

Parent Decline Section

_____ **I do not want to participate** (Parent provides all infant food and/or formula. Indicate choice.)

_____ **I do want to participate** (Check off and initial food/formula below)

CACFP INFANT MEAL APPROVAL SECTION

(Center Name: _____)

Dear Parent,

As part of the Child and Adult Care Food Program, we are going to supply the following foods for your infant when they are developmentally ready, following the CACFP Meal Pattern. Please check (✓) the foods that you have already introduced to your child at home. **As time progresses, the parent should date (mm/dd/yy) and initial individual food items as they are to be introduced.** When your child becomes of age to eat table foods from the Child’s menu, food items will replace baby food items.

Please check (✓) the appropriate food items that you would like us to serve to your child. You may check (✓) more than one item in a group.

BREASTFEEDING/FORMULA (Indicate choice and specify type of formula)

_____ Breast Milk or Iron Fortified Formula (Parent provided)
_____ Iron Fortified Formula (Center provided formula)

IRON FORTIFIED DRY CEREAL (check, initial and date)

___ Rice _____ Oatmeal
___ Barley _____ Other (Breads/Crackers): _____

FRUITS/VEGETABLES (check, initial and date)-Infant juice, desserts, and dinners are disallowed.

Vegetables

___ Carrots
___ Green Beans
___ Sweet Potatoes
___ Peas
___ Squash

Others:

Fruits

___ Applesauce
___ Bananas
___ Peaches
___ Pears
___ Plums

Others:

PROTEIN/POULTRY/MEAT ALTERNATE (check)

___ Chicken _____ Turkey
___ Beef _____ Other (Meat Alternates): _____

SPECIAL REQUIREMENTS: (list, if any). Any modification from the infant meal pattern must be accompanied by a medical statement which explains the food substitution or modification. This would include infants eating a regular center diet.

_____ Parent Signature _____ Date

_____ Staff Signature _____ Date

_____ Infant’s Name _____ DOB

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual’s income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited basis will apply to all programs and/or employment activities.)
If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.
Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800)845-6136 (Spanish).
USDA is an equal opportunity provider and employer.