CACFP
INFANT MEALS – PARENT PREFERENCE LETTER

TO: **Parents and Guardians of Infants under one year of age**

FROM:

Name of Center or Provider	

TOPIC: **Who will provide food for your infant'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 centers 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 pattern 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:

Center or provider to insert the NAME OF FORMULA that they will provide	

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 preferences, please complete preferences below by checking one item each in the formula and solid food section.

PARENT OR GUARDIAN: PLEASE CHECK YOUR PREFERENCES FOR FORMULA AND FOOD

Formula or Breast Milk: (check one)

☐   I want the center or FCC home provider to provide formula for my infant

☐   I will bring iron fortified infant formula for my infant

Parent/Guardian: List Name of Formula You Will Provide

☐   I will bring expressed breast milk for my infant

☐   I will come to the 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

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

INFANT'S NAME:	INFANT'S BIRTHDATE:
PARENT/GUARDIAN SIGNATURE:	DATE: