

# 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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