

CACFP INFANT FEEDING PREFERENCE

Dear Parent/Guardian,

This child care provider participates in the Child and Adult Care Food Program (CACFP) and receives USDA reimbursement for serving nutritious meals to infants according to program requirements. Participation in this program requires child care providers to follow specific meal patterns according to the age of the infant.

If your child is exclusively breastfed, child care providers participating in the CACFP can feed your infant the breast milk you supply and meet the meal pattern requirements. Breastfeeding is widely recognized as the best source of nutrition for infants.

The Institute of Medicine and the American Academy of Pediatrics recommends that adults/caregivers, who work with infants and their families, promote and support exclusive breastfeeding for the first six months and continuation of breastfeeding in conjunction with complementary foods for 1 year or more, and encourage child care providers to dedicate a space for mothers to breast feed their infants on site.

Child care providers participating in the CACFP **are required** to offer at least one infant formula for infants who are enrolled for child care. You may decline the infant formula offered, and supply breast milk and/or your own preferred infant formula.

Additionally, when you determine in consultation with your physician that your child is developmentally ready, the child care provider will also be **required** to offer infant cereal and other foods. As with infant formula, you can decline the infant cereal and other foods offered and provide those items to your child care provider. It is important to note that your child care provider will not receive reimbursement for meals that contain more than one parent provided component. Speak to your child care provider to understand what components are required for your infant's meal and the exceptions made for infants with disabilities, so that your infant receives the most nutritious meal possible.

It is very important that you indicate your preferences on the form that follows so we can honor the nutrition choices you have made for your family. Please complete the information below to designate your preference for infant formula, infant cereal, and other foods.

INFANT FEEDING PREFERENCE



CENTER NAME: _____

INFANT'S NAME: _____ DATE OF BIRTH: _____

Our center participates in the *Child and Adult Care Food Program (CACFP)* and receives USDA reimbursement for serving nutritious meals to infants according to program requirements.

- We are required to provide meals for all children in attendance. Our center will be providing all infant meal components, which include formula, for our infants.
- Our facility has chosen _____ brand formula.
- **You have the option to accept or decline the formula supplied by our center.**
- Please mark your selection below.

Breast Milk and/or Formula Preference

Please select your preference (check all that apply)	Enter Today's Date	Enter Today's Date
	Birth – 5 months	6 – 11 months
<input type="checkbox"/> I will bring expressed breast milk for my infant.		
<input type="checkbox"/> I want the center to provide the infant formula it offers (as mentioned above) for my infant.		
<input type="checkbox"/> I will bring the infant formula for my infant. Please list the kind of infant formula you will provide: Name of Formula: _____ <input type="checkbox"/> Iron Fortified		

Infant Cereal and Other Foods Preference

Please select your preference. (check the statement that best applies to your infant)	Enter Today's Date
	6 – 11 months
<input type="checkbox"/> My child is developmentally ready for solid foods. I want the center to provide the infant cereal and other foods for my infant.	
<input type="checkbox"/> My child is developmentally ready for solids. I will bring the infant cereal and/or other foods for my infant.	
<input type="checkbox"/> My child is NOT developmentally ready for solid foods. I will inform the provider when and designate the solid food(s) to be introduced to my infant at that time.	

Parent's (or guardian's) Signature _____ Date of Signature: _____

1. This form must be kept on file for each infant enrolled for child care.
2. This form must be kept current and accurate for each infant enrolled for child care until the infant reaches one year of age.
3. If the parent (or guardian) provides expressed breast milk and the child care provider feeds it to the child, the meal may be claimed for reimbursement.
4. If the parent (or guardian) declines the formula and the child care provider provides meal and/or snack components, the meal may be claimed for reimbursement.
5. If the parent (or guardian) declines infant meals/snack, meals and snacks may NOT be claimed for reimbursement.

This institution is an equal opportunity provider.