



# Child and Adult Care Food Program (CACFP) Infant Feeding Approval Section Optional

## Parent Decline Section

\_\_\_\_\_ I do not want to participate in the Child and Adult Care Food Program  
(Parent provides all infant food and/or formula. Center/Home will not claim any infant meals.)

\_\_\_\_\_ I do want to participate  
(Center/Home will serve meals/snacks to infant and claim for reimbursement  
Parent/guardian to check off and initial food/formula below)

Center/Provider Name: \_\_\_\_\_

Infant's Name \_\_\_\_\_ DOB \_\_\_\_\_

Dear Parent/Guardian,

As part of the Child and Adult Care Food Program, we may offer the following foods to your infant when they are developmentally ready, in accordance with the CACFP Meal Pattern. When your child becomes of age to eat table foods baby food items will be replaced with table 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 list specific type of formula)

\_\_\_\_\_ Breast Milk or Iron Fortified Formula (Parent provided)

\_\_\_\_\_ Iron Fortified Formula (Center provided formula)

**Iron Fortified  
Dry Cereal**

- \_\_\_\_\_ Rice
- \_\_\_\_\_ Oatmeal
- \_\_\_\_\_ Barley
- \_\_\_\_\_ Other (Breads/  
Crackers):  
\_\_\_\_\_

**Vegetables**

- \_\_\_\_\_ Carrots
- \_\_\_\_\_ Green Beans
- \_\_\_\_\_ Sweet Potatoes
- \_\_\_\_\_ Peas
- \_\_\_\_\_ Squash
- \_\_\_\_\_ Other:  
\_\_\_\_\_
- \_\_\_\_\_ Other:  
\_\_\_\_\_

**Fruits**

- \_\_\_\_\_ Applesauce
- \_\_\_\_\_ Bananas
- \_\_\_\_\_ Peaches
- \_\_\_\_\_ Pears
- \_\_\_\_\_ Plums
- \_\_\_\_\_ Other:  
\_\_\_\_\_
- \_\_\_\_\_ Other:  
\_\_\_\_\_

**Meat/ Meat  
Alternate**

- \_\_\_\_\_ Chicken/Turkey
- \_\_\_\_\_ Beef
- \_\_\_\_\_ Other (Meat  
Alternates):  
\_\_\_\_\_

**Special Requirements:** Any modification from the CACFP infant meal pattern must be accompanied by a medical statement signed by a recognized medical authority, which explains the reason for the special need and provides a list of food substitutions or modifications. This would include infants eating a regular center diet.

\_\_\_\_\_ Parent Signature \_\_\_\_\_ Date

\_\_\_\_\_ Staff Signature \_\_\_\_\_ Date

This institution is an equal opportunity provider.