

CACFP Infant Feeding Benefit Notification and Acknowledgement

Infant's Name: _____ Date of Birth: _____

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

Your childcare provider participates in the Child and Adult Care Food Program (CACFP). The CACFP is administered by the Wyoming 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 childcare provider follows the USDA Healthy Meal Pattern for Infants shown below. The types and amounts of food vary according to the age and development readiness of your baby. As the parent/guardian, you are the main source of nutritional and developmental information for your baby.

USDA supports and encourages mothers to continue breastfeeding when returning to work or school.

This Center will provide the following USDA-approved iron-fortified infant formula, iron-fortified infant cereal, and commercial baby food or/and table food at the right consistency:

Center must complete:

Milk-based iron-fortified formula: **Parents Choice**

Iron-fortified infant cereal: **Gerber rice, oatmeal**

Commercial Baby Food and

Table food offered at the appropriate consistency for the development of the infant

USDA Healthy Meal Pattern Requirements for Infants

Age	Breakfast	Lunch or Supper	Snack
0-5 months	4-6 fluid ounces breast- milk or iron-fortified infant formula	4-6 fluid ounces breast-milk or iron-fortified infant formula	4-6 fluid ounces breast- milk or iron-fortified infant formula
6 - 11 months	<p style="text-align: center;">6-8 fluid ounces breastmilk or formula</p> <p style="text-align: center;">and</p> <p>0-4 tbsp. infant cereal, meat, fish, poultry, whole eggs, cooked dry beans or peas; or 0-2 oz. cheese; or 0-4 oz. (volume) cottage cheese; or 0-4 oz. yogurt; or a combination*</p> <p style="text-align: center;">and</p> <p>0-2 tbsp. vegetable, fruit or both*</p>	<p style="text-align: center;">6-8 fluid ounces breastmilk or formula</p> <p style="text-align: center;">and</p> <p>0-4 tbsp. infant cereal, meat, fish, poultry, whole eggs, cooked dry beans or peas; or 0-2 oz. cheese; or 0-4 oz. (volume) cottage cheese; or 0-4 oz. yogurt; or a combination*</p> <p style="text-align: center;">and</p> <p>0-2 tbsp. vegetable, fruit or both*</p>	<p style="text-align: center;">2-4 fluid ounces breastmilk or formula</p> <p style="text-align: center;">and</p> <p>0-½ bread slice; or 0-2 crackers; or 0-4 tbsp. infant cereal or ready-to-eat cereal*</p> <p style="text-align: center;">and</p> <p>0-2 tbsp. vegetable, fruit or both*</p>

*Required when infant is developmentally ready.

All serving sizes are minimum quantities of the food components that are required to be served.

Parents may provide only one component per meal.

Must have a medical statement on file for food substitution.

You have the 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 provider.

The parent/guardian must answer the following questions and mark one of the choices from each of the three sections below; then sign and date this form.

What are you currently feeding your infant?

- Iron-fortified infant formula
- Breast milk
- Low-iron or another type of infant formula provided for medical reasons.

The parent or guardian would like their infant to be fed the following while in care.

Section 1 – Infant Formula or Breast Milk

- Choice 1 - I want my infant to receive the child care center provided iron-fortified infant formula** identified above. I will not bring infant formula from home.
- Choice 2 -** I understand I am not required to bring my own formula that I purchase or receive from WIC, however, **I want to bring my own formula/breast milk.** If I should forget to bring infant formula/breast milk, the child care center will contact me immediately and I may request they serve my infant the center-provided iron-fortified infant formula that day.

Section 2 – Infant Cereal

I will discuss with the center when to start feeding infant cereal to my child.

- Choice 1- I want my infant to receive the child care center – provided iron-fortified infant cereal,** identified above. I will not bring infant cereal from home.
- Choice 2 –** I understand I am not required to bring iron fortified infant cereal that I purchase or receive from WIC, however, **I want to bring my own infant cereal.** If I should forget to bring the cereal, the child care center, will call me immediately and I may request they serve my infant the center-provided iron-fortified infant cereal that day.

Section 3 – Baby Food

I will discuss with the center when to start feeding baby food to my child.

- Choice 1 – I want my infant to receive the child care center-provided baby food** identified above. I will not bring baby food from home.
- Choice 2 –** I understand I am not required to bring baby food that I purchase, however, **I want to bring my own baby food.** If I should forget to bring the baby food, the child care center will contact me immediately and I may request they serve my infant the center provided baby food that day.

If I decide to change the selections I made above, I will be required to complete another form.

This center has not requested or required me to provide infant formula or food for my infant. I understand that I have the choice of having my infant participate in the Child and Adult Care Food Program.

Parent's Signature _____ Date _____

This institution is an equal opportunity provider.