

CACFP Infant Meals and/or Formula Waiver

Approved 5-9-05 Revised 1-11-06

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 or 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 5	4 - 8 fluid oz breast milk or formula ◦ and 0 - 3 Tbsp dry infant cereal 5 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 cereal5 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 cereal5 and/or 1 - 4 Tbsp meat, fish, poultry, egg yolk, cooked dry beans or peas; or 1/2 - 2 oz (weight) cheese; or 2 - 8 Tbsp (1 - 4 oz) cottage cheese; or 1 - 4 oz cheese food or cheese spread and 3). 1 - 4 Tbsp of fruit or vegetable or both	2-4 Fluid oz breast milk or formula ◦ or 100% fruit juice and 0-1/2 slice bread* or 0-2 crackers* <i>(*must be made from whole-grain or enriched meal or flour) (◦ must be a CACFP approved formula and be iron fortified) (5 must be iron fortified)</i>

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

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

My child's name is _____

I choose to provide the following iron fortified 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, age, or disability.

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 1-800-795-3272 (voice and TDD). USDA is an equal opportunity provider and employer.

For Facility Use Only:

Facility certifies that formula served to this infant is a CACFP approved formula: _____

Signature of person making certification