4_C

5 Odana Court Madison, WI 53719 608.271.5242 OR 1.800.292.2429 Fax: 608.271.5380

foodprog@4-C.org

4-C Child and Adult Care Food Program

PARENT/PROVIDER INFANT FORMULA AGREEMENT

(This form is required to be filled out along with the Child Enrollment Form for any child birth through 11 months).

All children enrolled in this childcare home, including infants (birth to 11 months), are eligible for meals through the United States Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP). Providers are reimbursed to help with the cost of serving nutritious meals to enrolled children. The meals must meet CACFP nutrition guidelines for children and infants.

Provider Name	Provider Number	
Child Name	Date of Birth	

- The Provider must offer at least one Iron-Fortified Infant Formula (IFIC). Parent may decide to decline this formula and bring their own formula or breastmilk. The provider may claim reimbursement for infant meals/snacks when a meal/snack contains only breast milk or infant formula (which meets program requirements), regardless of who supplies.
- The provider must supply infant foods when infants are developmentally ready according to the CACFP requirements. Infant foods include fruits, vegetables, meat, meat alternates, and grains that are creditable to the USDA Infant Meal Pattern.

To Be Completed by the 4-C CACFP Provider					
Name of Iron-Fortified Infant Formula you offer.					

To Be Completed By the Infant's Parent (please check one)						
	I will sup	oply the following infant formula:				
	I will sup	oply the breast milk.				
	I accept	I accept the infant formula supplied by my provider.				
Parent Signature				Date		