

CACFP Infant Meal Form

Each month, complete this form for **every** enrolled infant

Month/Year: _____

Offer CACFP to enrolled infants: Programs must offer to supply at least **one** type of iron-fortified infant formula and **all** foods to each enrolled infant. Parents/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 program-provided foods.

Parents/guardians **cannot** be required to provide infant formula or foods.

Meal Components Chart: Mark in the *Parent Supplied* or *Program Supplied* column to indicate who provides component(s) the infant is currently eating

- When a new component is started or changes are made (i.e. infant switches from breastmilk to center-provided formula) record the date in the *Start Date* column

Meal Count: Record a meal or snack in Minute Menu after ALL components are offered and when:

- Program supplies all components
- Parent/guardian supplies only one component
 - Ex. Parent supplies breast milk or formula and the Program supplies all other foods
 - Ex. Breast milk is only component

* Mark who supplies formula if used to supplement breast milk
 ** Baby foods and/or table foods in the appropriate texture

DO NOT RECORD A MEAL OR SNACK WHEN: Parent/guardian supplies more than one component

- Ex. Program supplies infant cereal and Parent supplies breast milk and fruits
- Ex. Program supplies formula and parent supplies all other foods

Infants Full Name: _____
 Birthdate: _____
 Age: _____ months

Meal Components Chart			
Start Date	Meal Components	Parent Supplied	Program Supplied
	Breast Milk		
	Infant Formula*		
	Iron-Fortified Infant Cereal		
	Fruits/Vegetables**		
	Meats/Meat Alternates**		
	Grains		

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Keep this form on file to support the monthly claim