



The Child and Adult Care Food Program

Infant Formula and Food Notification Form

Infant's Name: _____

DOB: _____

Child Care Provider: _____

To: Parents/Guardians of infants, birth through 11 months old

Your child's care provider participates in the Child and Adult Care Food Program (CACFP). The CACFP is administrated by the District of Columbia Office of the State Superintendent of Education and is funded by the United States Department of Agriculture (USDA). The CACFP subsidizes the cost of the healthy meals prepared and served to your infant while in care. Your provider follows the USDA Meal Pattern Requirements for Infants (see below), as age-and developmentally-appropriate for your baby.

As a participant in the CACFP, your provider must offer formula and meals to all enrolled infants and children to relieve parents of the obligation to provide meals for their infants and children while they are in the provider's care.

USDA Meal Pattern Requirements For Infants			
Age	Breakfast	Lunch or Supper	Snack
0 - 5 months	4-6 fluid ounces formula <i>or</i> breast milk		4-6 fluid ounces formula <i>or</i> breast milk
6 - 11 months	6-8 fluid ounces formula <i>or</i> breast milk AND 0-2 Tbsp fruit <i>or</i> vegetable <i>or</i> both AND 0-4 Tbsp iron fortified infant cereal, meat, fish, poultry, egg yolk, cooked dry beans or peas; <i>or</i> 0-2 oz cheese; <i>or</i> 0-4 oz (volume) cottage cheese; <i>or</i> 0-8 oz or 1 cup of yogurt, or a combination of the above		2-4 fluid ounces formula <i>or</i> breast milk AND 0-2 Tbsp fruit <i>or</i> vegetable <i>or</i> both AND ½ slice bread; <i>or</i> 0-2 crackers; <i>or</i> 0-4 Tbsp infant cereal or ready-to-eat breakfast cereal

PARENT FORMULA REQUEST

USDA supports and encourages mothers to continue breastfeeding when returning to work or school. *You have the option to breastfeed your infant at the center, bring your own formula or breast milk, or use the provider-supplied formula.* The provider offers the formula listed below.

Name of provider-supplied formula: _____

Do you accept or decline the formula supplied by your provider? (Circle one)

ACCEPT

DECLINE

If you DECLINE, list the brand of formula you will provide, or breast milk, or identify is you will breastfeed on site: _____

PARENT FOOD REQUEST

When your infant is 6 months and/or developmentally ready to eat solid foods, do you accept or decline the provider-supplied food?

(Circle one)

ACCEPT all foods

DECLINE all foods

Signature of Parent or Guardian: _____

Date: _____

Printed Name of Parent or Guardian: _____