



Office of the  
State Superintendent of Education

## The Child and Adult Care Food Program (CACFP)

### Infant Formula Notification Form

**Infant's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Child Care Facility:** \_\_\_\_\_

**To: Parents/Guardians of infants, birth through 11 months old**

Your child care facility participates in the Child and Adult Care Food Program (CACFP). The CACFP is administrated by the District of Columbia, Office of the State Superintendent of Education and is funded by the United States Department of Agriculture (USDA). The CACFP provides reimbursement for healthy meals prepared and served to your infant while in care. Your child care facility follows the USDA Meal Pattern Requirements for Infants (shown below), as age- and developmentally-appropriate for your baby.

USDA supports and encourages mothers to continue breastfeeding when returning to work or school. However, for formula-fed infants, your child care facility has chosen the following formula to feed your baby.

**Name of formula:** \_\_\_\_\_

You have the option to bring your own formula or use the one supplied by your child care facility. Please check the appropriate box below indicating whether you **choose to DECLINE or ACCEPT the formula supplied by your infant's child care provider. Sign and date this form and return to your infant's provider.**

USDA Meal Pattern Requirements For Infants			
Age	Breakfast	Lunch or Supper	Snack
0-3 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
4-7 months	4-8 fluid ounces Formula or Breast milk AND 0-3 Tbsp iron fortified infant cereal	4-8 fluid ounces Formula or Breast milk AND 0-3 Tbsp iron fortified infant cereal AND 0-3 Tbsp fruit or vegetable or both	4-6 fluid ounces Formula or Breast milk
8-11 months	6-8 fluid ounces Formula or Breast milk AND 2-4 Tbsp iron fortified infant cereal AND 1-4 Tbsp fruit or vegetable or both	6-8 fluid ounces Formula or Breast milk AND 2-4 Tbsp iron fortified infant cereal AND/OR 1-4 Tbsp meat, fish, poultry, egg yolk, cooked dry beans or peas; Or ½ -2 oz cheese; Or 1-4 oz (volume) cottage cheese; or 1-4 oz (weight) cheese food, or cheese spread AND 1-4 Tbsp fruit or vegetable or both	2-4 fluid ounces Formula or Breast milk or fruit juice AND ½ slice bread or 0-2 crackers

I **DECLINE** the formula supplied by my child's day care provider.

I **ACCEPT** the formula supplied by my child's day care provider.

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name of Parent or Guardian**