



# Illinois State Board of Education

100 North First Street, W-270  
Springfield, Illinois 62777-0001

## Child and Adult Care Food Program INFANT FORMULA/FOOD WAIVER NOTIFICATION

### NUTRITION AND WELLNESS PROGRAMS DIVISION

NAME OF CHILD CARE CENTER/HOME

NAME OF INFANT

BIRTH DATE (MM/DD/YYYY)

#### **For Parent/Guardian of Infants Age Birth Through 11 Months**

This child care center/home participates in the Child and Adult Care Food Program (CACFP) and is required to follow the Infant Meal Pattern for infants ages birth through 11 months. Solid foods are introduced at 6 months or when developmentally appropriate for the infant. The center/home should work with you to determine when solid foods should be served. To better meet your personal preferences and your infant's needs, please complete this document.

**Instructions:** The center/home **should** complete this section before giving to the parent/guardian.

This center/home will provide: Iron-fortified infant formula (list brand) \_\_\_\_\_;

Iron-fortified infant cereal (list type such as baby rice cereal) \_\_\_\_\_; and

Food appropriate for infants:  Commercial baby food and/or  
 Table food offered at the appropriate consistency for the development of the infant.

**Instructions:** The parent/guardian should answer the following question and mark one of the choices from each of the three sections below; then sign and date this form.

**What do you currently feed your infant?**  Iron-fortified infant formula  
 Breast milk  
 Low-iron or another type of infant formula provided for medical reasons. I will obtain and provide the center/home with a Physician's Statement for Food Substitutions.

The parent or guardian would like their infant to be fed the following while in care:

#### **Section 1 – Infant Formula or Breast Milk**

- Choice 1:** I want my infant to receive the child care center-/home-provided iron-fortified infant formula identified above. I will not bring infant formula from home.
- Choice 2:** I understand I am not required to bring infant formula that I purchase or receive from Women, Infants, and Children (WIC), however, I want to bring my own formula/breast milk.  
List brand/type: \_\_\_\_\_  
If I should forget to bring infant formula/breast milk, the child care center/home will contact me immediately and I may request they serve my infant the center-/home-provided iron-fortified infant formula that day.
- Choice 3:** I want to directly breastfeed my infant on site. If I should be unable to breastfeed my infant on-site, I may request center/home serve my infant the center/home provided iron-fortified formula that day, or I may bring expressed breast milk that day.

#### **Section 2 – Infant Cereal**

- Choice 1:** I want my infant to receive the child care center-/home-provided iron-fortified infant cereal identified above. I will not bring infant cereal from home.
- Choice 2:** I understand that I am not required to bring iron-fortified infant cereal that I purchase or receive from WIC, however, I want to bring my own infant cereal.  
List brand/type: \_\_\_\_\_  
If I should forget to bring the cereal, the child care center/home will contact me immediately and I may request they serve my infant the center-/home-provided iron-fortified infant cereal that day.

#### **Section 3 – Commercial Baby Food**

- Choice 1:** I want my infant to receive the child care center-/home-provided commercial baby food identified above. I will not bring baby food from home.
- Choice 2:** I understand that I am not required to bring baby food that I purchase or receive from WIC, however, I want to bring my own commercially made baby food. If I should forget to bring the commercial baby food, the child care center/home will contact me immediately and I may request they serve my infant the center-/home-provided commercial baby food that day.

If I decide to change the selections I made above, I will complete another form.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***This institution is an equal opportunity provider.***