

Michigan Department of Education Child and Adult Care Food Program

Formula/Food Sign-Off Statement

Dear Parent,

Your childcare center participates in the Child and Adult Care Food Program (CACFP). The CACFP is a child nutrition program of the United States Department of Agriculture (USDA). Childcare centers are reimbursed a meal rate to help with the cost of serving nutritious meals to enrolled children. The meals must meet CACFP meal pattern requirements for children and infants.

To meet CACFP requirements, this child care center offers formula and other required infant food to all enrolled infants. The iron-fortified infant formula(s) provided for infants until they turn one

year or age is.	
	(Insert Name of Formula)
infa to p	he parent or guardian, you may decline the formula offered by the center and supply the nt's formula yourself. However, when your infant turns one year of age, the center will beging rovide milk and the other required food items to meet the meal pattern requirements for diler-age children.
	assist us in your infant formula and food preferences, please complete the questions below by cking one item each in the formula and solid food sections.
	ase Check Your Preferences:
	mula or Breast Milk: (check up to two)
	I want the center to provide formula for my infant.
	I will bring iron-fortified infant formula for my infant.
	I will bring expressed breast milk for my infant.
	I will come to the center to breast feed my infant.
Soli	d Food: (check one)
	I want the center to provide solid food for my infant when s/he is developmentally ready for it.
	I will bring solid food for my infant when s/he is developmentally ready for it.
Infa	nt's Name: Birth date:

Non-Discrimination Statement

Date:

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Parent/Guardian Signature: