INFANT ADDENDUM TO ENROLLMENT

Dear Parent:

This child care center participates in the USDA Child & Adult Care Food Program (CACFP). This program provides reimbursement to the center for creditable meals served to your infant while in our care. We want to work with you to provide the very best nutritional care for your baby. Under the CACFP regulations, the center may NOT charge you a separate fee for meals that are claimed for reimbursement.

We use the meal pattern below, which was developed by the USDA for centers participating in the CACFP. The type and amount of foods served vary according to the age of the infant. However, the actual foods we provide will be based on what you tell us about your baby's own food needs.

Age	Breakfast	Lunch and Supper	Snack
Birth through 5 months	4-6 fluid ounces formula or breast milk	4-6 fluid ounces formula or breast milk	4-6 fluid ounces formula or breast milk
6-11 months	6-8 fluid ounces formula or breast milk 0-4 tablespoons infant cereal, meat, fish, poultry, whole egg, cooked dry beans, or cooked dry peas; or 0-2 ounces of cheese; or 0-4 ounces (volume) of cottage cheese; or 0-4 ounces or ½ cup of yogurt; or a combination of the above 0-2 tablespoons vegetable or fruit[3] or a combination of both	6-8 fluid ounces formula or breast milk 0-4 tablespoons infant cereal, meat, fish, poultry, whole egg, cooked dry beans, or cooked dry peas; or 0-2 ounces of cheese; or 0-4 ounces (volume) of cottage cheese; or 0-4 ounces or ½ cup of yogurt; or a combination of the above 0-2 tablespoons vegetable or fruit[3] or a combination of both	2-4 fluid ounces formula or breast milk 0-1/2 slice bread or 0-2 crackers or 0-4 tablespoons infant cereal or ready-to-eat breakfast cereal 0-2 tablespoons vegetable or fruit, or a combination of both

Talk with your health care provider and let us know whether you want to use breast milk or a formula while your child is in the center's care. We also need to know when you will introduce solid foods to your infant. You may choose for us to provide the formula, or you may provide the formula for your infant.

(Name of Daycare Center)
currently provides the following formula(s): _____

Please fill out the form below and return it to help us plan the meals for your infant. If this information changes, you will need to complete a new form.

Sincerely,

Sponsor Representative **Phone Number** **Date**

MUST BE COMPLETED BY PARENT/GUARDIAN

Infant Name _____ **Infant Birthdate**___/___/_____

Check all that apply:

_____**Parent** will breast-feed the infant at the day care center or provide expressed breastmilk or iron fortified formula

_____**Parent** will provide additional baby food

_____**Parent** will provide iron fortified formula/breast milk and **Center** will provide Additional baby food

_____**Center** will furnish all iron fortified infant formula

_____**Center** will furnish all iron fortified infant formula and additional baby food

_____ _____

Parent/Guardian Signature **Date**

PLEASE NOTE: *Parents may provide their own infant formula or their choice of one infant food item per meal. Please speak to the Center's Director if you wish to make other arrangements.*

**7 CFR 226.20(b)(5)*