CACFP Infant Meal Form ~ Greater Than 3 Meals

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 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 program-supplied formula).

<table>
<thead>
<tr>
<th>Meal Components</th>
<th>Parent Supplied</th>
<th>Program Supplied</th>
<th>Start Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast Milk*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infant Formula*</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Iron-Fortified Infant Cereal</td>
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<td></td>
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<tr>
<td>Fruits/Vegetables**</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Meats/Meat Alternates**</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Grains</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

*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**
   
   RECORD a MEAL/SNACK WHEN program supplies all components or all but one 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. *A maximum of two meals and one snack OR two snacks and one meal may be claimed per infant per day.

   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.

   Rev. 12/2017