



CACFP Infant Meal Components Form
 Complete a new form each month for all infants

Month/Year: _____

Offer CACFP to enrolled infants: Providers must offer to supply at least **one** type of iron-fortified infant formula and **all** foods to each enrolled infant. Families 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 provider-supplied foods.

Families **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:

- At the beginning of each month, mark the *Family Supplied* or *Provider Supplied* column only for the meal component(s) the infant is currently eating
- In the *Start Date* column record the date only when the infant starts eating a new component or changes are made during the month (e.g. infant switches from breastmilk to provider-supplied formula)

* *Breast milk and formula are 1 component. If breast milk is served, mark who supplies formula if used to supplement.*

** *Baby foods and/or table foods in the appropriate texture*

(3) Meal Count Form:

By the end of each day, record meal counts for infant meals that served all required components and had no more than one family-supplied meal component on your meal count form.

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

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

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 Age: _____ months

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Infant Formula*			
Iron-Fortified Infant Cereal			
Fruits/Vegetables**			
Meats/Meat Alternates**			
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