

Maryland State Department of Education
Child and Adult Care Food Program

INFANT FORMULA/BREASTMILK FEEDING PLAN

Center/Provider Name: _____
Address: _____

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

This center/provider offers _____ *Parent Choice* _____ iron-
fortified infant

Formula name
formula 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.

Please check one of the following options:

_____ 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.**

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.**