WEST VIRGINIA DEPARTMENT OF EDUCATION

OFFICE OF CHILD NUTRITION

PARENT INFANT MEAL NOTIFICATION

To: Parents and Guardians of infants under one year of age

From: Name of Center or day care home_____

Subject: Infant Meals

All children enrolled in this center or day care home, including infants, are eligible for meals through the United States Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP). Centers or day care homes that participate in this program are reimbursed by USDA to help with the cost of serving nutritious meals that meet CACFP guidelines to all enrolled children. To fully meet CACFP requirements, this site is required to provide formula and other required infant foods to enrolled infants.

You have a right to the benefits described in this letter. Any food provided must comply with the CACFP Infant Meal Pattern, which ensures that infants receive the appropriate nutrition for their developmental stage.

A copy of the CACFP Infant Meal Pattern is included with this letter. Please note that solid foods will be introduced according to your infant's developmental readiness and your input.

Parents or guardians may provide their own iron-fortified infant formula and/or breast milk **or** one solid meal component.

PLEASE CHECK YOUR PREFERENCES:

Formula or Breast Milk (check one)

_____ I want the center/day care home to provide formula for my infant (We offer_____)

_____ I will provide_____ formula for my infant.
Note: I understand that I will need to submit a Special Dietary Needs form if my infant requires special foods or formula.

_____ I will provide breast milk for my infant.

Solid Food: (check one)

_____ I want the center/day care home to provide solid food for my infant when he/she is developmentally ready.

_____ I will provide one solid meal component in place of a solid meal component provided by this center/day care home.

Infant's Name: _____ **Birth Date:** _____

This institution/day care home has not requested or required me to provide infant formula or food for my baby. I understand that I have the choice of having my baby participate in the CACFP.

Parent/Guardian Signature: _____ **Date:** _____

Authorized Representative Signature: _____ **Date:** _____

This Institution is an equal opportunity provider.