NICOLE "NIKKI" FRIED
COMMISSIONER

Florida Department of Agriculture and Consumer Services
Division of Food, Nutrition and Wellness

REQUEST TO SERVE INFANT MEALS

5P-3.002, F.A.C.

Sponsor Name	
Sponsor Number	
Program Administrator	
Telephone Number	

List all sites for which the approval to serve infant meals to children under one (1) year of age is being requested; a separate list of sites can be attached.

Site Number	Site Name

☐ I certify that the sites for which the sponsor has requested approval will comply with the Child and Adult Care Food Program's infant meal pattern requirements in 7 CFR 226.20(b). Registered Dietitians are available to review infant menus for compliance. If interested, please attach a copy of the infant menus to this form.

☐ I understand that approval must be granted annually.

Signature of Program Administrator

Date

Internal Use Only

Approved ☐

Denied ☐

Date _____