

Child and Adult Care Food Program (CACFP)

ACCEPTING/REJECTING INFANT FORMULA

This form expires on September 30, 2017. Effective October 1, 2017, use the [new form](#) that includes the new criteria for infant formula and breastfeeding.

SECTION 1 — To be completed by the center or day care provider.

Name of center/provider: _____

Infant formula served by center/provider: _____

*Name of approved iron-fortified infant formula **

* Infant formulas must be **iron-fortified** and comply with the U.S. Department of Agriculture (USDA) regulations for infant formulas indicated in USDA memo [CACFP 23-2016, Feeding Infants and Meal Pattern Requirements in the Child and Adult Care Food Program](#).

SECTION 2 — To be completed by the parent/guardian.

Name of Infant: _____

Name of Parent/Guardian: _____

Check One:

I would like my child to receive the above named iron-fortified infant formula supplied by the center/provider.

I will provide my own infant formula: _____

*Name of approved iron-fortified infant formula ***

I will provide breast milk for my child.

** The infant formula provided by the parent/guardian must be **iron-fortified** and comply with the USDA regulations for infant formulas indicated in USDA memo [CACFP 23-2016, Feeding Infants and Meal Pattern Requirements in the Child and Adult Care Food Program](#). Infant formulas that do not comply with USDA requirements can only be substituted if the child has a disability and the parent/guardian provides a medical statement signed by a recognized medical authority. Recognized medical authorities include physicians, physician assistants, doctors of osteopathy and advanced practice registered nurses (APRNs), i.e., nurse practitioners, clinical nurse specialists and certified nurse anesthetists who are licensed as APRNs. Medical statements are available in the [Special Diets](#) section of the Connecticut State Department of Education’s CACFP Nutrition Policies and Guidance Web page.

Parent/Guardian Signature: _____ Date: _____

ACCEPTING/REJECTING INFANT FORMULA, continued

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- (2) fax: (202) 690-7442; or*
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For information on the CACFP, visit the CSDE's [CACFP](#) Web site or contact the [CACFP staff](#) in the Connecticut State Department of Education, Bureau of Health/Nutrition, Family Services and Adult Education, 25 Industrial Park Road, Middletown, CT 06457.

This form is available at

www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/cacfp/forms/formulaform.pdf.