

## Parent Decline Section

\_\_\_\_\_ I do not want to participate (Parent provides all infant food and formula)

\_\_\_\_\_ I do want to participate (check off food/formula below)

## CACFP INFANT MEAL APPROVAL SECTION

(Center Name: \_\_\_\_\_)

Dear Parent,

As part of the Child and Adult Care Food Program, we are going to supply the following foods for your infant when they are developmentally ready, following the CACFP Meal Pattern. Please circle foods that you have already introduced to your child at home. When your child becomes of age to eat table foods from the Child's menu, food items will replace baby food items.

Please circle the appropriate food items that you would like us to serve to your child. You may circle more than one item in a group.

### BREASTFEEDING/FORMULA (check)

\_\_\_\_\_ Iron Fortified Formula  
\_\_\_\_\_ with Iron (Center provided formula)

### IRON FORTIFIED DRY CEREAL (check cereals)

\_\_\_ Rice \_\_\_\_\_ Oatmeal  
\_\_\_ Barley \_\_\_\_\_ Other: \_\_\_\_\_

**FRUITS/VEGETABLES** (check/list fruits and vegetables)-Infant juice, desserts, dinners, combination infant foods are disallowed. Dinners and desserts are disallowed.

#### Vegetables

\_\_\_ Carrots  
\_\_\_ Green Beans  
\_\_\_ Sweet Potatoes  
\_\_\_ Peas  
\_\_\_ Squash

#### Others:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Fruits

\_\_\_ Applesauce  
\_\_\_ Bananas  
\_\_\_ Peaches  
\_\_\_ Pears  
\_\_\_ Plums

#### Others:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### PROTEIN/POULTRY/MEAT ALTERNATE (check)

\_\_\_ Chicken \_\_\_\_\_ Turkey  
\_\_\_ Beef \_\_\_\_\_ Other: \_\_\_\_\_

**SPECIAL REQUIREMENTS:** (list, if any). Any modification from the infant meal pattern must be accompanied by a medical statement which explains the food substitution or modification. This would include infants eating a regular center diet.

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

\_\_\_\_\_ Staff Signature \_\_\_\_\_ Date

\_\_\_\_\_ Child's Name \_\_\_\_\_ Child's Formula

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