

CARE Connection

Meal Patterns for the CACFP Family Materials

Sample Letter to Parents on Infant Feeding and the CACFP



Work closely with parents to meet the infant's food needs.

Note to the child care provider: To meet the infant's food needs, you should work closely with the parents. This form letter will help you to get the information you need to plan each infant's meals.



Dear Parent(s):

Our child care facility participates in the U.S. Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP). This program provides reimbursement for foods and formula served to your infant while in our care.

We use the meal pattern developed by the USDA for organizations participating in the CACFP. The type and amounts of foods served vary according to the age of the infant. However, the actual foods we provide will be based on what you tell us about your infant's own food needs.

Talk with your health care provider and let us know whether you want to use breast milk or a formula in child care. We also need to know when you will introduce solid foods. You may choose for us to provide formula and food, or you may provide these for your infant. Our facility currently provides the following formulas:

Formula names: _____

Breast milk, formula, or food that you provide should be labeled with

- the food contents,
- your child's name, and
- the date the formula/food was prepared or the date the breast milk was collected.

We want to work with you to provide the very best nutritional care for your infant.

Please fill out the form provided and return it to help us plan the meals for your infant. As your infant is introduced to new foods you will need to update this information.

Sincerely,

Your Child Care Provider

CARE Connection

Please return the completed form to your child care provider. Use the back if you need more space.

Your Name: _____

Today's Date: _____

Infant's Name: _____

Infant's Age: _____

List the foods the infant eats at home: _____

Times: _____

Formula or Breast Milk (check one):

Breast milk provided by parents

Formula provided by facility

Formula provided by parents

Do you give permission for formula to be prepared for your infant by this facility's staff? Yes No

Solid Foods (check one):

To be provided by parent To be provided by facility

Name of Food	Date Introduced	Acceptance

List any known food allergies: Describe any special needs or requirements for feeding infant:

Parent's Signature: _____