

Child Care Food Program Infant Feeding Form

Child Care Facility Name: _____

Formula(s) offered: _____

Infant Name: _____ Date of Birth: _____

This child care center participates in the Child Care Food Program (CCFP) and is required to offer infant formula and food to all enrolled infants. Solid foods are offered only when authorized by parents/guardians and when each infant is developmentally ready, in accordance with the CCFP Meal Pattern.

We welcome breastfed babies and support and encourage moms to continue breastfeeding when returning to work or school.

For formula fed infants, we offer iron-fortified infant formula. *

**Parents/guardians are not required to provide infant formula for their children and will never be requested to do so.*

Parents, please complete the following:

- ☐ This facility has not requested or required me to provide infant formula or food.
☐ If desired, I understand I may supply only one component per meal.

Breastmilk - Please check if you plan to do one or both:

- ☐ Provide pumped breastmilk
☐ Visit facility to nurse

Infant Formula:

- ☐ I accept the formula(s) offered by the facility.
☐ I prefer to supply my own formula: _____

Record changes and updates below, as needed (i.e. infant switches from breastmilk to a center-provided infant formula).

Notes	Date	Parent Initials

Please attach additional pages as needed.

Parent Signature: _____ Date: _____

Printed Name of Parent: _____

*Please note: Early Head Start facilities provide the brand of formula you currently give your infant as well as all age-appropriate food