

## NORTHWEST NUTRITION SERVICE, INC.

Effective May 1, 2005 the attached Infant Feeding Benefit Notification and Acknowledgement form replaces the Infant Feeding form and Infant Feeding Parent Letter.

One Infant Feeding Benefit Notification and Acknowledgement form must be filled out and returned with the Infant Enrollment form to this office before an infant's meal/snacks can be reimbursed. *The effective date for claiming infant meals is the date the form is signed by the parent/guardian.*

Providers must give the second copy of the Infant Feeding Benefit Notification and Acknowledgement form to the parent/guardian after signing.

- Designate food and formula supplied by parent/guardian with "PS" on the infant menu.
- Providers must indicate "PS" every time the parent supplies a component. You may not write "PS" on the top of the menu to cover
- meals and snacks provided for the week/month.
- Designate expressed (bottled) breast milk on the infant menus as "EB" each time expressed breast milk is offered as part of a
- reimbursable meal or snack.
- Designate infants' breastfed by mother on the infant menus as "BF". Meals and snack including only "BF" may not be reimbursed.



**CACFP Infant Feeding Benefit Notification and Acknowledgement**

**Infant's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
**Provider's Name:** \_\_\_\_\_

**To: Parents/Guardians of infants, birth through 11 months old**

Your family day care provider participates in the Child and Adult Care Food Program (CACFP). The CACFP is administered by the Oregon Department of Education and is funded by the United States Department of Agriculture (USDA). The CACFP provides reimbursement for healthy meals provided and served to your baby while in care. Your family day care home provider follows the USDA Meal Pattern for Infants shown below. The types and amounts of food vary according to the age and developmental readiness of your baby. As the parent/guardian, you are the main source for nutritional and developmental information for your baby.

USDA supports and encourages moms to continue breastfeeding when returning to work or school. For formula fed infants, the following USDA-approved iron-fortified infant formula(s) will be provided to babies in care:

Milk-based iron-fortified formula: \_\_\_\_\_

Soy-based iron-fortified formula: \_\_\_\_\_

<b>USDA Meal Pattern Requirements For Infants</b>			
<b>Age</b>	<b>Breakfast</b>	<b>Lunch or Supper</b>	<b>Snack</b>
0 - 3 months	4-6 fluid ounces iron-fortified formula or breast milk	4-6 fluid ounces iron-fortified formula or breast milk	4-6 fluid ounces iron-fortified formula or breast milk
4 - 7 months	4-8 fluid ounces iron-fortified formula or breast milk  Optional: 0-3 Tbsp iron-fortified infant cereal	4-8 fluid ounces iron-fortified formula or breast milk  Optional: 0-3 Tbsp iron-fortified infant cereal  Optional: 0-3 Tbsp fruit and/or vegetable	4-6 fluid ounces iron-fortified formula or breast milk
8 - 11 months	6-8 fluid ounces iron-fortified formula or breast milk  AND 2-4 Tbsp iron-fortified infant cereal  AND 1-4 Tbsp fruit and/or vegetable	6-8 fluid ounces iron-fortified formula or breast milk  AND 2-4 Tbsp iron-fortified infant cereal  AND/OR 1-4 Tbsp meat, fish, poultry, egg yolk, or cooked dry beans or peas; or ½ - 2 oz cheese; or 1-4 oz (volume) cottage cheese; or 1-4 oz (weight) cheese food, or cheese spread  AND 1-4 Tbsp fruit and/or vegetable	2-4 fluid ounces iron-fortified formula or breast milk or 100% fruit juice  Optional: ½ slice bread or 0-2 crackers (made from whole grain or enriched flour)

You have a right to the benefits described in this letter. If you choose not to take part in the CACFP you may supply your own breast milk and/or formula and foods for your infant. You have the right to CACFP benefits in the future. If you choose to accept CACFP benefits in the future, you must notify your family day care home provider. If you feel these benefits are not being offered as described in this letter, contact:

NORTHWEST NUTRITION SERVICE, INC  
 (503) 653-7626/1-800-600-6058

This family day care provider 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. I have received a copy of this form for my records.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

The effective date for claiming meals is the date the form is signed  
**USDA and the State of Oregon are equal opportunity providers and employers**

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