



**Distribution**

- Infant/Toddler Classroom Log
- 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.
- Disposable Nurser Bags must be refrigerated or frozen, stored only with the amount of milk for one feeding, labeled with the child's full name and date of collection.
- Update diet information as needed or every 30 days. Use a new form or initial/date changes on this form.

Does 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  Disposable Nurser Bags

Bottle's Breast Milk Amount: \_\_\_\_\_

Bag'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 # \_\_\_\_\_ 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.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

## Safe Sleep Policy Kids R Kids #35

Child's Name \_\_\_\_\_  
Parent's Name \_\_\_\_\_

DOB \_\_\_\_\_  
Classroom \_\_\_\_\_

### Safe Sleep Practices: Regulations and Center Policies:

1. Infant will always be placed on their back to sleep.
2. No items are to be placed in or on the crib with an infant including toys, pillows, quilts, comforters, bumper pads, or any other soft item.
3. The center will not allow any object to be attached to the crib sides or rails with a sleeping infant such as crib gyms, toys, mirrors or mobiles.
4. Swaddling and/ or sleep sacks will not be used. It is the parents responsibility to ensure that their child is properly dressed as the weather permits. Teachers may remove extra layers should the child get warm.
5. Individual crib, cot or mat with tight fitting sheet will be provided and cleaned daily or as necessary if soiled.
6. Infants will not be permitted to sleep on other equipment including boppy pillows and mats and will be moved to their crib to sleep.
7. No positioning devices or wedges can be used without prior authorization from a doctor. Doctor notes **MUST** be provided.
8. Cribs shall be in compliance with the CPSC (Consumer Product Safety Commission) and ASTM (American Society for Testing and Materials).
9. Crib shall be in good repair and free of hazards.

I \_\_\_\_\_, have received a copy of the centers sleep safe policies and procedures as required by O.C.G.A, 20-1A-1. I understand that I am required to provide appropriate clothing for my child and a specific physician note if my child needs care that may be in conflict to the above mentioned regulations that specify instruction and time frame for alternative care.

Signature \_\_\_\_\_

Date \_\_\_\_\_