

ACCEPTING/REJECTING INFANT FORMULA

in the New CACFP Infant Meal Pattern

This form includes the new CACFP infant meal pattern requirements of the U.S. Department of Agriculture's (USDA) [final rule](#), effective October 1, 2017. It must be used when the CACFP institution or sponsor has received approval from the Connecticut State Department of Education (CSDE) for early implementation options 1 or 2 for the [new CACFP infant meal pattern](#). For more information, see the CSDE's [Operational Memorandum No. 13C-16 and 13H-16](#) and accompanying handout, [Options for Early Implementation of New Infant Meal Pattern](#).

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 **

* **Note:** Infant formula offered by the center/provider must be **iron-fortified** and comply with the USDA infant formula regulations 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: _____ Birth Date: _____

Name of Parent/Guardian: _____

Check all that apply:

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 ***

** **Note:** Infant formula provided by the parent/guardian must be **iron-fortified** and comply with the USDA infant formula regulations 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 meet these requirements can only be substituted if an infant has a disability that restricts their diet 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 on the CSDE's [Special Diets in CACFP Child Care Programs](#) Web page.

I will provide expressed breast milk for my child.

I will breastfeed my child on site in the day care center or family day care home.

Parent/Guardian Signature: _____ Date: _____

ACCEPTING/REJECTING INFANT FORMULA, continued

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This form is available at

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