

**South Carolina Department of Social Services
INFANT STATEMENT**

From: Child Care Center/Provider: _____
Sponsoring Organization: _____

To: Parent/Guardian of Infant(s) in Child 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, at no additional charge.

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 and/or age appropriate food 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 or other food items.

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

Name of Infant: _____ **Birth Date:** _____

- I would like the child care provider to serve my infant the iron fortified infant formula listed above. When my child is developmentally ready, 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 when developmentally ready.

- I will supply the breast milk on site or express. I understand that the caregiver will offer other food items, approved by the CACFP meal pattern guidelines, to my child to my child when developmentally ready.

- I will provide breast milk/infant formula and all other meal items to my child care provider to serve to my infant. The name of the formula I will provide is _____.

Note: You will need to provide a medical statement for exempt formulas such as Nutramigen, NeoSure or Alimentum.

If there are any changes from your above selection, a new form is required.

Signature of Parent/Guardian: _____ Date: _____
Signature of Provider: _____ Date: _____