

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.

(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,

Your Day Care Home Provider

Phone Number

Date

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

¹ Infant formula and dry infant cereal shall be iron-fortified.

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

³ 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.

⁴ A serving of this component shall be optional.

⁵ Fruit juice shall be full-strength.

⁶ 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.

_____ Name of Day Care Provider	_____ Phone Number
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Family Day Care Home Enrollment Form FY 2009

Name of Child(ren)	Related to Provider		Date of Birth
	Yes	No	

Is your infant in full time attendance? _____ Yes _____ No

What days of the week does your infant regularly spend in child care? **Please circle the days in care.**

Monday
 Tuesday
 Wednesday
 Thursday
 Friday
 Saturday

What are the hours your infant regularly spends at child care? _____ am to _____ pm
 Example: 7:30 am to 4:30 pm

What meals is your infant served while at child care?

Breakfast
 AM Snack
 Lunch
 PM Snack
 Supper
 Late Night Snack

Do you supply any foods to the day care home due to medical or religious reasons for your child? If so, list foods supplied. _____

List foods the baby eats at home: _____ Times _____

- Check all that apply:**
- Parent** will provide expressed breast milk
 - Parent** will breast-feed the infant at the day care home
 - Parent** will provide iron fortified formula/breast milk and **provider** will provide additional baby food
 - Parent** will provide iron fortified formula/breast milk and all additional baby food
 - Provider** will furnish all iron fortified infant formula
 - Provider** will furnish all iron fortified infant formula and additional baby food

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 KENTUCKY CHILD CARE COALITION at 1(800)5484599.

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 10/1/08 if the participant attends by or on October 1, 2008. After October 1, 2008, list the participant's actual first day of attendance.**

 Parent/Guardian Signature Date

 Provider Signature Date Participant's Date of Enrollment

If you have any questions about the CACFP and its administration, you may contact Paul McElwain, Division Director, or Denise Hagan, Community Nutrition Branch Manager, at 502/564-5625 or at the following address: Nutrition and Health Services, Kentucky Department of Education, 2545 Lawrenceburg Road, Frankfort, KY 40601.