

CACFP Infant Meals and/or Formula Waiver

Dear Parent or Guardian, _____ (Name of facility), participates in the Child and Adult Care Food Program, which, because of federal regulations, is required to provide your infant iron fortified formula and meals that comply with program meal pattern requirements.

The iron fortified formula(s) this facility offers is _____.

The infant meals this facility offers complies with the following USDA requirements:

AGE RANGE	BREAKFAST	LUNCH OR SUPPER	SNACK
Birth – 3 months	4 – 6 fluid oz. breast milk or formula	4 – 6 fluid oz. breast milk formula	4 – 6 fluid oz. breast milk or formula
4 – 7 months	4 – 8 fluid oz. breast milk or formula and 0 – 3 Tbsp dry infant cereal	4 – 8 fluid oz. breast milk or formula and 0 – 3 Tbsp dry infant cereal and 0 – 3 Tbsp of fruit or vegetable or both	4 – 6 fluid oz. breast milk or formula
8 – 11 months	Must serve ALL 3 components: 1. 6 – 8 fluid oz. breast milk or formula and 2. 2 – 4 Tbsp dry infant cereal and 3. 1 – 4 Tbsp of fruit or vegetable or both	Must serve ALL 3 components: 1. 6 – 8 fluid oz. breast milk or formula and 2. 2 – 4 Tbsp dry infant cereal and/or 1 – 4 Tbsp meat, fish, poultry, egg yolk, cooked dry beans or peas; or ½ - 2 oz (weight) cheese; or 2 – 8 Tbsp (1 – 4 oz) cottage cheese; or 1 – 4 oz cheese food or cheese spread 3. 1 – 4 Tbsp of fruit or vegetable or both	2 – 4 fluid oz. breast milk or formula or 100% fruit juice and 0 - ½ slice bread* or 0 – 2 crackers* (*must be made from whole-grain or enriched meal or flour)

If declining either the above mentioned formula(s) and/or meals the facility is offering your infant, please complete the information below:

Meals, including formula, have been offered by this child care provider for consumption by my infant while in care. However, I decline the offered and/or meals in preference for another brand/type which I am voluntarily supplying for my child's needs.

I choose to provide the following formula for my infant: _____

I will be providing all meals for my infant to consume while in care.

Date _____ Parent/guardian signature _____

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, or disability. (Not all prohibited bases apply to all programs.)

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.