

## Infant Meal Notification

**Child Care Center Name:**

**Iron-fortified Infant Formula Offered by Center:**

All children enrolled in this center, including infants, are eligible for meals through the United States Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP). Child care centers in the program 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. To meet CACFP requirements this center will provide formula and other foods for infants.

To help provide the best nutritional care for your infant, please complete the following information and return it to the center:

**Infant's First and Last Name:**

**Infant's Date of Birth:**

I understand that the child care center will supply the above iron-fortified infant formula for infants according to the CACFP requirements. **\*Note: Child care centers may request parents to supply clean, sanitized, and labeled bottles on a daily basis.**

**If you *formula-feed* your infant, place a check mark (✓) by only ONE of the following:**

- I prefer to have the child care center supply formula. **OR**
- I will supply formula for my infant.

**If you *breastfeed* your infant, place a check mark (✓) by only ONE of the following:**

- I will supply expressed (pumped) breastmilk. **OR**
- I will supply expressed (pumped) breastmilk and have the child care center supply formula to supplement as needed. **OR**
- I will supply expressed (pumped) breastmilk and will supply formula to supplement as needed.

I understand the child care center will supply infant cereal and infant foods\* for infants 4 months and older as they are developmentally ready according to the CACFP requirements. \*Infant foods include fruits/vegetables, meat/meat alternates, enriched bread or snack crackers, and 100% full strength juice that are creditable to the USDA Infant Meal Pattern.

**Place a check mark (✓) by only ONE of the following:**

- I prefer to have the child care center supply infant cereal and infant foods. **OR**
- I will supply infant cereal and infant foods for my infant.

**\*\*This facility has not requested or required me to provide infant formula or food for my infant. I understand that I have the choice of having my infant participate in the CACFP.**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

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