This form includes the new CACFP criteria for infant formula and breastfeeding under the final rule, effective October 1, 2017.

Your family day care home provider participates in the U.S. Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP). This program helps your provider provide nutritious meals and snacks to children enrolled in day care. For information on the CACFP meal pattern requirements, see the CACFP Meal Pattern for Children and the CACFP Infant Meal Pattern at http://www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=322326.

The CACFP regulations do not allow us to charge you separate fees for meals or ask you to provide food for your children for CACFP meals and snacks. Regular day care fees cover the cost of care and food not reimbursed by the CACFP.

SECTION 1 – WAIVER OF CACFP PARTICIPATION

Check here ONLY if you are choosing not to enroll your child in the CACFP. Complete section 3 on page 2, and return to your provider.

☐ I do not want my child to participate in the CACFP.

SECTION 2 – CACFP ENROLLMENT

To verify your child’s enrollment in this day care home, complete this section and section 3 on page 2, and return to your provider. You may be contacted by the sponsoring organization, the Connecticut State Department of Education or the USDA to verify this information.

Please print all information.

Day Care Provider’s Name: ____________________________

Child’s Name: ____________________________ Birth Date: ________

☐ Male ☐ Female First Day of Attendance: __________

Complete the chart below. My child will normally be in child care during the following days and times, and will receive the meals indicated below.

<table>
<thead>
<tr>
<th>Days and Hours of Care and Meals Served</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal Days of Care</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Check all that apply</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Normal Hours in Care</td>
<td>☐ AM/PM to ☐ AM/PM</td>
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<tr>
<td>Circle AM or PM</td>
<td>☐ AM/PM</td>
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</tr>
<tr>
<td>Meals normally served to my child</td>
<td>☐ Breakfast ☐ AM Snack ☐ Lunch ☐ PM Snack ☐ Supper ☐ Evening Snack</td>
<td>☐ Breakfast ☐ AM Snack ☐ Lunch ☐ PM Snack ☐ Supper ☐ Evening Snack</td>
<td>☐ Breakfast ☐ AM Snack ☐ Lunch ☐ PM Snack ☐ Supper ☐ Evening Snack</td>
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</tr>
<tr>
<td>Check all that apply</td>
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</tr>
</tbody>
</table>
FOR INFANTS ONLY

Infant Formula: The provider offered to serve: __________________________________________________________________________ Name of approved iron-fortified infant formula *

Check all that apply:

☐ I would like my child to receive the above named iron-fortified infant formula supplied by the center.
☐ I will provide my own infant formula: __________________________________________________________________________ Name of approved iron-fortified infant formula *
☐ I will provide breast milk for my child.
☐ I will breastfeed my child on site in the day care center.

* Infant formula provided by the provider or 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 webpage.

SECTION 3 – CONTACT INFORMATION AND SIGNATURES

Parent/Guardian Name: __________________________________________________________________________
Address: __________________________ City: ________ State: ________ Zip: __________
Work Phone: (______ ) ___________ Home Phone: (______ ) ___________
Parent Signature: ____________ Date: ____________
Sponsor Representative’s Signature: ____________ Date: ____________

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
(2) fax: (202) 690-7442; or
(3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

For information on the CACFP, visit the CSDE’s CACFP website or contact the CACFP staff in the Connecticut State Department of Education, Bureau of Health/Nutrition, Family Services and Adult Education, 450 Columbus Boulevard, Suite 504, Hartford, CT 06103.

This form is available at www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/cacfp/forms/homeenrollnew.pdf.