

CHILD AND ADULT CARE FOOD PROGRAM  
RIVER VALLEY CHILD DEVELOPMENT SERVICES  
PARENT INFANT MEAL NOTIFICATION

To: Parents and Guardians of infants under one year of age  
From: Name of Provider \_\_\_\_\_  
Subject: Infant Meals

All Children enrolled in child care homes, including infants, are eligible for meals through the United States Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP). Child care providers 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 provider is required to provide formula and other required infant foods to enrolled infants.

You have a 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.

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. Please note that the provider 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)**

\_\_\_\_\_ Child Care Provider will supply formula for the infant ( This Provider offers \_\_\_\_\_ )

\_\_\_\_\_ Parent will provide \_\_\_\_\_ formula for the infant.  
(Note: Parent understands that they will need to submit a Special Dietary Needs form if the infant requires special Foods or formula).

\_\_\_\_\_ Parent will provide breast milk for the infant.

**Solid Food: (check one)**

\_\_\_\_\_ Day care provider will supply the infant with the required solid food components for CACFP when he/she is developmentally ready

\_\_\_\_\_ Parent will provide their own choice of infant cereal and/or other foods instead of accepting the iron-Fortified infant cereal and/or other foods provided by this provider. ( **If the parent chooses this option they are actually refusing the food program and you will not claim this child from 8-11month** )

**Infants Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

This child care provider has not requested or required me to provide infant formula or food for my baby. I understand that I have the choice of having my baby participate in CACFP.

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

**Child Care Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_