



## CACFP INFANT FEEDING PREFERENCE – CENTERS

Name of infant \_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_ will feed your infant breastmilk provided by you and/or we  
(name of provider)  
 will provide iron fortified infant formula.

The formula we provide is: \_\_\_\_\_

This center/home/ministry participates in the Child and Adult Care Food Program (CACFP) and receives USDA reimbursement for serving nutritious meals to infants and children. Participation in this program requires caregivers to follow specific meal patterns according to the age of the child being fed.

Policy requires a center/home/ministry participating in the CACFP to offer formula to infants who are in care during meal service times. Parents/guardians, however, may decline what is offered, and supply the infants formula.

Please mark your preference (chosed all that apply)	Today's Date _____ Birth – 3 months	Today's Date _____ 4 – 7 months	Today's Date _____ 8 – 11 months
I will bring expressed breastmilk for my infant.			
I will come to the center to breastfeed my infant.			
I want the center to provide formula for my infant.			
I will bring formula for my infant. Please list kind of formula you will bring: _____			

In order to claim meals for reimbursement, the center must provide infant cereal and other foods when your baby is developmentally ready for them.

Please mark your preference	Today's Date _____ 4 – 7 months	Today's Date _____ 8 – 11 months
I want the center to provide infant cereal and other foods for my infant based on CACFP guidelines.		
I will bring solid foods for my infant when he/she is ready for it.		

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

1. This form must be kept on file for each infant enrolled for child care.
2. As situations change, such as a medical authority changing the infant's formula, a new form should be completed.
3. This form must be kept current and accurate for each infant enrolled for child care until the infant reaches one year of age or is no longer on infant formula.
4. If the parent/guardian declines the formula and the provider provides meal and/or snack components, the meal may be claimed for reimbursement.
5. If the parent/guardian declines infant meals/snack, meals and snacks may NOT be claimed for reimbursement.