



INFANTS MEALS -PREFERENCE

To: Parents and Guardians of infants under one year of age

From: Center or Provider: _____ **Provider ID #:** _____

Topic: Who will provide food for your infants's meals

Due to participation on the Child and Adult Care Food Program (CACFP), all children enrolled at this child care center or family child care (FCC) home receive meals free of charge. The CACFP is a child nutrition program of the United States Department of Agriculture. Child care center and family child care homes are reimbursed a meal rate to help with the cost of serving nutritious meals to enrolled children. These centers and FCC homes can be reimbursed daily for up to two meals and one snack served to each enrolled child, including infants. Emergency Shelters can be reimbursed for up to three meals. The meals must meet CACFP meal requirements for children and infants.

To meet CACFP requirements, the center or FCC home is required to **offer** formula and other required infant food to all enrolled infants. The iron fortified infant formula we will provide for infants until they turn one year of age is:

A parent or guardian may decline the formula offered by the center or home and supply the infant's formula themselves. However, when an infant turns one year of age, the center or FCC home will begin to provide milk and the other required food items to meet the meal pattern requirements for toddler age children.

To assist us in your infant formula and food preference, please complete the questions below by checking one item each in the formula and solid food section.

PLEASE CHECK YOUR PREFERENCES:

Formula or Breast Milk: (check one)

- I want the center or FCC home to provide formula for my infant.
- I will bring iron fortified infant formula for my infant.
- I will bring expressed breast milk for my infant.
- I will come to center or FCC home to breast feed my infant.

Solid Food: (check one)

- I want the center or FCC home to provide solid food for my infant when he/she is developmentally ready for it
- I will bring solid food for my infant when he/she is developmentally ready for it.

Infant's Name: _____ **Birthdate:** _____

Parents/Guardian signature: _____ **Date:** _____

***Note: if your feeding preferences change, the center or provider will ask you to complete a new form.**

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