



CACFP INFANT FEEDING PREFERENCE – CENTERS

Name of Infant: _____

Date of Birth: _____

This center 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. Only breastmilk and/or infant formula are served to infants 0 through 5 months old. Solid foods are gradually introduced around 6 months of age, as developmentally appropriate.

Policy requires a center participating in the CACFP to provide formula or breastmilk to infants who are in care during meal service times. Parents/Guardians may decline the formula that is offered and supply the infant breastmilk and/or formula.

_____ will feed your infant breastmilk or formula provided by you and/or
(Name of Provider)

we will provide iron fortified infant formula. The formula we provide is: _____
(Name of Formula)

Breastmilk & Formula Preference: 0-11 Months <i>Check All That Apply & Update As Needed</i>	Date:	Date:	Date:
I will bring expressed breastmilk for my infant.			
I will return to the center to breastfeed my infant on site.			
I want the center to provide formula for my infant.			
I will bring formula for my infant. <i>Please list the type of formula you will bring:</i> _____			

Policy requires a center participating in the CACFP to provide solid foods to infants around 6 months of age, as developmentally appropriate, who are in care during meal service times. The CACFP Meal Pattern for infants 6-11 months of age includes fruits, vegetables, meat/meat alternates, and grains in addition to breastmilk or formula.

Solid Food Preference: 6-11 Months <i>Check All that Apply & Update as Needed</i>	Date:	Date:
I want the center to provide solid foods for my infant based on CACFP guidelines.		
I will provide <u>some</u> solid foods for my infant when he/she is developmentally ready.		
I will bring <u>all</u> solid foods for my infant when he/she is developmentally ready.		
Comments (If Applicable):		

Signature of Parent/Guardian: _____ Date: _____

This institution is an equal opportunity provider.

Revised September 2017