

KNP Number: _____

Karamu Nutrition Program Inc. INFANT FORMULA STATEMENT



Dear Parent:

This childcare facility participates in the USDA's Child & Adult Care Food Program (CACFP). The CACFP provides reimbursement to the childcare facility for nutritious meals served to your child while in care. Under CACFP regulations, the childcare provider may not charge you a separate fee for meals that are claimed for reimbursement.

Below are the USDA's meal pattern requirements for infants participating on the CACFP. These requirements show the types and amounts of foods to be served to your infant while in care.

Age	Breakfast	Lunch and Supper	Snack
Birth through 5 months	4-6 fluid ounces formula or breast milk	4-6 fluid ounces formula or breast milk	2-4 fluid ounces formula or breast milk
6-11 months	6-8 fluid ounces formula or breast milk and 0-4 tablespoons infant cereal, meat, fish, poultry, whole egg, cooked dry beans or cooked dry peas; or 0-2 ounces of cheese; or 0-4 ounces of cottage cheese; or 0-4 ounces or ½ cup yogurt; or a combination of the above and 0-2 tablespoons vegetable or fruit or a combination of both	6-8 fluid ounces formula or breast milk and 0-4 tablespoons infant cereal, meat, fish, poultry, whole egg, cooked dry beans or cooked dry peas; or 0-2 ounces of cheese; or 0-4 ounces of cottage cheese; or 0-4 ounces or ½ cup yogurt; or a combination of the above and 0-2 tablespoons vegetable or fruit or a combination of both	2-4 fluid ounces formula or breast milk and 0-1/2 slice bread or 0-2 crackers; or 0-4 tablespoons infant cereal or ready-to-eat breakfast cereal and 0-2 tablespoons vegetable or fruit or a combination of both

As part of offering a meal that is compliant with the CACFP infant meal pattern requirements, childcare facilities with infants in their care must offer at least one type of iron-fortified infant formula. Parents or guardians may, at their discretion, decline the infant formula offered by the childcare facility and provide breastmilk or a creditable infant formula instead.

_____ **Name of Childcare Facility**

_____ **Brand Of Iron-Fortified Infant Formula Childcare Offers:**

MUST BE COMPLETED BY PARENT/GUARDIAN

Infant's Name _____	Birthdate ____/____/____
<input type="checkbox"/> Parent accepts the iron fortified infant formula provided by the daycare	
<input type="checkbox"/> Parent will supply formula (specify brand) _____	
<input type="checkbox"/> Parent will supply breastmilk	
_____ Parent/Guardian Signature	_____ Date

If you have questions, feel free to ask your childcare provider or contact Karamu Nutrition at 901.327.8401.