FISCAL YEAR 2013
CHILD AND ADULT CARE FOOD PROGRAM
FAMILY DAY CARE HOME SPONSOR MEMO #4

TO: Family Day Care Home Sponsors

FROM: Kyle L. Guerrant, Director
Office of School Support Services

DATE: December 7, 2012

SUBJECT: Clarification Regarding Reimbursement of Infant Meals and
Providing Infant Formula and Age-Appropriate Infant Food
(See Fiscal Year 2004, Operational Memo #15 and #20)

Reimbursable meals for infants may contain either breast milk or iron-fortified
formula, or both, supplied by the provider home or by the parent. The following
information is being provided to clarify reimbursement of infant meals:

- For infants 0 through 3 months old, provider homes can claim
  reimbursement for meals containing parent-provided breast milk or infant
  formula served to the infant by the provider.

- For infants 4 through 7 months old who are NOT developmentally ready for
  other foods, provider homes can claim reimbursement for meals containing
  parent-provided breast milk or infant formula served to the infant by the
  provider.

- For infants 4 through 7 months old who ARE developmentally ready for other
  foods and for infants ages 8 through 11 months, provider homes MUST
  provide at least one of the meal components in the minimum quantity
  specified in the appropriate infant meal pattern in order for the meal to be
  reimbursable.

Remember, meals must be served to the infant by the provider to claim
reimbursement. If a parent feeds the infant (breast milk, formula, and/or solid
foods), those infant meals cannot be claimed for reimbursement.
Each provider home must offer to provide infant formula and age-appropriate infant foods for each infant in its care. The Child and Adult Care Food Program (CACFP) does not discriminate in any aspect of its delivery of program benefits. The United States Department of Agriculture (USDA) prohibits discrimination in all of its programs and activities on the basis of race, color, national origin, age, sex and disability (FNS Instruction 113-1 III B).

Please select the type of infant formula that the provider will offer and advise parents of infants of the selection upon intake. Parents who choose to provide infant formula and/or age-appropriate infant food for their own infant MUST sign an "Infant Formula/Food Sign-Off Statement," which declares that they are aware of the infant formula offered by the provider but choose to voluntarily provide their infant's formula. The provider will be responsible for providing the formula selected for infants whose parents do not sign the "Infant Formula/Food Sign-Off Statement."

Attached is the "Infant Formula/Food Sign-Off Statement." All signed statements must be retained in the provider's files for audit purposes. Note that the provider must fill in the blank line on the form with the infant formula offered at the provider's home.

Additional "Infant Formula/Food Sign-Off Statement" forms can be accessed on the Michigan Department of Education (MDE) Child and Adult Care Food Program's web page under the "Forms and Instructions" header, "Parent Forms" subheading at www.michigan.gov/cacfp.

If you have questions regarding this memo, please contact CACFP at 517-373-7391.
Formula/Food Sign-Off Statement

Dear Parent,

Your childcare center participates in the Child and Adult Care Food Program (CACFP). The CACFP is a child nutrition program of the United States Department of Agriculture (USDA). Childcare centers are reimbursed a meal rate to help with the cost of serving nutritious meals to enrolled children. The meals must meet CACFP meal pattern requirements for children and infants.

To meet CACFP requirements, this child care center offers formula and other required infant food to all enrolled infants. The iron-fortified infant formula(s) provided for infants until they turn one year of age is:

(Insert Name of Formula)

As the parent or guardian, you may decline the formula offered by the center and supply the infant's formula yourself. However, when your infant turns one year of age, the center will begin to provide milk and the other required food items to meet the meal pattern requirements for toddler-age children.

To assist us in your infant formula and food preferences, please complete the questions below by checking one item each in the formula and solid food sections.

Please Check Your Preferences:
Formula or Breast Milk: (check up to two)
☑ I want the center to provide formula for my infant.
☑ I will bring iron-fortified infant formula for my infant.
☑ I will bring expressed breast milk for my infant.
☑ I will come to the center to breast feed my infant.

Solid Food: (check one)
☑ I want the center to provide solid food for my infant when s/he is developmentally ready for it.
☑ I will bring solid food for my infant when s/he is developmentally ready for it.

Infant’s Name: ___________________________ Birth date: ______________

Parent/Guardian Signature: ___________________________ Date: ______________

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