

INFANT FEEDING FORM

PURPOSE: For Provider and Sponsor to have complete information on any infant child enrolled in your Day Care

PROVIDER: Must complete top box of form titled:
Child Care Provider Use **ONLY**

- **Area (A)** Write in Provider Name, **Area (B)** Write in Milk Based Formula offered by Provider, **Area (C)** Write in Soy Based Formula offered by Provider

NOTE: All providers must offer two (2) TYPES OF FORMULA to parents of Infants. You must offer a milk based and soy based formula from the CCFP Approved Formula List. (See enclosed list)

- All other information is completed by the **Parent/Guardian**.
- Signature: **Parent/Guardian** must sign and date form to be valid
- Provider is responsible for insuring that this form is completed accurately before sending to CCFP.
- Keep copy in the Food Program Binder

NOTE: To be reimbursed on the CCFP Providers must supply Infant cereal and baby food.

DEADLINE: Must be sent to CCFP by 3rd business day of feeding child

Infant Feeding Form

CHILD CARE PROVIDER USE ONLY – Complete this shaded section <u>before</u> distributing to parents	
Child Care Provider Name:	
Iron Fortified Milk based formula offered:	Iron Fortified Soy based formula offered:

Parents: Participation in the Child Care Food Program ensures that healthy meals are served to your baby while in child care. To help provide the best nutritional care for your baby, please complete the following information:

Baby's Name:	Baby's Birth Date:
Place a check mark (✓) by each of the following that apply for your baby:	
My baby is: <input type="checkbox"/> 0 to 3 months old <input type="checkbox"/> 4 to 7 months old <input type="checkbox"/> 8 to 11 months old	My baby is: <input type="checkbox"/> Breastfed <input type="checkbox"/> Breast and formula fed <input type="checkbox"/> Formula fed
My baby can: <input type="checkbox"/> Drink from a cup <input type="checkbox"/> Eat from a spoon <input type="checkbox"/> Sit alone without support	My baby is eating: <input type="checkbox"/> Infant cereal <input type="checkbox"/> Jar foods <input type="checkbox"/> Table foods
Other things we should know about feeding your baby: (For example – feeding schedule, allergies, special feeding needs)	

I understand that the child care provider will supply the above iron-fortified formulas for infants according to the Child Care Food Program requirements. ***Note: Child care providers may request parents to supply clean, sanitized and labeled bottles on a daily basis.**

If you <i>formula-feed</i> your baby, place a check mark (✓) by only ONE of the following:	
<input type="checkbox"/> I prefer to have the child care provider supply formula.	OR
<input type="checkbox"/> I will supply my own formula.	
If you <i>breastfeed</i> your baby, place a check mark (✓) by only ONE of the following:	
<input type="checkbox"/> I will supply expressed (pumped) breastmilk.	OR
<input type="checkbox"/> I will supply expressed (pumped) breastmilk and supply my own formula to supplement as needed.	
OR <input type="checkbox"/> I will supply expressed (pumped) breastmilk and have the child care provider supply formula as needed.	

I understand the child care provider will supply infant cereal and baby food for infants 4 months and older according to Child Care Food Program requirements.

Place a check mark (✓) by only ONE of the following:	
<input type="checkbox"/> I prefer to have the child care provider supply infant cereal and baby food.	OR
<input type="checkbox"/> I will supply my own cereal and baby food.	

This facility has not requested or required me to provide infant formula or food for my baby; I understand that I have the choice of having my baby participate in the CCFP. I also understand that all bottles of breastmilk or formula and containers of food that I prepare and supply for my infant **must be labeled with my baby's name, and date and time of bottle preparation.**

Parent Signature

Date