

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"/> Breastmilk OR	<input type="checkbox"/> Iron Fortified Infant Formula (IFIF) OR	<input type="checkbox"/> Breastmilk and Iron Fortified Infant Formula (IFIF)
	<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	BREAKFAST/LUNCH/SUPPER/SNACK	
	4-6 fl. oz. breastmilk or Iron Fortified Infant Formula	
AGE	MEAL *Required when infant is developmentally ready.	
6-11 Months	BREAKFAST/LUNCH/SUPPER	
	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
	SNACK	
	Breastmilk/IFIF	2-4 fl. oz. breastmilk or Iron Fortified Infant Formula
	* Infant cereal/bread	0 - ½ 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	

Sanford Children's CHILD Services Family Day Care Network

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