Infant Feeding Parent Letter

Date: ____________________________

To: Parents/ Guardians of infants, birth through 11 months old

This child care facility participates in the Child and Adult Care Food Program (CACFP). The CACFP is administered by the Alaska Department of Education and Early Development and is funded by the United States Department of Agriculture (USDA). The CACFP provides reimbursement for healthy meals provided and served to your baby while in our care. Our child care staffs have been trained in infant feeding practices and follow the USDA Meal Pattern for Infants shown below. The types and amounts of food vary according to the age and developmental readiness of your baby. As the parent, you are our main source for nutritional and developmental information for your baby.

We welcome breastfed babies and support and encourage moms to continue breastfeeding when returning to work or school. For formula fed infants, we provide the following USDA-approved iron-fortified infant formula to babies in our care:

Brand name of formula offered: **Enfamil with Iron with Lipil**

To provide your baby with the best nutritional care, please complete the attached information sheet.

<table>
<thead>
<tr>
<th>Age</th>
<th>Breakfast</th>
<th>Lunch</th>
<th>Snack</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-3 months</td>
<td>4-6 fluid ounces iron-fortified formula or breast milk</td>
<td>4-6 fluid ounces iron-fortified formula or breast milk</td>
<td>4-6 fluid ounces iron-fortified formula or breast milk</td>
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<tr>
<td>4-7 months</td>
<td>4-6 fluid ounces iron-fortified formula or breast milk</td>
<td>4-6 fluid ounces iron-fortified formula or breast milk</td>
<td>4-6 fluid ounces iron-fortified formula or breast milk</td>
</tr>
<tr>
<td></td>
<td>optional: 0-3 Tbsp iron-fortified infant cereal</td>
<td>optional: 0-3 Tbsp iron-fortified infant cereal</td>
<td>optional: 0-3 Tbsp fruit and/or vegetable</td>
</tr>
<tr>
<td>8-11 months</td>
<td>6-8 fluid ounces iron-fortified formula or breast milk</td>
<td>6-8 fluid ounces iron-fortified formula or breast milk</td>
<td>4-6 fluid ounces iron-fortified formula or breast milk or 100% fruit juice</td>
</tr>
<tr>
<td></td>
<td>AND 2-4 Tbsp iron-fortified infant cereal</td>
<td>AND 2-4 Tbsp iron-fortified infant cereal</td>
<td>optional: ½ slice bread or 0-2 crackers (made from whole grain or enriched flour)</td>
</tr>
<tr>
<td></td>
<td>AND 1-4 Tbsp fruit and/or vegetable</td>
<td>AND 1-4 Tbsp fruit and/or vegetable</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>AND 1-4 TBSP fruit and/or vegetable</td>
<td></td>
</tr>
</tbody>
</table>

Please feel free to contact us with any questions or concerns you might have. Together, we can build healthy habits for life.

Sincerely,
Crystal Child Development Center
Infant Feeding Selection Form

For______________________________________            ____________________
Baby’s Name Birth date

To help us ensure we are providing the best nutritional care for your baby, birth through 11 months old, please check and complete the following statements that apply to you and your baby. We provide Enfamil with Iron with Lipil to babies in our care:

Please complete the following form to indicate your preferences in feeding your infant.

1. I understand that this child care facility will provide a USDA-approved iron-fortified formula for my baby birth through 11 months according to the Child and Adult Care Program requirements.

   I prefer to: (check only one)
   __ Have the child care facility supply the above formula
   __ Supply my own infant’s iron fortified infant formula
   __ Supply breast milk
   __ Supply breast milk and supply my own infant’s iron fortified infant formula to supplement as needed
   __ Supply breast milk and have the child care facility supply the above formula to supplement as needed

2. I understand that this child care facility will provide iron-fortified infant cereal and baby food for infants 4 months through 11 months old according to the Child and Adult Care Food Program requirements.

   I prefer to: (check only one)
   __ Have the child care facility supply iron fortified infant cereal and solid foods
   __ Supply my own infant’s cereal and solid foods. I understand that in offering to supply my infant’s solid foods while accepting the child care facility’s formula, I agree to provide foods that meet the CACFP meal pattern requirements for my infant’s age as shown on the chart on the back of this form.

3. I prefer to:
   __ supply my own breast milk or formula, and supply my own infant’s cereal and solid foods. I understand that I must supply foods that meet the CACFP meal pattern in order for the child care center to receive CACFP reimbursement for feeding my child.

4. I prefer to:
   __ supply all food for my child and not enroll my child in the CACFP.

5. My baby is: __Breastfed  __ Breast & formula fed  __ Formula fed
   My baby is developmentally ready to:
   __ Eat infant cereal  __ Drink from a cup  __ Eat jar foods  __ Eat from a spoon
   __ Eat table foods  __ Sit alone without support

Other things you should know about feeding my baby (feeding schedule, allergies, special feeding needs, etc.)

This facility has not requested or required me to provide infant formula or food for my baby, birth through 11 months old. I understand that I have the choice of having my baby participate in the CACFP. I also understand that if I provide containers of breast milk or formula and containers of food for my infant, each container must be labeled with my baby’s name, and date and time of preparation.

_______________________________________ __________________________
Parent Signature     Date