

## INFANT Information (birth to 12 months)

What are you feeding your infant?  Breast Milk  Formula (please list brand)

Amount of feedings?

Frequency of feedings?

Formula preparation (if center is to prepare)

My infant likes a bottle warmed: (check one)  Room temp  Warm  Very warm (NOT HOT)

Juice (type, amount, when?)

Does child use a cup yet?  Yes  No

Solid foods (baby food, brand, types, amounts, frequency)

Are foods served at room temperature or warmed?

Table food (types, amounts, frequency, special instructions)

How frequently should staff check/change your child's diaper?

Hints for getting baby to sleep

Sleeping position  Back  Side\*  Tummy\* \* a sleep position waiver form must be signed by your child's physician

Allergies

Special Precautions

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

Dates form updated:

Date \_\_\_\_\_

Primary Caregiver Signature \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

## CACFP INFANT MEALS – PARENT PREFERENCE LETTER

**TO:** Parents and Guardians of Infants under one year of age

**FROM:**

Name of Center or Provider	OakPark Preschool
----------------------------	-------------------

**TOPIC:** Who will provide food for your infant's meals?

Due to participation on the Child and Adult Care Food Program (CACFP), all children enrolled at this child care center or family child care (FCC) home receive meals free of charge. The CACFP is a child nutrition program of the United States Department of Agriculture. Child care centers and family child care homes are reimbursed a meal rate to help with the cost of serving nutritious meals to enrolled children. These centers and FCC homes can be reimbursed daily for up to two meals and one snack served to each enrolled child, including infants. Emergency Shelters can be reimbursed for up to three meals. The meals must meet CACFP meal pattern requirements for children and infants.

To meet CACFP requirements, the center or FCC home is required to offer formula and other required infant food to all enrolled infants. The iron fortified infant formula we will provide for infants until they turn one year of age is:

<b>Center or provider to insert the NAME OF FORMULA that they will provide</b>	Similac Advantage (or generic equivalent)
--	---

A parent or guardian may decline the formula offered by the center or home and supply the infant's formula themselves. However, when an infant turns one year of age, the center or FCC home 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 preferences below by checking one item each in the formula and solid food section.

**PARENT OR GUARDIAN: PLEASE CHECK YOUR PREFERENCES FOR FORMULA AND FOOD**

**Formula or Breast Milk: (check one)**

- I want the center or FCC home provider 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 or FCC home to breast feed my infant

<b>Parent/Guardian: List Name of Formula You Will Provide</b>
---

**Solid Food: (check one)**

- I want the center or FCC home to provide solid food for my infant when he/she is developmentally ready for it
- I will bring solid food for my infant when he/she is developmentally ready for it

**\*Note: If your feeding preferences change, the center or provider will ask you to complete a new form.**

<b>INFANT'S NAME:</b>	<b>INFANT'S BIRTHDATE:</b>
<b>PARENT/GUARDIAN SIGNATURE:</b>	<b>DATE:</b>

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov). This institution is an equal opportunity provider.

Ohio Department of Job and Family Services  
**SLEEP POSITION WAIVER STATEMENT  
 FOR CHILD CARE**

**Safe Sleep Practices**

Sudden Infant Death Syndrome (SIDS) is the sudden and unexplained death of an infant under one year of age. Doctors don't know what causes SIDS, but they have found some things that can make babies safer. The American Academy of Pediatrics and the National Institute of Child Health and Human Development state that one of the most important things that can help reduce the risk of SIDS is to put healthy babies on their backs to sleep. State regulations require child care centers, family child care, and in-home aides to place all infants to sleep on their back. A few babies have health or medical conditions that might require them to sleep in an alternative position. At the advice of the infant's physician, the child care program may be authorized to use an alternative sleep position for the infant due to health or medical conditions. If an infant is to be placed in the crib in any other positions than on their back, this form must be completed by the child's physician and signed by the parent.

**To Be Completed by the Infant's Parent/Guardian**

Name of Infant		Date of Birth
Name of Primary Care Physician		
Name of Practice		
Address		
Phone	Fax <i>(optional)</i>	Email <i>(optional)</i>
Signature of Caretaker/Parent <i>(authorizing this instruction)</i>		Date

**To Be Completed by the Infant's Primary Physician**

The above named infant has the following health or medical condition that necessitates an alternative sleep position	
Describe the appropriate sleep position for the above named infant	
Additional instructions	
Signature of Physician	Date
This above instruction is effective from <i>(date)</i> to <i>(date)</i>	