

Maryland State Department of Education
Child and Adult Care Food Program

INFANT FORMULA/BREASTMILK MEAL PLAN

Center/Provider Name: _____

Dear Parent(s)/Guardian(s):

This center/provider offers _____ iron-fortified infant formula to
name of formula
all enrolled infants at no charge. It is your option whether or not to accept this formula. All formula provided to infants at this facility **must be iron-fortified** in accordance with Child and Adult Care Food Program regulations.

Check one of the following options:

_____ I accept the iron-fortified infant formula offered by this facility.

_____ I do **not** accept the iron-fortified infant formula offered by the facility. I will supply the following iron-fortified infant formula for my infant: _____
name of formula

_____ I will provide expressed breastmilk for my infant.

I understand that I must supply sufficient iron-fortified infant formula or expressed breastmilk each day to meet my child's needs. Bottles must be labeled with my child's name, dated, and taken home daily.

Child's name: _____

Child's date of birth: _____

Signature of Parent/Legal Guardian

Date

All food and beverages served to infants in this facility must be in compliance the Child and Adult Care Food Program meal pattern requirements.