Reset

South Carolina Department of Social Services

INFANT STATEMENT

From: Child Care Center/Provider: _____

Sponsoring Organization: _____

To: Parent/Guardian of Infant(s) in Day Care

I am required by the Child and Adult Day Care Food Program to **offer** a CACFP meal to all enrolled infants in my care. A CACFP meal includes iron fortified infant cereal and baby food when appropriate for the child's age. A copy of the CACFP infant meal pattern is attached.

I am required to **offer** an infant formula, which meets program requirements to all enrolled infants in my care. The formula that I am providing is iron fortified _____ . There will be no additional charge to you, if you would like your infant to receive the formula that I am offering.

I understand that not all infants need the same formula, and that the formula served to your infant should be the one recommended by your physician. If you choose, you may continue to provide your infant's formula and other food items.

Parent/Guardian, please check the following statement that applies to you. Then sign and date below:

❑ I would like the child care provider to serve my infant the iron fortified infant formula listed above. I understand that besides the formula, the caregiver will offer my infant other food items, approved by the CACFP meal pattern guidelines, at no additional charge to me.

❑ I will supply the breast milk/infant formula to the child care provider to serve to my infant. The name of the formula I will provide is: _____. I understand that the caregiver will offer other food items, approved by the CACFP meal pattern guidelines, to my child.

❑ I will provide breast milk/infant formula and all other meal items to my child care provider to serve to my infant.

Name of Infant: _____ Birth Date: _____

Signature of Parent/Guardian: _____ Date: _____

Signature of Provider: _____ Date: _____