

North Carolina Department of Health and Human Services  
Division of Child and Family Well-Being, Community Nutrition Services Section  
Child and Adult Care Food Program  
**Infant Feeding Consent Form**



Institution/Facility Name: \_\_\_\_\_

TO BE COMPLETED BY THE PARENT/GUARDIAN

Please select from the following choice(s):

**I will breastfeed my infant on-site and/or provide expressed breastmilk.**

The Child and Adult Care Food Program (CACFP) encourages and supports breastfeeding. The American Academy of Pediatrics (AAP) recommends exclusively breastfeeding and/or provision of expressed breastmilk for six months; and continued breastfeeding after six months with the introduction of solid foods until at least one year. There is no age limit on breastfeeding or provision of expressed breastmilk. Mothers and infants/children may continue to breastfeed as long as mutually desirable. The North Carolina CACFP aims to help families meet their breastfeeding goals. For breastfeeding support, contact your local Women, Infant, and Children (WIC) agency or visit [www.zipmilk.org](http://www.zipmilk.org) to find local breastfeeding resources.

**I will accept the iron-fortified formula provided by the institution/facility.**

The facility offers: \_\_\_\_\_

Enter the Name of the Iron-Fortified Infant Formula Provided by this Institution/Facility

I give permission for this institution/facility to prepare my infant's formula. When breastmilk is not available, infants must receive iron-fortified formula until 12 months of age. It is the parent's or guardian's choice to accept the formula provided by the institution/facility or provide an alternative formula.

*NOTE: Infants receiving formula through the WIC Program are also eligible to receive formula from this center or day care home*

**I decline the iron-fortified formula provided by the institution/facility**

I will provide my infant with the following formula: \_\_\_\_\_

*NOTE: If providing formula, it must be iron-fortified. If the formula provided is a special formula, a medical statement will be requested.*

Please select one of the following:

**My infant is less than 6 months old.**

**My infant is around 6 months of age and is developmentally ready to accept solid foods. I want the institution/facility to provide solid food(s) allowed under 7 § C.F.R. 226.20 (b) and Policy Memo 17-01.**

It is important to delay the introduction of solid foods until around 6 months of age as most infants are not developmentally ready to safely consume them. There is no single, direct signal to determine when an infant is developmentally ready to accept solid foods. An infant's readiness depends on his or her unique rate of development. Centers and day care homes should be in constant communication with parents/guardians about when and what solid foods should be served while the infants are in their care. The AAP provides the following guidance to help determine if your infant is ready for solid foods.

Check all, if any, that apply to your infant:

- My infant can sit in a high chair, feeding seat, or infant seat with good head control.
- My infant is watching me and others eat, reaching for food, and seems eager to be fed.
- My infant can move food from a spoon into the throat and does not push it out of the mouth and/or dribbles onto his or her chin.
- My infant has doubled his or her birth weight and now weighs around 13 pounds or more.

Infant's Name: \_\_\_\_\_ Infant's Age: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE TO PARENTS:** When a parent or guardian chooses to provide breastmilk (expressed breastmilk or breastfeed on-site) or a creditable infant formula and the infant is consuming solid foods, the center or day care home must supply all other required meal components for the meal to be reimbursable.

**NOTE TO INSTITUTION/FACILITY:** This document is required for all enrolled infants.