

# Parent Decline Form

## Infant Meal Notification Letter

To: Parents and Guardians of infants under one year of age

From: Center \_\_\_\_\_

Topic: Infant Meals

All children enrolled in this center, including infants, are eligible for meals through the United States Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP). Child care centers who participate in this program are reimbursed by USDA to help with the cost of serving nutritious meals that meet CACFP guideline to all enrolled children. To fully meet CACFP requirements, this center is required to provide formula and other required infant foods\* to enrolled infants until they turn one year of age.

The iron-fortified infant formula this center offers is: \_\_\_\_\_

**\*Other infant foods provided by this center include:** iron-fortified infant cereal, enriched snack crackers, fruits and vegetables, meat/meat alternates and 100% full strength juice.

You may choose to bring your own iron-fortified infant formula or breast milk and other infant foods that meet the CACFP Infant Meal Pattern requirements. A copy of the CACFP Infant Meal Pattern is printed on the back of this letter. 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. 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 doctor.

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 Special Diet Statement if I provide a low-iron infant formula or other special formula for my infant.

I will provide breast milk for my infant.

Solid Food: (Check one)

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

I will provide my own choice of infant cereal and/or other foods instead of accepting the iron-fortified infant cereal and/or other foods provided by this center.

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

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

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