

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

Morrison Day Care

(Name of Child Care Center/Home)

(Infant's Name)

(Birth Date)

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 to infants when developmentally ready, a decision made by you and your infant's doctor. To better meet your personal preferences and your infant's needs, please complete this document.

(Instructions—The center/home must complete this section before giving to the parent/guardian.)

This center/home will provide:

Iron-fortified infant formula (list brand) Premium Choice;

Iron-fortified infant cereal (list type such as baby rice cereal) Premium Choice; and

Food appropriate for infant **Commercial baby food** and/or

Table food offered at the appropriate consistency for the development of the infant

(Instructions— The parent/guardian must 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 receive a *Medical Exception 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**. 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.

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 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**. 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—Baby Food

_____ **Choice 1**—I want my infant to **receive the child care center-/home-provided baby food** identified above. I will not bring baby food from home

_____ **Choice 2**—I understand I am not required to bring baby food that I purchase, however, I want to **bring my own baby food**. If I should forget to bring the baby food, the child care center/home will contact me immediately and I may request they serve my infant the center-/home-provided baby food that day.

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

(Parent's Signature)

(Date)

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

SAMPLE FORMAT: Distributed by CACFP for CACFP discretionary use only. Format may be modified and/or copied to meet specific CACFP recordkeeping needs. Do not return to ISBE.

**Child and Adult Care Food Program
MEDICAL EXCEPTION STATEMENT FOR FOOD SUBSTITUTION**

CHILD'S NAME _____ DATE _____
NAME OF DAY CARE CENTER/HOME AND ADDRESS _____

Dear Parent/Guardian:

This day care center/home participates in the Child and Adult Care Food Program (CACFP) and must serve meals and snacks meeting the CACFP requirements. Food substitutions may be made only when supported by a physician's statement. Please ask your physician to complete and sign this form. Return the completed form to the day care center/home. If you have any questions, please contact me at _____
Day Care Center/Home Phone Number

Sincerely,

Day Care Center/Home Contact Person

CACFP SPONSOR - KEEP COMPLETED FORM SIGNED BY PHYSICIAN ON FILE AT THE DAY CARE CENTER/HOME

COMPLETE ALL INFORMATION

1. Does child have a disability according to 7 CFR Part 15b.3 (defined as "any person who has a physical or mental impairment which substantially limits one or more major life activities")?

- YES If yes, provide the following information and complete parts 3, 4 and 5.
- NO If no, go to part 2.

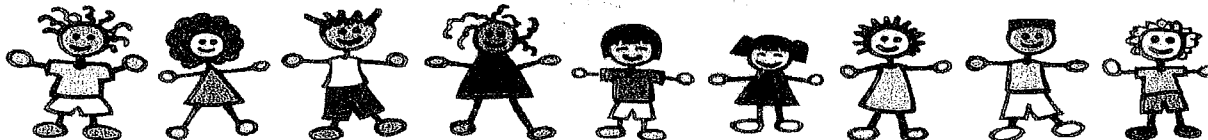
a. What is the disability? _____
b. How does the disability restrict the diet? _____
c. What major life activity is affected? _____

2. Child has no disability but requires a special diet.
Provide the following information and complete parts 3, 4 and 5.
Identify medical problem which restricts the child's diet.

3. List food/type of food to be omitted.

4. List food/type of food to be substituted.

5. _____
Date _____ Signature of Physician _____



Morrison Community Day Care Center

Infant Feeding Guide

Child: _____

Date: ___/___/___
D M Y

Formula Brand: _____

Cereals/Starch:

- | | |
|--|---|
| <input type="checkbox"/> Rice Cereal | <input type="checkbox"/> Oatmeal Cereal |
| <input type="checkbox"/> Barley Cereal | <input type="checkbox"/> Mixed Cereal |
| <input type="checkbox"/> Cheerio's | <input type="checkbox"/> Biscuits |
| <input type="checkbox"/> Pasta | <input type="checkbox"/> Rice |
| <input type="checkbox"/> Bread(toast) | <input type="checkbox"/> Crackers |
| <input type="checkbox"/> Other: | <input type="checkbox"/> Other: |

Fruit

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Banana | <input type="checkbox"/> Apple |
| <input type="checkbox"/> Pear | <input type="checkbox"/> Prunes |
| <input type="checkbox"/> Peaches | <input type="checkbox"/> Blueberry |
| <input type="checkbox"/> Orange | <input type="checkbox"/> Mixed Berry |
| <input type="checkbox"/> Pineapple | <input type="checkbox"/> Plum |
| <input type="checkbox"/> Strawberry (not recommended until over 12 months in age) | |
| <input type="checkbox"/> Other: | <input type="checkbox"/> Other: |

Vegetables

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Carrot | <input type="checkbox"/> Green Beans |
| <input type="checkbox"/> Peas | <input type="checkbox"/> Potato |
| <input type="checkbox"/> Squash | <input type="checkbox"/> Sweet Potato |
| <input type="checkbox"/> Spinach | <input type="checkbox"/> Corn |
| <input type="checkbox"/> Broccoli | <input type="checkbox"/> Cauliflower |
| <input type="checkbox"/> Tomato(sauce) | |
| <input type="checkbox"/> Other: | <input type="checkbox"/> Other: |

Meat

- | | |
|----------------------------------|---------------------------------|
| <input type="checkbox"/> Chicken | <input type="checkbox"/> Beef |
| <input type="checkbox"/> Ham | <input type="checkbox"/> Turkey |
| <input type="checkbox"/> Veal | <input type="checkbox"/> Lamb |
| <input type="checkbox"/> Other: | <input type="checkbox"/> Other: |

Desserts

- | | |
|----------------------------------|---------------------------------|
| <input type="checkbox"/> Custard | <input type="checkbox"/> Yogurt |
| <input type="checkbox"/> Other: | <input type="checkbox"/> Other: |

Juice

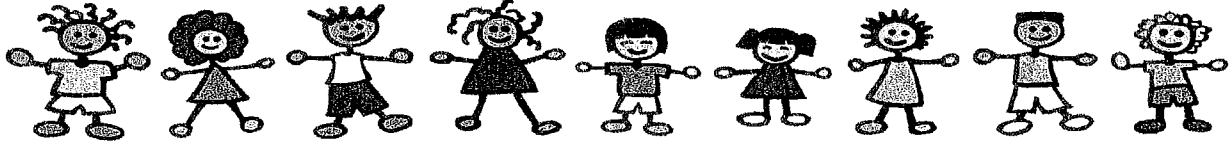
- | | |
|---------------------------------|--------------------------------------|
| <input type="checkbox"/> Apple | <input type="checkbox"/> White Grape |
| <input type="checkbox"/> Prune | <input type="checkbox"/> Orange |
| <input type="checkbox"/> Pear | <input type="checkbox"/> Mixed Fruit |
| <input type="checkbox"/> Other: | <input type="checkbox"/> Other: |

All Infants Avoid:

- Pure Honey until 1 year old
- Cow's milk until 1 year old

High Risk Infants Also Avoid:

- Eggs until 2 years old
- Fish until 3 years old
- Nuts until 3 years old (peanut butter and tree nuts)



Morrison Community Day Care Center Supply List

All supplies must be labeled with your child's name. You will need to provide the following things to be left at Day Care.

** 1 complete change of clothes (more if we are toilet training) to be left here. This includes shirt, pants, and underwear. Soiled clothing will be sent home and a change of clothes will need to be brought back the next day.

** Proper outerwear for outside play

** Sleeping bag/ pillow or blanket for nap time. Any special sleep toy, blanket or pacifiers that will help your child feel comfortable while napping.

FOR CHILDREN NOT YET POTTY TRAINED:

~ Diapers or pull-ups- 1 full package. We will notify you when the supply is low.

~ 1 tub of baby wipes

~ 1 change of clothes (shirt, pants, and socks). Careful attention must be made to maintain current sizes and season of clothes left here.

~ Any diaper rash cream to be used.

NOTE: If you prefer not to supply these items to be left at day care, you may send them daily in a diaper bag. The option of leaving these items here is for your convenience and is not required. However, all of the above items are required for Day Care to care for your child, so they will need to be brought daily.

Thanks you for your cooperation!

Morrison Community Day Care Center