

Child and Adult Care Food Program (CACFP) Formula/Food Sign-Off Statement



As a participant in the CACFP, we must offer to supply all infant meal food components, as developmentally appropriate, to all infants in our care.

We will supply the following items to your infant:

- Iron-fortified infant formula
- Iron-fortified infant cereal
- Infant foods and/or table foods in the appropriate texture for the age of your infant.

Parents/Guardians may choose to accept our supplied infant formula and/or foods or provide their own. Mothers are always welcome to breast feed on-site and/or provide expressed breastmilk.

Parents/Guardians may provide one food component towards a reimbursable meal. Our center must supply all other meal components, as developmentally ready, to receive reimbursement.

Please check your preferences below for each meal pattern requirement.

Our center will supply the following formula and infant food:

Formula offered by our center: _____
(Specific brand/type identified by center)

Parent/Guardian check your breast milk/formula preference:

- | | |
|---|--|
| <input type="checkbox"/> I want the center to provide formula to my infant | <input type="checkbox"/> I will bring iron-fortified formula for my infant |
| <input type="checkbox"/> I will come to the center to breast feed my infant | <input type="checkbox"/> I will bring expressed breast milk for my infant |

Iron-Fortified Infant Cereal offered by our center:

- Rice Barley Wheat Oat Multi-grain

Parent/Guardian check your infant cereal preference:

- I want the center to provide iron fortified infant cereal for my infant
 I will bring iron fortified infant cereal for my infant

Food offered by our center:

- Store-bought infant foods
 Table foods at the appropriate consistency for the development of your infant

Parent/Guardian check your infant food preference:

- I want the center to provide developmentally appropriate foods for my infant
 I will bring foods for my infant

If parent/guardian is supplying any breast milk, formula, or infant foods: Specify what we may feed your infant if they are still hungry after they are fed what has been supplied for the day:

Infant Name: _____ Birth Date: _____

Parent/Guardian Signature: _____ Date Signed: _____

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