

CACFP Infant Meal Components 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 the offered formula and supply different formula or breast milk, expressed or by breastfeeding on-site
- Supply their own foods in place of Program-supplied foods.

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

For each infant:

(1) List his/her full name, birthdate, and number of months in age

(2) Complete the Meal Components Chart:

- Mark the *Parent Supplied* or *Program Supplied* column only for the meal component(s) the infant is currently eating
- Record the date in the *Start Date* column only when the infant starts eating a new component or changes are made during the month (Ex. infant switches from breastmilk to program-supplied formula)

Meal Count Form: Your Program may only count infant meals and snacks that have only one Parent/Guardian-supplied meal component on your meal count form.

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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* Mark who supplies formula if used to supplement breast milk (*Note: breast milk and infant formula are the same component*)
 ** Baby foods and/or table foods in the appropriate texture

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Keep completed forms on file with your CACFP claim records