

# Child Care & Nutrition, Inc. (CCNI) Child Decline Form

Child Care & Nutrition, Inc. (CCNI) • PO Box 138 • Ivanhoe, MN 56142 • 800.634.3359 • www.childcarenutrition.com

Child Care Provider Name:	Provider ID:
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## Dear Parents:

Your childcare provider participates in the United States Department of Agriculture (USDA) Child & Adult Care Food Program (CACFP). This childcare home receives Federal cash assistance to help serve healthy meals to your children. Meals served must meet nutrition requirements established by USDA's CACFP. In order to participate, your provider has agreed to follow USDA guidelines.

## Benefits of the CACFP include but are not limited to:

1. Meals are purchased, prepared, and served to your children at no extra charge to you.
2. Providers must offer to purchase and supply at least one type of Iron-Fortified Infant Formula. (You may opt to bring a different type of formula of your choice or breast milk, if preferred.) Your provider will supply all other infant foods.
3. Your child receives nutritious meals that meet USDA guidelines. Please visit the USDA website for CACFP Meal Pattern Guidelines.

By completing this form you agree that you have been notified of the benefits of the Child and Adult Care Food Program (CACFP) and you do not wish to enroll your child at this time. If at any time you decide you would like to enroll your child in this program you may do so by communicating with your childcare provider. If you have any questions or would like more information in regards to this program please feel free to contact CCNI at 800.634.3359.

*I do not wish to enroll my children in this program because:* \_\_\_\_\_  
\_\_\_\_\_

Child's First Name	Last Name	Date of Birth	Beginning date of care	Is this child an infant <input type="checkbox"/> Yes <input type="checkbox"/> No
What days and times is your child typically in care?				

Parent's Signature (Above) \_\_\_\_\_ Date Signed (Above) \_\_\_\_\_  
Print Parent Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**WIC INFORMATION:** More people are eligible for WIC (Women's Infants & Children) Program than you think! WIC serves pregnant, postpartum and breastfeeding women; infants and children to age 5 and many working families. WIC participants receive healthy foods like milk, cheese, cereal and eggs; breast feeding information and support; referrals to health and social services, nutrition and health information and infants, who are partially or not breastfed may receive iron-fortified infant formula. CALL FOR A WIC CLINIC NEAR YOU 1-800-WIC-4030 or go to <http://www.health.state.mn.us/divs/fh/wic>

## State Administration Contact Information:

Minnesota Department of Education • Food & Nutrition Service • 1500 Highway 36 West Roseville, MN 55112-4266 • 1-800-366-8922 • [fns@state.mn.us](mailto:fns@state.mn.us)

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