

## INFANT MENU

Provider's Name: \_\_\_\_\_

Infant's Name: \_\_\_\_\_

Infant DOB: \_\_\_\_\_



Dear Parent,

Day care homes that participate in the CACFP are required to offer at least one brand of iron-fortified infant formula to all enrolled infants. I, the provider, offer to provide \_\_\_\_\_ to all enrolled infants. If you do not wish for me to serve this brand of formula to your child, you will be required to provide the formula for your own child. In addition, solid foods will be served to infants when they are developmentally ready and at your request.

\*Providers participating in the CACFP may claim infant meals for reimbursement if they supply all meal components or if parents supply only 1 (example: breastmilk, iron-fortified infant formula, iron-fortified infant cereal, fruits, vegetables, meat/alternates).

### Infant is Served: (choose one)

<input type="checkbox"/> <b>Breastmilk</b> <b>OR</b>	<input type="checkbox"/> <b>Iron Fortified Infant Formula (IFIF)</b> <b>OR</b>	<input type="checkbox"/> <b>Breastmilk and Iron Fortified Infant Formula (IFIF)</b>
	<input type="checkbox"/> I accept the brand of formula offered by the provider.	<input type="checkbox"/> I accept the brand of formula offered by the provider.
	<input type="checkbox"/> I decline the brand of formula offered by the provider and have chosen to supply my own infant formula. Brand: _____	<input type="checkbox"/> I decline the brand of formula offered by the provider and have chosen to supply my own infant formula. Brand: _____

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

AGE	MEAL
0-5 Months	<b>BREAKFAST/LUNCH/SUPPER/SNACK</b>
	4-6 fl. oz. breastmilk or Iron Fortified Infant Formula

AGE	MEAL *Required when infant is developmentally ready.	
6-11 Months	<b>BREAKFAST/LUNCH/SUPPER</b>	
	Breastmilk/IFIF	6-8 fl. oz. breastmilk or Iron Fortified Infant Formula
	*Infant cereal/meat/meat alternate	0-4 tbsp infant cereal, meat, fish, poultry, whole eggs, cooked dry beans or peas or 0-2 oz cheese or 0-4 oz cottage cheese or 0-8 oz yogurt
	* Fruit/Vegetable	0-2 tbsp vegetable, fruit or both
	<b>SNACK</b>	
	Breastmilk/IFIF	2-4 fl. oz. breastmilk or Iron Fortified Infant Formula
	* Infant cereal/bread	0 - 1/2 bread slice or 0-2 crackers or 0-4 tbsp infant cereal or ready-to-eat cereal
	* Fruit/Vegetable	0-2 tbsp vegetable, fruit or both

This institution is an equal opportunity provider.

### Sanford Family Day Care Network

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