



MISSOURI DEPARTMENT OF HEALTH AND SEIONR SERVICES
COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA)
CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
INFANT FEEDING PREFERENCE

INSTRUCTIONS FOR PARENTS

Complete for children less than 12 months of age. *Update information as needed and sign below or use a new form.*

INFANT'S NAME (FIRST AND LAST NAME)	DATE OF BIRTH	DATE ENROLLED
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The child care center will feed your infant: breastmilk provided by you; formula provided by you; or the following iron-fortified formula purchased by the center. You may also choose to breastfeed your infant at the center.

The iron-fortified formula provided by the child care center is:

INFANT FEEDING PREFERENCE

	DATE:	DATE:
Mark your preference (check all that apply)	Birth to 5 months	6 through 11 months
I will provide expressed breastmilk.	☐	☐
I will breastfeed at the center.	☐	☐
I want the center to provide formula.	☐	☐
I will purchase/provide formula. Name of formula:	☐	☐
I want the center to provide infant cereal and other foods based on CACFP guidelines.		☐
I will provide infant cereal and other foods when developmentally ready.		☐

COMMENTS:

This center is participating in the Child and Adult Care Food Program (CACFP). In order to claim meals for reimbursement, the center must provide infant cereal and other solid foods when your infant is developmentally ready according to the Food Chart – Infants available on our webpage at www.health.mo.gov/cacfp - Forms. Parents or guardians may provide one meal component (including breastmilk or formula) if they chose; however the center must provide all other components in order to claim the infant meal.

SIGNATURE OF PARENT OR LEGAL GUARDIAN	DATE
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In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
2. fax: (833) 256-1665 or (202) 690-7442; or
3. email: program.intake@usda.gov

This institution is an equal opportunity provider.