

Accepting/Rejecting Infant Formula in the Child and Adult Care Food Program (CACFP)

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 02-2018: Feeding Infants and Meal Pattern Requirements in the Child and Adult Care Food Program; Questions and Answers](#).

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 02-2018: Feeding Infants and Meal Pattern Requirements in the Child and Adult Care Food Program; Questions and Answers](#). Infant formulas that do not meet these requirements cannot be substituted unless an infant has a disability that restricts his/her 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). Medical statements are available on the Connecticut State Department of Education’s (CSDE) [Special Diets in CACFP Child Care Programs](#) webpage.

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 in the CACFP



For more information, visit the CSDE's [Feeding Infants in CACFP Child Care Programs](#) webpage or contact the [CACFP staff](#) at the Connecticut State Department of Education, Bureau of Child Nutrition Programs, 450 Columbus Boulevard, Suite 504, Hartford, CT 06103-1841

This form is available at https://portal.ct.gov/-/media/SDE/Nutrition/CACFP/Infants/Accepting_Rejecting_Infant_Formula_CACFP.pdf.

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1. mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
2. fax: (833) 256-1665 or (202) 690-7442; or
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