

CACFP Infant Meal Form

Infant Name: _____	Date of Birth: _____	Enrollment Start Date: _____
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Formula Information

Center Offers: _____ Formula Type: _____

Infant Formula Section Option:

I **ACCEPT** or **DECLINE** (circle option) the center’s formula. If declined, please document what the parent/guardian will provide for infant meals/feeding.

Breast milk Infant Formula _____ (specify brand)

Parent/Guardian Signature	Date
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Requirements

- Centers must offer at least one type of iron-fortified infant formula (IFIF) and required foods for the infant meal pattern.
- 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.

Form Instructions

- Complete this form for each infant and update as needed.
- Indicate the Type of formula that the center provides for infants.
- Keep this form on file to support the monthly claim.
- Check the appropriate boxes in the Components Offered section for items the parent supplies.
- Check the appropriate box in the Components Offered section when the infant is developmentally ready for a component.
- Record and date changes and updates in the Notes section when a new component is started, or changes are made (i.e. infant switches from breastmilk to a center provided IFIF).

Components Offered

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

CACFP Infant Meal Pattern
Breakfast, Lunch, Supper

Component	Birth – 5 Months	6 – 11 Months
Breastmilk or Infant Formula	4–6 fl. oz. breastmilk or formula	6–8 fl. oz. breastmilk or formula
Grains or Meat/Meat Alternates, or a combination	(not required)	<ul style="list-style-type: none"> • 0—½ oz eq (0–4 Tbsp) infant cereal; • or 0–4 Tbsp meat, fish, poultry, whole eggs, cooked dry beans or peas; • or 0–2 oz. cheese; • or 0–4 oz. cottage cheese; • or 0–4 oz. (½ cup) yogurt; • or a combination of the above
Vegetables, Fruit, or both	(not required)	0–2 Tbsp vegetables, fruit, or both

Snacks

Component	Birth – 5 Months	6 – 11 Months
Breastmilk or Infant Formula	4–6 fl. oz. breastmilk or formula	2–4 fl. oz. breastmilk or formula
Grains	(not required)	<ul style="list-style-type: none"> • 0—½ oz eq bread; • or 0—¼ oz eq crackers; • or 0—½ oz eq (0–4 Tbsp) infant cereal; • or 0—¼ oz eq ready-to-eat cereal
Vegetables, Fruit, or both	(not required)	0–2 Tbsp vegetables, fruit, or both

Abbreviations: fl. oz. = fluid ounces oz eq = ounce equivalent Tbsp = tablespoons