

# CACFP INFANT MEALS – PARENT PREFERENCE LETTER

**TO:** Parents and Guardians of Infants under one year of age

**FROM:**

Name of Center  
or Provider

**MHFC KIDS CAMPUS**

**TOPIC:** Who will provide food for your infant's meals?

Due to participation on the Child and Adult Care Food Program (CACFP), all children enrolled at this child care center or family child care (FCC) home receive meals free of charge. The CACFP is a child nutrition program of the United States Department of Agriculture. Child care centers and family child care homes are reimbursed a meal rate to help with the cost of serving nutritious meals to enrolled children. These centers and FCC homes can be reimbursed daily for up to two meals and one snack served to each enrolled child, including infants. Emergency Shelters can be reimbursed for up to three meals. The meals must meet CACFP meal pattern requirements for children and infants.

To meet CACFP requirements, the center or FCC home is required to offer formula and other required infant food to all enrolled infants. The iron fortified infant formula we will provide for infants until they turn one year of age is:

Center or provider to insert the  
NAME OF FORMULA that they will provide

**SIMILACADVANCE OR COMPARABLE NUTRITIONAL VALUE**

A parent or guardian may decline the formula offered by the center or home and supply the infant's formula themselves. However, when an infant turns one year of age, the center or FCC home will begin to provide milk and the other required food items to meet the meal pattern requirements for toddler age children.

To assist us in your infant formula and food preferences, please complete preferences below by checking one item each in the formula and solid food section.

**PARENT OR GUARDIAN: PLEASE CHECK YOUR PREFERENCES FOR FORMULA AND FOOD**

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

I want the center or FCC home provider to provide formula for my infant

I will bring iron fortified infant formula for my infant

I will bring expressed breast milk for my infant

I will come to the center or FCC home to breast feed my infant

**Parent/Guardian: List Name of Formula You Will Provide**

**Solid Food: (check one)**

I want the center or FCC home to provide solid food for my infant when he/she is developmentally ready for it

I will bring solid food for my infant when he/she is developmentally ready for it

**\*Note: If your feeding preferences change, the center or provider will ask you to complete a new form.**

<b>INFANT'S NAME:</b>	<b>INFANT'S BIRTHDATE:</b>
<b>PARENT/GUARDIAN SIGNATURE:</b>	<b>DATE:</b>

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Ohio Department of Job and Family Services  
**BASIC INFANT INFORMATION FOR CHILD CARE**

This information should be completed by the parents prior to the child's first day. This information should be updated periodically as the infant's needs change.

Child's Name	Nickname
Child's Date of Birth	Siblings
What are you feeding your infant? <i>(Check all that apply)</i> <input type="checkbox"/> Formula (include brand) <span style="float: right;"><input type="checkbox"/> Breast milk</span>	
Formula preparation <i>(if center/provider is to prepare.)</i>	
Amount for each feeding	Frequency of feedings
My infant likes a bottle warmed: <i>(Check one)</i> <input type="checkbox"/> Room temp <input type="checkbox"/> Warm <input type="checkbox"/> Very warm/NOT HOT	
Juice <i>(type, amount, when?)</i>	
Does child use a cup yet? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Solid foods <i>(baby food, brand, types, amounts, frequency)</i> <i>*you must have written permission from your child's physician if your child is under 4 months and given solid foods.</i>	
Are foods served room temperature or warmed?	
Table food <i>(types, amounts, frequency, special instructions)</i>	
Security items <i>(pacifier, blankets, etc.)</i>	
Nap schedule	
Hints for getting baby to sleep	
Sleeping Position <input type="checkbox"/> Back <input type="checkbox"/> Side* <input type="checkbox"/> Tummy* <i>*You must secure a sleep position waiver from your child's physician if your baby is to sleep on their tummy or side. Please contact the center/provider for a JFS 01235.</i>	
Special Precautions	
Any additional information about your child that would be helpful or you would like staff to know.	
Parent Signature	Date
Primary Caregiver Signature	Date
Date form last updated	