

**ATTACHMENT A**

North Carolina Department of Health and Human Services  
Division of Public Health, Nutrition Services Branch  
Special Nutrition Programs Unit

**CHILD AND ADULT CARE FOOD PROGRAM  
PROVISION OF IRON-FORTIFIED INFANT FORMULA OR BREASTMILK  
AND PROVISION OF BABY FOOD**

Name of child care provider or center:

This institution/ facility offers \_\_\_\_\_ formula for infants  
(Formula name must be filled in by institution/ facility)

through the Child and Adult Care Food Program. It is your choice whether or not to use this formula based on you and your infant's needs.

Please check one of the following choice(s):

\_\_\_\_\_ I will use the formula offered by this facility. I give permission for the formula to be mixed and/or bottles to be prepared for my infant by this facility's staff.

\_\_\_\_\_ I will not use the formula offered by this facility.  
If not, which formula will you send for your infant? \_\_\_\_\_  
If the formula you provide is a special formula, a medical statement will be requested.

\_\_\_\_\_ I will provide breastmilk for my infant

\_\_\_\_\_ My infant is four (4) months old or older and is developmentally ready for baby foods. I want the institution/facility to provide the following baby food(s) for my infant, which is/are allowed under 7CFR 226.20 (b)(2)(3)(4).\*

\_\_\_\_\_  
\_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Age: \_\_\_\_\_

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

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*Note to parents who are getting formula through the WIC Program: Your baby is eligible to get formula from this child care institution/ facility as well as from the WIC Program. It is your decision which formula you want your baby to use when she/he is at child care. If you find that you are getting more formula than your baby needs, you may wish to talk with your WIC nutritionist or your child care provider.*

**\*Baby foods provided by the institution/facility must be in compliance with the infant meal pattern as required by 7CFR 226.20.**