

(Use Agency Letterhead)

## CACFP Infant Meal Notification Letter

Dear Parent,

Our center participates in the **Child and Adult Care Food Program (CACFP)**, which is a federally funded program. Child care centers who participate in this program are reimbursed by USDA to help with the cost of serving nutritious meals that meet CACFP guidelines to all enrolled children. To fully meet CACFP requirements, this center is required to provide formula and all other required infant foods to enrolled infants until they turn one year of age. The center will claim reimbursement for your infant's meals when a meal contains only breast milk or iron-fortified infant formula regardless of who supplies it. **The iron-fortified infant formula this center offers is/are:**

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Please note that the center will also introduce semi-solid foods to your infant according to the decisions made by you and your infant's physician. Other infant foods provided by this center include: iron-fortified infant cereal, enriched snack crackers, fruit and vegetables, and meat/meat alternates. An infant menu is also developed jointly between parents and center, based on each individual infant's needs. **Please complete, sign and return the form to help our center meet compliance and receive maximum reimbursement.**

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(Name of Day Care Center)

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(Signature of Day Care Center Representative)

### **PARENT, PLEASE CHECK YOUR PREFERENCES:**

#### **Formula or Breast Milk (check one)**

I want the center to provide formula for my infant.

I will provide formula for my infant.

*Note: I understand that I will need to submit a Medical Statement if I provide a low-iron infant formula or other special formula for my infant.*

I will provide breast milk for my infant. I may also come to breast feed my infant.

#### **Solid Food: (check one)**

I want the center to provide all solid food for my infant when he/she is developmentally ready.

I will provide one meal component for my infant when he/she is developmentally ready to transition to solid food. (If I am already providing formula/breast milk and elect to provide one or more additional infant meal components, the center will not be reimbursed for my infants meals.)

*Please complete, sign and return the form to help our center meet compliance and receive maximum reimbursement.*

Infant's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_