

## Child and Adult Care Food Program - Infant Benefit Notification Form

**Parents/Guardians of infants up to 12 months of age:**

Your child care facility participates in the Child and Adult Care Food Program (CACFP). The CACFP is administered by the State of Idaho Department of Education (SDE) and is funded by the United States Department of Agriculture (USDA). The CACFP provides reimbursement for healthy meals provided and served to your baby while in care.

Your child care facility follows the USDA Meal Pattern for Infants shown below. The types and amounts of food vary according to the age and developmental readiness of your baby. As the parent/guardian, you have the rights and benefits as described in this notification. USDA supports and encourages moms to continue breastfeeding when returning to work or school. For formula fed infants, the following USDA-approved iron-fortified infant formula(s) will be offered to babies in care.

<b>Child Care Facility USDA-approved iron-fortified infant formulas- (Facility completes this section)</b>	
Child Care Facility Name:	
Milk-based formula:	
Soy based formula:	

<b>USDA Meal Pattern Requirements For Infants</b>			
<b>Age</b>	<b>Breakfast</b>	<b>Lunch and Supper</b>	<b>Snack</b>
0-5 months	4-6 fluid ounces breast milk or iron-fortified formula	4-6 fluid ounces breast milk or iron-fortified formula	4-6 fluid ounces breast milk or iron-fortified formula
6-11 months	6-8 fluid ounces breastmilk or formula; and  0-4 Tbsp. Infant cereal, meat, fish, poultry, whole egg, dry beans or peas, or 0-2 oz. cheese, or 0-4 oz. (volume) cottage cheese or yogurt; and  0-2 Tbsp. vegetable and/or fruit	6-8 fluid ounces breastmilk or formula; and  0-4 Tbsp. Infant cereal, meat, fish, poultry, whole egg, dry beans or peas, or 0-2 oz. cheese, or 0-4 oz. (volume) cottage cheese or yogurt; and  0-2 Tbsp. vegetable and/or fruit	2-4 fluid ounces breastmilk or formula; and  0-1/2 slice bread, or 0-2 crackers, or 0-4 Tbsp. Infant cereal or ready-to-eat cereal; and  0-2 Tbsp. vegetable and/or fruit

**Instructions to Parents – Please complete for infant who is less than 12 months of age. Update as needed.**

Infants First and Last Name:	Date of Birth:	Date Enrolled:
------------------------------	----------------	----------------

**Infant Feeding Preference**

Mark your preferences (check all that apply)

I will provide breast milk for my infant

I will nurse my infant at the center or day care home at these times: \_\_\_\_\_

The facility iron-fortified formula may be used to supplement feedings if necessary:     Yes     No

If breast milk is unavailable for a feeding, the facility should: \_\_\_\_\_

I request that the iron-fortified infant formula offered by the child care facility be served to my infant.

I will provide iron-fortified infant formula for my infant. Name of formula: \_\_\_\_\_

I request that the child care facility provide solid foods for my infant as she/he is ready for them and after I have discussed it with child care facility staff; **OR**

I will provide solid foods for my infant.

**This facility has not requested or required me to provide infant formula or food for my baby.**

Parent/Guardian Signature: _____	Date: _____
Print Name of Parent/Guardian: _____	
If you feel these benefits are not being offered as described in this notice, contact: Idaho State Department of Education Child and Adult Care Food Program, (208) 332-6821.	