CACFP Infant Meal Form

Infant’s Full Name: ____________________

Birthdate: ______________

Formula Type: ____________________________ (Check components parent supplies below)

Centers must offer at least one type of iron-fortified infant formula (IFIF) and required foods. Parent/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 center-provided foods.
- Parents/guardians cannot be required to provide infant formula or foods.

- Check the appropriate box when the infant is developmentally ready for a component.
- Record and date **Changes/Updates** when a new component is started or changes are made (i.e. infant switches from breastmilk to a center provided IFIF).

<table>
<thead>
<tr>
<th>Meal Components</th>
<th>Developmentally Ready</th>
<th>Parent Supplies</th>
<th>Changes/Updates</th>
<th>Date</th>
<th>Staff Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast Milk</td>
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<tr>
<td>IFIF</td>
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<tr>
<td>Iron-Fortified Infant Cereal</td>
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<td>Meat/Meat Alternate</td>
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<tr>
<td>Fruit/Vegetable</td>
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<tr>
<td>Grains</td>
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</tbody>
</table>

**BIRTH THROUGH 5 MONTHS**

<table>
<thead>
<tr>
<th>Breakfast/Lunch/Supper</th>
<th>6 THROUGH 11 MONTHS</th>
</tr>
</thead>
</table>
| 4-6 fluid ounces breastmilk¹ or formula² | 6-8 fluid ounces breastmilk³ or formula³;
| AND                           | AND 0-4 tablespoons infant cereal²,³ meat, fish, poultry, whole egg, cooked dry beans, or cooked dry peas; or
| 0-2 ounces of cheese; or     | 0-4 ounces or ½ cup of yogurt⁴;
| 0-4 ounces (volume) of cottage cheese; or | or a combination of the above⁵;
| 0-4 ounces or ½ cup of yogurt⁴; | AND
| or a combination of the above⁵; | 0-2 tablespoons vegetable or fruit or a combination of both⁶,⁷

**Snack**

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<tr>
<th>BIRTH THROUGH 5 MONTHS</th>
<th>6 THROUGH 11 MONTHS</th>
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</thead>
</table>
| 4-6 fluid ounces breastmilk¹ or formula² | 2-4 fluid ounces breastmilk³ or formula³;
| AND 0-½ slice bread³,⁴, or | AND 0-2 crackers³,⁴, or
| 0-2 tablespoons infant cereal³,³, or ready-to-eat breakfast cereal³,³,⁵,⁶; | 0-4 tablespoons infant cereal³,³, or ready-to-eat breakfast cereal³,³,⁵,⁶;
| AND 0-2 tablespoons vegetable or fruit, or a combination of both⁶,⁷ | AND 0-2 tablespoons vegetable or fruit, or a combination of both⁶,⁷

Keep this form on file to support the monthly claim.
**Instructions:** Complete this form for each infant and update as needed.

**Reminders:**

Record a meal or snack when:
- Center supplies all components
- Parent/guardian supplies only 1 component
  - Expressed breast milk is only component
  - Parent supplies breast milk or IFIF and center provides all other foods

Do not record a meal or snack when:
- Parent/guardian supplies **more than** one component
  - Center supplies infant cereal and parent supplies breast milk and fruits
  - Center supplies formula and parent supplies all other foods

Remember:
- Only 2 meals and 1 snack OR 1 meal and 2 snacks can be claimed per infant, per day.