

**Distribution**

- Infant/Toddler Classroom Forms
- Front Desk Forms

(Month) _____

Infant Feeding Plan

For children ages 6 weeks-12 months

Child's Full Name: _____

Date of Birth: ____/____/____

Instructions to Parents/Guardians:

- Bottles must be pre-mixed (if applicable), labeled with child's full name, current day's date and ready to be served.
- Breast milk must be prepared and stored in a bottle ready for use with the amount of milk for one feeding, labeled with the child's full name, and date of collection. *frozen storage bags are not permitted.
- Update diet information as needed or every 30 days. Use a new form or initial/date changes on this form.

Introduction of Solid Foods:

The introduction of age-appropriate solid foods should preferably occur at six months of age, but no sooner than four months. Has the parent discussed with the child's primary caregiver that the child has met appropriate developmental skills for the introduction of solid foods? ☐ Yes ☐ No Parent Initials: _____

The child has met the following developmental skills:

Can hold his/her head steady?

☐ Yes ☐ No

Opens mouth/leans forward in anticipation of food offered?

☐ Yes ☐ No

Closes lips around a spoon.

☐ Yes ☐ No

Transfers food from front of the tongue to the back and swallows?

☐ Yes ☐ NoDoes child feed self? ☐ Yes ☐ No

Child's diet includes (check all that apply):

Formula	<input type="checkbox"/>	Juice	<input type="checkbox"/>
Breast Milk	<input type="checkbox"/>	Baby Foods	<input type="checkbox"/>
Whole Milk	<input type="checkbox"/>	Strained Foods	<input type="checkbox"/>
Water	<input type="checkbox"/>	Table Foods	<input type="checkbox"/>

Formula type: _____

Bottle's Formula Amount: _____

Breast Milk Storage: ☐ Bottles

Bottle's Breast Milk Amount: _____

Food Likes: _____

Food Dislikes: _____

Allergies: _____

Restrictions: _____

Feeding	Time of Day	Type and Approximate Amount of Food

Additional Instructions (i.e., for the introduction of solid foods, dietary changes):

I understand it is my responsibility to keep Kids 'R' Kids # 18 updated, in writing, as my child's needs change or **every 30 days**, and that it is Kids 'R' Kids policy that bottles are held, not propped, during feeding & that bottles are discarded within an hour after warmed. Unused breast milk will be sent home. Not discarded.

Parent/Guardian Signature____/____/____
Date

Child Care Food Program Infant Feeding Form

Child care facility: Please fill in facility name and formulas offered before distributing to parents.

Child Care Facility Name:	
*Formulas offered at this facility:	
Milk-based:	
Soy-based:	

This child care facility participates in the Child Care Food Program (CCFP) and is required to offer infant formula and food to your baby. The CCFP provides reimbursement for healthy meals provided and served to your baby while in our care. Our child care staff have been trained in infant feeding practices and offer age appropriate foods for your baby.

We welcome breastfed babies and support and encourage moms to continue breastfeeding when returning to work or school. For formula fed infants, we offer the iron-fortified infant formulas listed above to babies in our care.

To qualify for reimbursement, infant meals and snacks must include, at a minimum, the following food components at appropriate age and developmental stages:

- ~ Breastmilk or iron-fortified infant formula (or a combination of both)
- ~ Iron-fortified infant cereal
- ~ A variety of texture-appropriate vegetables and fruits such as sweet potatoes, bananas, and peas.
- ~ A variety of texture-appropriate meat and meat alternates such as chicken, yogurt, and cheese.
- ~ Bread, crackers, Florida WIC-approved ready-to-eat cold cereals

Please be aware this child care facility:

- ~ Will offer all food components to each infant that is developmentally ready to accept them. Parents do not have to bring in any foods for their children.
- ~ Can feed solid foods to infants in a bottle only when a medical statement is provided.
- ~ May request parents to supply clean, sanitized and labeled bottles on a daily basis.
- ~ Requires the parent to label bottles of breastmilk or formula and containers of food that they provide with baby's name, date, and time of bottle or food preparation.

Parents please complete the following:

Baby's full name: _____ Date of Birth: _____

Please check ☒ this box ☐ if your baby is breastfed. Please check if you plan to do one or both:

Provide pumped breastmilk ☐

Visit facility to nurse ☐

I understand that this child care facility will supply the above iron-fortified formulas for formula-fed infants up to 12 months of age and infant cereal and baby food for infants 6 months and older, according to the CCFP requirements.

I prefer to supply my own formula (write in name of *formula): _____

This facility has not requested or required me to provide infant formula or food.

Parent Signature: _____ Date: _____

Printed Name of Parent: _____

*Please note: Early Head Start facilities provide the brand of formula you currently give your infant as well as all age-appropriate food