



HDCFS Department
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 Brookings, SD 57007
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<http://frn.sdstate.edu>

PARENT’S ACKNOWLEDGEMENT OF OFFERED FORMULA

Day care home’s that claim infant meals in the CACFP must have available and offer at least one infant formula (of the provider’s choice) that meets the infant meal pattern requirements. Facilities are not required to satisfy the unique formula needs of every infant.

I, _____ agree to offer and provide the following formula: _____:
 (name of provider) (name of formula)

PARENT, PLEASE COMPLETE THE FOLLOWING:

I, _____ acknowledge that the provider named above has offered to provide the formula named above to my infant, and

- ⊗ I breastfeed my baby.
 - I choose to supply expressed breast milk to my caregiver to administer at feeding time. Other foods (i.e. iron-fortified infant cereal, fruits/vegetables, meats) will be provided by my caregiver when age-appropriate, consistent with CACFP guidelines.
 - I will come to the child care program to breast feed my baby.

- ⊗ I formula feed my baby. I choose to accept the iron-fortified infant formula that is provided by my caregiver. In addition, my caregiver will provide other foods when age-appropriate, consistent with CACFP guidelines.

- ⊗ I formula feed my baby, but I choose to supply my own formula that I have purchased or that has been supplied by the WIC program. My caregiver will provide other foods to my child when age-appropriate, consistent with CACFP guidelines.

- ⊗ I will provide all infant foods for my child.

 Parent/Legal Guardian

 Child Care Provider

 Date

 Date

White: Family Resource Network/Pink: Provider/Yellow: Parent

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