



# VIRGINIA CACFP INFANT FEEDING PREFERENCE / PARENT CHOICE FORM

Name of Infant \_\_\_\_\_  
(first/last name)

Date of Birth \_\_\_\_\_  
(month/day/year)

This center participates in the Child and Adult Care Food Program (CACFP) and receives USDA reimbursement for serving nutritious meals to infants and children. Participation in this program requires caregivers to follow specific meal patterns according to the age of the child being fed.

ACCA CHILD DEVELOPMENT CENTER \_\_\_\_\_ will feed your infant breast milk provided by you and/or we will  
(name of center)  
provide iron fortified infant formula. The formula we provide is: SIMILAC ADVANCE \_\_\_\_\_

Policy requires a center participating in the CACFP to offer iron fortified formula to infants who are in care during meal service times. Parents/guardians, however, may decline what is offered, and supply the infant's formula.

Please mark your preference (choose all that apply by initialing in the appropriate space)	Today's Date _____		
	Birth – 3 months	4 – 7 months	8 – 11 months
I will bring expressed breast milk for my infant.			
I will come to the center to breastfeed my infant.			
I want the center to provide formula for my infant			
I will bring formula for my infant. The formula is: _____			

In order to claim meals for reimbursement, the center must provide iron fortified infant cereal and other foods when your baby is developmentally ready for them.

Please mark your preference	Today's Date _____	
	4 – 7 months	8 – 11 months
I want the center to provide infant cereal and other foods for my infant based on CACFP guidelines.		
I will bring solid foods for my infant when s/he is ready for it.		

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

1. This form must be kept on file for each infant enrolled for child care.
2. As situations change, such as a medical authority changing the infant's formula, a new form should be completed.
3. This form must be kept **current and accurate** for each infant enrolled for child care until the infant reaches one year of age or is no longer on infant formula.
4. If the parent/guardian declines the formula and the provider provides **required** meal and/or snack components, the meal may be claimed for reimbursement.
5. If the parent/guardian declines infant meals/snack, meals and snacks may NOT be claimed for reimbursement.