFC, Meat, Meat Alt.; <u>OR</u> 0-2 oz. Cheese; <u>OR</u> 0-4 oz. Cottage, Yogurt Specify	0-2 T Veg and/or Fruit Specify	2-4 oz. Breastmilk or formula (v)	0-½ slice bread <u>OR</u> 0-2 crackers <u>OR</u> 0-4T IFC or RTE Specify	0-2 T Veg and/or Fruit Specify	6-8 oz. Breastmilk or formula (v)	0-4 T IFC, Meat, Meat Alt.; <u>OR</u> 0-2 oz. Cheese; <u>OR</u> 0-4 oz. Cottage, Yogurt Specify	0-2 T Veg and/or Fruit Specify

Daily Totals	Breakfast: _____	AM: _____	Lunch: _____	PM: _____	Supper: _____
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