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

The CACFP center or family day care home must offer at least one type of iron-fortified infant formula that meets the requirements described in USDA Memo CACFP 06-2025: Feeding Infants and Meal Pattern Requirements in the Child and Adult Care Food Program; Questions and Answers. A parent or guardian may choose to accept the offered formula or decline the offered formula and supply expressed breast milk or an iron-fortified infant formula instead.

Infant formula served by center/provider: _____

To be completed by the parent/guardian

Complete the information below and submit this form to your center/provider.

Name of infant: _____

Birth date: _____

Name of parent/guardian: _____

Check all that apply:

- ☐ I would like my child to receive the iron-fortified infant formula supplied by the center/provider.
- ☐ I will provide my own infant formula (name of approved iron-fortified infant formula):

  _____

  Note: The infant formula provided by the parent/guardian must be iron-fortified and meet the requirements described in USDA Memo CACFP 06-2025. Other infant formulas cannot be substituted unless an infant has a disability that restricts their diet, and the parent/guardian provides a medical statement signed by a state licensed healthcare professional or registered dietitian. The medical statement form is available in the "Medical Statements" section of 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: _____

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Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/ad-3027.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
2. fax: (833) 256-1665 or (202) 690-7442; or
3. email: program.intake@usda.gov

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