

# 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.

| Meal Components              | Developmentally Ready | Parent Supplies | Changes/Updates | Date | Staff Initials |
|------------------------------|-----------------------|-----------------|-----------------|------|----------------|
| Breast Milk                  |                       |                 |                 |      |                |
| IFIF                         |                       |                 |                 |      |                |
| Iron-Fortified Infant Cereal |                       |                 |                 |      |                |
| Meat/Meat Alternate          |                       |                 |                 |      |                |
| Fruit/Vegetable              |                       |                 |                 |      |                |
| Grains                       |                       |                 |                 |      |                |

|                               | BIRTH THROUGH 5 MONTHS                 | 6 THROUGH 11 MONTHS   |
|-------------------------------|--|---|
| <b>Breakfast/Lunch/Supper</b> | 4-6 fluid ounces breastmilk or formula | 6-8 fluid ounces breastmilk or formula;<br><b>AND</b><br>0-4 tablespoons infant cereal, meat, fish, poultry, whole egg, cooked dry beans, or cooked dry peas; or<br>0-2 ounces of cheese; or<br>0-4 ounces (volume) of cottage cheese; or<br>0-4 ounces or ½ cup of yogurt;<br>or a combination of the above;<br><b>AND</b><br>0-2 tablespoons vegetable or fruit, or a combination of both |
|                               | BIRTH THROUGH 5 MONTHS                 | 6 THROUGH 11 MONTHS   |
| <b>Snack</b>                  | 4-6 fluid ounces breastmilk or formula | 2-4 fluid ounces breastmilk or formula;<br><b>AND</b><br>0-½ slice bread; or<br>0-2 crackers; or<br>0-4 tablespoons infant cereal or ready-to-eat breakfast cereal;<br><b>AND</b><br>0-2 tablespoons vegetable or fruit, or a combination of both   |

Keep this form on file to support the monthly claim.