COLORADO
Department of Public Health & Environment

Infant Feeding Form

Child and Adult Care Food Program (CACFP)

Child care facility: please fill in the facility name and formulas offered before distributing to parents. You must offer one type of formula, however, best practice is to offer two different types.	
Facility name:	
Sponsor Name:	
Sponsor Phone Number:	
Formulas offered at this facility:	

Our child care facility participates in the USDA Child and Adult Care Food Program (CACFP). The CACFP provides reimbursement for healthy meals and snacks served to your baby while in our care. Our child care staff have been trained in infant feeding practices and offer age appropriate foods to your baby.

We support and encourage those mothers who continue to breastfeed when returning to work or school. Mothers can provide expressed breast milk or come to the center to directly breastfeed their infant while in care.

Parents, please complete the following:

Baby's full name: _____ Date of birth:_____

Please check the box or boxes that apply:

☐ My baby is breastfed and I will supply expressed milk and/or breastfeed on site.

☐ I accept the formula offered by the child care center.

☐ I wish to supply my own formula (write in name of formula):_____

☐ I wish to supply the following foods for my child at the selected meals (list foods below):

Fruits: _____ ☐ Breakfast ☐ Lunch ☐ Snack

Vegetable: _____ ☐ Breakfast ☐ Lunch ☐ Snack

Meat/Meat Alternate: _____ ☐ Breakfast ☐ Lunch ☐ Snack

Grains: _____ ☐ Breakfast ☐ Lunch ☐ Snack

☐ I accept the foods offered by the child care center.

This facility has not requested or required me to provide infant formula or food.

Parent Signature: _____ Date: _____

Printed Name:_____

Address:_____

Childcare Center Representative Signature:_____

Office Use: If the parent/guardian is providing more than one component the meals/snacks cannot be claimed for children 6-11 months old.