

### 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 child care 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 guidelines 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, bread or bread alternate made from whole grain or enriched meal or flour, fruits and vegetables, meat/meat alternates and 100 percent 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 only when a meal contains 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 supply formula for my infant.
- I will provide the following formula for my infant: \_\_\_\_\_

Note: I understand that I will need to submit a Special Diet Statement for a Participant With a Disability 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 supply 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/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CACFP Infant Meal Pattern Birth to First Birthday

The infant meal pattern must contain, at a minimum, each of the following components in the amounts indicated for the specific age group. The minimum quantity of food must be provided to the infant in order to qualify for reimbursement, but may be served during a span of time consistent with the infant's eating habits.

### Infant Meal Pattern

Meal Type	Birth Through 3 Months	4 Through 7 Months	8 Months to First Birthday
<b>Breakfast</b>	4 - 6 fl. oz. formula <sup>1</sup> or breast milk <sup>5,6</sup>	4 - 8 fl. oz. formula <sup>1</sup> or breast milk <sup>5,6</sup> 0-3 T. infant cereal <sup>2,7</sup>	6 - 8 fl. oz. formula <sup>1</sup> or breast milk <sup>5,6</sup> 1 - 4 T. fruit and/or vegetable 2 - 4 T. infant cereal <sup>2</sup>
<b>Lunch or Supper</b>	4 - 6 fl. oz. formula <sup>1</sup> or breast milk <sup>5,6</sup>	4 - 8 fl. oz. formula <sup>1</sup> or breast milk <sup>5,6</sup> 0 - 3 T. fruit and/or vegetable <sup>7</sup> 0 - 3 T. infant cereal <sup>2,7</sup>	6 - 8 fl. oz. formula <sup>1</sup> or breast milk <sup>5,6</sup> 1 - 4 T. fruit and/or vegetable 2 - 4 T. infant cereal <sup>2</sup> <b>and/or</b> 1 - 4 T. meat, fish, poultry, egg yolk, or cooked dry beans or peas, <b>or</b> 1/2-2 oz. cheese <b>or</b> 1-4 oz. cottage cheese, cheese food, or cheese spread
<b>Supplement</b>	4 - 6 fl. oz. formula <sup>1</sup> or breast milk <sup>5,6</sup>	4 - 6 fl. oz. formula <sup>1</sup> or breast milk <sup>5,6</sup>	2 - 4 fl. oz. formula <sup>1</sup> , breast milk <sup>5,6</sup> , or fruit juice <sup>3</sup> 0 - 1/2 bread <sup>4,7</sup> or 0 - 2 crackers <sup>4,7</sup>

<sup>1</sup> Must be iron-fortified infant formula.

<sup>2</sup> Must be iron-fortified dry infant cereal.

<sup>3</sup> Must be full-strength fruit juice.

<sup>4</sup> Must be from whole-grain or enriched meal or flour.

<sup>5</sup> It is recommended that breast milk be served in place of formula from birth to first birthday.

<sup>6</sup> For some breastfed infants who regularly consume less than the minimum amount of breast milk per feeding, a serving of less than the minimum amount of breast milk may be offered, with additional breast milk offered if the infant is still hungry.

<sup>7</sup> A serving of this component is required when the infant is developmentally ready to accept it.

## Required Guidelines for Infant Meal Pattern

**Definition of Infant.** Any child less than 12 months of age.

**Definition of Infant Formula.** Infant formula defined by USDA is “any iron-fortified infant formula intended for dietary use as a sole source of food for normal healthy infants served in liquid state at manufacturer’s recommended dilution.” A medical statement is required in order for a center to serve/claim an infant formula that does not meet this definition.

**Definition of Enrolled Child.** A child whose parent or guardian has submitted to an institution a signed document which indicates that the child is enrolled for child care. All infants and children who are considered enrolled in a child care center (group or home) must be included in the total number of enrolled children, whether or not their meals are being claimed for reimbursement.

**Obligation to Provide Infant Meals.** All centers participating in the CACFP, and licensed to care for infants, must supply all infant foods required by the Infant Meal Pattern including at least one infant formula that meets the definition of infant formula. Centers are strongly encouraged to select an infant formula that satisfies the needs of one or more of the infants in their care.

**Breast-fed Infants.** Infant meals or snacks, including human breast milk as the milk source, are reimbursable in the CACFP if the center bottle-feeds the infant his/her mother’s breast milk. This is to provide the incentive for child care centers to encourage breast-feeding while the center is still providing a "service" by preparing the bottle and feeding the infant. Breast-fed infants will receive improved nutritional benefits during their first year of life.

**Parent Providing Infant Formula/Breast milk.** The decision regarding which infant formula to feed an infant is one for the infant’s doctor and parents/guardian to make together. Therefore, parents or guardians may elect to decline the center’s infant formula and supply their own formula or breast milk.

**Parent Decline Form—Infant Meal Notification Letter.** Centers must inform parents that an iron-fortified infant formula, including the specific name of the formula, iron-fortified infant cereal, and other semi-solid foods listed under the CACFP Infant Meal Pattern are provided by their sponsorship. Parents/Guardians who choose to provide their own formula and/or other foods must complete the Parent Decline Form—Infant Meal Notification Letter. This documentation must be kept on file.

**Reimbursement for Infant Meals.** (A) An infant meal (as defined by the CACFP Infant Meal Pattern) containing only breast milk or infant formula (which meets program requirements) may be claimed for reimbursement with proper documentation (meal counts and infant menus), regardless of whom supplies the formula. (B) When the infant is developmentally ready for other food items (as defined by the CACFP Infant Meal Pattern), reimbursement can be claimed for the infant’s meal only when: (1) another food component(s) is supplied by the center according to the meal pattern; (2) the center maintains individual infant menus and meal counts; and (3) all meal components that the infant is developmentally ready to eat are provided in accordance with the age-specific CACFP Infant Meal Pattern. Regardless of whether the parent or the center provides the formula and infant foods to meet the CACFP Infant Meal Pattern requirements, the decision to offer an infant other meal component(s) should be made by the infant’s doctor and parents/guardians.

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(1) Mail:

U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;

(2) Fax: (202) 690-7442; or

(3) Email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

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