CACFP Infant Meal Form

Each month, complete a new form for each infant
Not required for infant's whose meals/snacks will not be claimed

Month/Year: _____

Infant's Full Name: _____ Birthdate: _____ Age: _____ months

1. Complete Meal Components Chart

- At the beginning of each month, mark the *Parent Supplied* or *Program Supplied* column only for the meal component(s) the infant is <u>currently</u> 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 program–supplied formula)

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

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*

2. Complete Meal Count Chart

Meal Count Chart

✅ **RECORD a MEAL/SNACK WHEN program supplies <u>all</u> components or <u>all but one</u> component (parent/guardian may supply one component)**

Put an 'X' or ✓ in the *Meal Count Chart* for that meal/snack at the time the meal/snack is served or immediately after

- ➢ Meals/snacks that contain only breast milk and/or formula can be marked regardless of who supplies the item (program or parent)

- ➢ When an infant is eating two or more components, the program must supply all components or all but one component in order to record the meal/snack in the chart. This applies to all ages, including an infant who starts solid foods before 6 months

🚫 **DO NOT RECORD a MEAL OR SNACK WHEN the parent/guardian supplies two or more components**

DO NOT put an 'X' or ✓ in the *Meal Count Chart*

- ➢ Ex: Program supplies infant cereal, parent supplies formula and fruit
- ➢ Ex: Parent supplies formula and all foods

3. Total Infant Meals:
At the end of the month, total each column and include numbers with total meal counts submitted on the monthly claim. **Keep this form on file to support the monthly claim**

Requirement: Programs must offer to supply at least one type of iron-fortified infant formula and all foods to each enrolled infant. Parents/guardians cannot be required to provide infant formula or foods.

Date	Breakfast	Lunch	Snack
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
TOTAL			