

Dear Parent:

My family day care home participates in the USDA Child & Adult Care Food Program (CACFP). This program provides reimbursement to the day care home for formula served to your baby while in our care. Under the CACFP regulations, family day care home providers may NOT charge you a separate fee for meals that are claimed for reimbursement. I want to work with you to provide the very best nutritional care for your baby.

I use the meal pattern (found on the back of this letter) developed by the USDA for family day care homes participating in the CACFP. The type and amount of foods served vary according to the age of the infant. However, the actual foods I provide will be based on what you tell me about your baby's own food needs.

Talk with your health care provider and let me know whether you want to use breast milk or a formula while in child care. I also need to know when you will introduce solid foods. You may choose for me to provide the formula, or you may provide the formula for your baby.

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(Name of Day Care Home Provider)

currently provides the following formula(s): \_\_\_\_\_

Breast milk and formula that you provide should be labeled with your child's name, the contents of the bottle (breast milk or brand of formula), and the date the formula was prepared or the date of collection for breast milk.

Please fill out the form on the back and return it to help me plan the meals for your baby. If this information changes you will need to complete a new form.

Sincerely,

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Your Day Care Home Provider

Phone Number

Date



When necessary, do you give permission for formula to be prepared for your baby by the day care home?  
 \_\_\_\_\_ YES    \_\_\_\_\_ NO

In an effort to improve our program, we periodically conduct household contacts, where we ask parents to provide input and to verify attendance of their children at this day care home. If you have any questions regarding the completion of this form, please contact Eastern KY Child Care Coalition (name of FDCH sponsor) at 1-800-548-4599 (phone number). **Please fill in ALL of the following information:**

Name of Parent/Guardian		
Home Address:		
Home #:	Cell #:	Work #:
Are there any unusual guardianship or custodial relationships? _____		
_____		

**\*The CACFP enrollment form is based on the federal fiscal year that begins October 1. The date of enrollment should be 10/1/10 if the participant attends by or on October 1, 2010. After October 1, 2010, list the participant's actual first day of attendance.**

_____	_____	
<b>Parent/Guardian Signature</b>	<b>Date</b>	
_____	_____	_____
<b>Provider Signature</b>	<b>Date</b>	<b>Participant's Date of Enrollment</b>

If you have any questions about the CACFP and its administration, you may contact Denise Hagan, Division Director, at 502/564-5625 or at the following address: Nutrition and Health Services, Kentucky Department of Education, 500 Mero Street, 23<sup>rd</sup> Floor Capital Plaza Tower, Frankfort, KY 40601.

Age	Breakfast	Lunch and Supper	Snack
Birth through 3 months	4-6 fluid ounces formula <sup>1</sup> or breast milk <sup>2,3</sup>	4-6 fluid ounces formula <sup>1</sup> or breast milk <sup>2,3</sup>	4-6 fluid ounces formula <sup>1</sup> or breast milk <sup>2,3</sup>
4 months through 7 months	4-8 fluid ounces formula <sup>1</sup> or breast milk <sup>2,3</sup>  0-3 tablespoons infant cereal <sup>1,4</sup>	4-8 fluid ounces formula <sup>1</sup> or breast milk <sup>2,3</sup>  0-3 tablespoons infant cereal <sup>1,4</sup>  0-3 tablespoons fruit and/or vegetable <sup>4</sup>	4-8 fluid ounces formula <sup>1</sup> or breast milk <sup>2,3</sup>
8 months up to first birthday	6-8 fluid ounces formula <sup>1</sup> or breast milk <sup>2,3</sup>  2-4 tablespoons infant cereal <sup>1</sup>  1-4 tablespoons fruit and/or vegetable	6-8 fluid ounces formula <sup>1</sup> or breast milk <sup>2,3</sup>  2-4 tablespoons infant cereal <sup>1</sup> <b>and/or</b> 1-4 tablespoons meat, fish, poultry, egg yolk, or cooked dry beans or peas <b>or</b> ½-2 ounces cheese, <b>or</b> 1-4 tablespoons cottage cheese, cheese food or cheese spread.  1-4 tablespoons fruit and/or vegetable	2-4 fluid ounces formula <sup>1</sup> or breast milk <sup>2,3</sup> or fruit juice <sup>5</sup>  0-1/2 slice bread <sup>4,6</sup> or 0-2 crackers <sup>4,6</sup>

<sup>1</sup> Infant formula and dry infant cereal shall be iron-fortified.

<sup>2</sup> It is recommended that breast milk be served in place of formula from birth through 11 months.

<sup>3</sup> For some breastfed infants who regularly consume less than the minimum amount of breast milk per feeding, a serving of less than the minimum amount of breast milk may be offered, with additional breast milk if the infant is still hungry.

<sup>4</sup> A serving of this component shall be optional.

<sup>5</sup> Fruit juice shall be full-strength.

<sup>6</sup> Bread and bread alternates shall be made from whole-grain or enriched meal or flour.

**Breakfast and lunch for 8-11 month olds must contain at least three of the components listed above to be creditable.**