

CACFP Infant Feeding Benefit Notification and Acknowledgement

Infant's Name: _____ DOB: _____

Child Care Home/Facility: _____

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

Your child care facility participates in the Child and Adult Care Food Program (CACFP). The CACFP is administered by the State of Idaho Department of Education and is funded by the United States Department of Agriculture (USDA). The CACFP provides reimbursement for healthy meals provided and served to your baby while in care. Your child care facility follows the USDA Meal Pattern for Infants shown below. The types and amounts of food vary according to the age and developmental readiness of your baby. As the parent/guardian, you are the main source for nutritional and developmental information for your baby.

USDA supports and encourages moms to continue breastfeeding when returning to work or school. For formula fed infants, the following USDA-approved iron-fortified infant formula(s) will be provided to babies in care:
 Milk-based iron-fortified formula: _____ Soy-based iron-fortified formula: _____

USDA Meal Pattern Requirements For Infants			
Age	Breakfast	Lunch or Supper	Snack
0-3 months	4-6 fluid ounces iron-fortified formula or breast milk	4-6 fluid ounces iron- fortified formula or breast milk	4-6 fluid ounces iron-fortified formula or breast milk
4-7 months	4-6 fluid ounces iron-fortified formula or breast milk Optional: 0-3 Tbsp iron-fortified infant cereal	4-6 fluid ounces iron- fortified formula or breast milk Optional: 0-3 Tbsp iron-fortified infant cereal Optional: 0-3 Tbsp fruit and/or vegetable	4-6 fluid ounces iron-fortified formula or breast milk
8-11 months	6-8 fluid ounces iron-fortified formula or breast milk <i>AND</i> 2-4 Tbsp iron-fortified infant cereal <i>AND</i> 1-4 Tbsp fruit and/or vegetable	6-8 fluid ounces iron-fortified formula or breast milk <i>AND</i> 2-4 Tbsp iron-fortified infant cereal <i>AND/OR</i> 1-4 Tbsp meat, fish, poultry, egg yolk, or cooked dry beans or peas; Or ½-2 oz. cheese; Or 1-4 oz. (volume) cottage cheese; Or 1-4 oz. (weight) cheese food, or cheese spread <i>AND</i> 1-4 Tbsp fruit and/or vegetable	2-4 fluid ounces iron-fortified formula or breast milk or 100% fruit juice Optional: ½ slice bread or 0-2 crackers (made from whole grain or enriched flour)

You have a right to the benefits described in this letter. If you choose not to take part in the CACFP you may supply your own breast milk and/or formula and foods for your infant. You have the right to CACFP benefits in the future. If you choose to accept CACFP benefits in the future, you must notify your child care facility. If you feel these benefits are not being offered as described in this letter, contact: Idaho State Department of Education Child and Adult Care Food Program, (208) 332-6820.

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

YES, I ACCEPT the offered formula for my infant while in your child care program.
 Please specify formula name if more than one was offered. _____
Formula Name

NO, I DECLINE the offered formula(s).
 I will provide: breast milk formula _____
Specify formula name

Parent/Guardian Signature _____ **Date** _____