

## CACFP INFANT FEEDING PREFERENCE-CENTERS

Infants Name: \_\_\_\_\_ Infants Date of Birth: \_\_\_\_\_

**Blessings From Above CCC 1,2,3, LLC** Will feed your infant breastmilk and/or iron fortified infant formula provided by you.

The center participated in Child and Adult Care Food Program (CACFP) and receives USDA reimbursement for serving nutritious meals to infants according to program requirements. Participation in this program requires centers to follow specific meal patterns according to the age of the infant.

Centers participating in CACFP are required to offer infant formula to infants who are enrolled for child care. Parents (or legal guardians) may decline the infant formula offered by the provider, and supply the infants formula.

Parent's (or guardians) complete the following table as appropriate:

Please mark your preference	(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 bring infant formula for my infant Formula Type: _____			
I want the center to provide infant formula.			

According to CACFP requirements, in order to claim meals for reimbursement, the center must provide infant cereal and other foods when your infant is developmentally ready to accept them.

Please mark your preference	(Today's Date) 4-7 Months	(Today's Date) 8-11 Months
I want the center to provide the infant cereal and other foods for my infant		
I will bring the infant cereal and/or other foods for my infant		

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

1. This form must be kept on file for each infant enrolled in child care.
2. This form must be kept current and accurate for each infant enrolled for child care until the infant reaches one year of age.
3. If the parent/guardian declines the formula and the center provides meal/and snack components, the meal can be claimed for reimbursement
4. If the parent/guardian declines infant meals/snack the meal may not be claimed for reimbursement