**CACFP INFANT FEEDING PREFERENCE**

Dear Parent/Guardian,

This child care provider participates in the 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 child care providers to follow specific meal patterns according to the age of the infant.

If your child is exclusively breastfed, child care providers participating in the CACFP can feed your infant the breast milk you supply and meet the meal pattern requirements. Breastfeeding is widely recognized as the best source of nutrition for infants.

The Institute of Medicine **and the** American Academy of Pediatrics **recommends that** adults/caregivers, who work with infants and their families, promote and support exclusive breastfeeding for the first six months and continuation of breastfeeding in conjunction with complementary foods for 1 year or more, and the Texas Department of Agriculture (TDA) encourages child care providers to dedicate a space for mothers to breast feed their infants on site.

Child care providers participating in the CACFP **are required** to offer at least one infant formula for infants who are enrolled for child care. You may decline the infant formula offered, and supply breast milk and/or your own preferred infant formula.

Additionally, when you determine in consultation with your physician that your child is developmentally ready, the child care provider will also be **required** to offer infant cereal and other foods. As with infant formula, you can decline the infant cereal and other foods offered and provide those items to your child care provider. It is important to note that your child care provider will not receive reimbursement for meals that contain more than one parent provided component. Speak to your child care provider to understand what components are required for your infant’s meal and the exceptions made for infants with disabilities, so that your infant receives the most nutritious meal possible.

**It is very important that you indicate your preferences on the form that follows so we can honor the nutrition choices you have made for your family**. Please complete the information below to designate your preference for infant formula, infant cereal, and other foods.

Center/Provider Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This child care provider offers the following infant formula(s): \_\_\_\_\_\_\_\_\_\_\_\_\_

Infant’s Name Infant’s Date of Birth

**Breast milk and/or Formula preference**

|  |  |  |
| --- | --- | --- |
| **Please mark your preference****(choose all that apply)** | **Today’s Date****Birth through 5 months** | **Today’s Date****6 – 11 months** |
| I will bring expressed breast milk for my infant. |       |       |
| I want the child care provider to provide the infant formula it offers for my infant. |       |       |
| I will bring the infant formula for my infant.Please list the kind of infant formula you will bring: |       |       |

**Preference** **regarding infant cereal and other foods**

|  |  |
| --- | --- |
| **Please mark your preference**  | **Today’s Date****6 – 11 months** |
| My child is developmentally ready for solid foods. I want the child care provider to provide the infant cereal and other foods for my infant. |       |
| My child is developmentally ready for solids. I will bring the infant cereal and/or other foods for my infant. |       |
| My child is NOT developmentally ready for solid foods. I will inform the provider when and designate the solid food(s) to be introduced to my infant at that time. |       |

Parent’s (or guardian’s) Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Signature

1. This form must be kept on file for each infant enrolled for 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 (or guardian) provides expressed breast milk and the child care provider feeds it to the child, and/or if the mother breast feeds her child on site, the meal may be claimed for reimbursement.

4. If the parent (or guardian) declines the formula and the child care provider provides meal and/or snack components, the meal may be claimed for reimbursement.

5. If the parent (or guardian) declines infant meals/snack, meals and snacks may NOT be claimed for reimbursement.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA’s TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant’s name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; or (2) fax: (833) 256-1665 or (202) 690-7442; or (3) email: Program.Intake@usda.gov.

This institution is an equal opportunity provider.