

The Planning Council & MSDE Form  
**INFANT FEEDING PLAN (For children 0 – 12 mos.)**

Center/Provider Name: \_\_\_\_\_

Address: \_\_\_\_\_

Dear Parent(s)/Legal Guardian(s):

This center/provider offers \_\_\_\_\_ iron-fortified infant formula  
*Formula name*

for all enrolled infants at no additional charge. It is your option whether or not to use this formula based on your preference and your infant's needs. All formula that is provided to infants at this facility must be iron-fortified as required by the Child and Adult Care Food Program.

**PARENT FORMULA REQUEST**

Please check one of the following options, **regarding FORMULA**:

\_\_\_\_\_ I will provide expressed breast milk for my infant. I understand that the breast milk I supply must be labeled with my child's name and the date the milk was expressed.

\_\_\_\_\_ I will use the infant formula offered by this facility.

\_\_\_\_\_ I **will not** use the infant formula offered by the facility. I will supply the following Infant formula for my infant \_\_\_\_\_.  
*Formula name*

**I understand that I must supply sufficient infant formula each day to meet my child's needs. Bottles must be labeled with my child's name and be dated. Bottles must be taken home daily.**

**PARENT FOOD REQUEST**

When your infant is developmentally ready to eat solid foods, do you accept or decline the provider/facility-supplied food?

Please check one of the following options, **regarding FOODS**:

\_\_\_\_\_ I will supply all supplemental foods for my infant. [*Center may not claim my child for meals*]

\_\_\_\_\_ I will **ACCEPT** the supplemental foods offered to my infant(s) by this facility.

**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 with the infant meal pattern required by the Child and Adult Care Food Program.**