CHILD AND ADULT CARE FOOD PROGRAM
PROVISION OF BREASTMILK OR
INFANT FORMULA AND PROVISION OF BABY FOOD

Name of child care provider or center _____

This institution/facility offers_____ formula for infants
(Iron-Fortified Formula name must be filled in by institution/facility)
through the Child and Adult Care Food Program. It is a parental choice whether or not to use this formula based on you and your infant's needs.*

Please select from (√) the following choice(s):

_____ I will provide breastmilk for my infant.

_____ I will use the iron-fortified formula offered by this facility. I give permission for the formula to be mixed and/or bottles to be prepared for my infant by this facility's staff.

_____ I will <u>not</u> use the iron-fortified formula offered by this facility.
If not, which formula will you send for your infant?_____
If the formula you provide is a special formula, a medical statement will be requested.

_____ <u>My infant is four (4) months old or older</u> and is developmentally ready for baby foods. I want the institution/facility to provide the following baby food(s) for my infant, which are allowed under 7CFR §226.20 (b) (2) (3) (4).

Allowable foods for infants are: iron-fortified infant cereal, fruit, vegetable, meats or meat alternates, enriched or whole grain bread and crackers. Foods shall be of appropriate texture and consistency to meet developmental needs.
Baby foods provided by institution/facility must be in compliance with the infant meal pattern as required by 7CFR §226.20.

Infant's Name _____

Infant's Age _____

Parent's Signature _____ Date _____

**Note to parents who are getting formula through the WIC Program: Your baby is eligible to get formula from this child care institution/facility as well as from the WIC Program It is your decision which formula you want your baby to use when she/he is at child care. If you find that you are getting more formula than your baby needs, you may wish to talk with your WIC nutritionist or your child care institution/facility.*