

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
- ~ A variety of texture appropriate meat and meat alternates
- ~ Bread or crackers
- ~ 100 percent fruit juice

Please be aware this child care facility:

- ~ 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.
- ~ Can feed solid foods to infants younger than 4 months of age only when a medical statement is provided.
- ~ Can feed solid foods to infants in a bottle only when a medical statement is provided.
- ~ Can offer 100 percent fruit juice from a cup – not a bottle.

Parents please complete the following:

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

Please check this box if your baby is breastfed and you plan to provide breastmilk.

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 4 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 foods.

INFANT/TODDLER HEALTH AND DEVELOPMENT QUESTIONNAIRE

Child's Full Name _____

Date of Birth _____ Sex _____

Please answer the questions on this form. We feel this information will help us be more effective in working with your child.

NOURISHMENT

Type of food your child eats: Strained _____ Junior _____ Table _____

How has child been fed? Held in lap _____ High Chair _____ Other _____

Does your child use a bottle? _____ Handle cup and spoon? _____

Current feeding schedule _____

Schedule has been use how long? _____

Any special feeding problems? _____

SLEEPING HABITS

Does child wake: Active _____ Sluggish _____ Crying _____ Happy _____ Fussy _____

How does child sleep? Heavy _____ Light _____ Restless _____

What times does child get up in the a.m.? _____ Go to bed in the p.m. _____

What is your child's nap pattern? Time of a.m. nap _____ Time of p.m. nap _____

Do you have a bedtime routine with your child?

Rocking _____ Singing _____ Stories _____ Talking _____ Other _____

DIAPERING/TOILETING

Does your child use: Diapers _____ Potty Seat _____

Special toilet seat _____ Regular toilet seat _____

Do you use: Disposable diapers _____ Cloth diapers _____ Training Paints _____

Are plastic pants used? Always _____ Sometimes _____ Never _____

Do you use: Oil _____ Powder _____ Other _____

Is baby's skin highly sensitive? _____ Frequent diaper rash _____

Are bowel movements regular _____ How many per day? _____ What time _____?

Is diarrhea or constipation a problem? _____

If yes, please explain _____

Has toilet training been attempted _____

HEALTH

Is your child taking over-the-counter or prescribed medication regularly at home?

If yes, what? _____

Is your child taking vitamins regularly at home? Yes _____ No _____

If yes, what? _____

List any known allergies to food or environment _____

What is the allergic reaction? _____

How is this treated? _____

Have you ever suspected your child of having seizures? _____

What was the cause? _____

How was this treated? _____

How do you consider your child's physical development?

Normal _____ Advanced _____ Lagging _____

Comments: _____

SOCIAL/EMOTIONAL

Check the words that best describe your child's temperament or personality.

Affectionate _____ Serious _____

Aggressive _____ Fearful _____

Assertive _____ Stubborn _____

Cautious _____ Friendly _____

Curious _____ Quiet _____

Sensitive _____ Rebellious _____

Determined _____ Sense of humor _____

Does your child use a pacifier, suck thumb, security object? _____

When does your child use them? _____

Does your child have a "fussy" time? _____ When? _____

How is this handled? _____

Does your child use special or unusual words/names for object, places, people? _____

Is there anything else, medical or otherwise, that we need to know about your child? _____

Signature of Custodial Parent/Legal Guardian

Date



SMART START PRE-PREP, LLC
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813-855-5088 (Fax)

Items needed for new incoming infants: all items should have child's name clearly labeled on them, or in a clear plastic zip lock bag with child's name for smaller items. These are recommended items and you may provide additional things should you feel your child will need them.

DIAPERS
WIPES
DIAPER CREAM
CHANGE OF CLOTHING (warm & cool outfit)
BIBS
SOCKS
BLANKET
BOTTLES 2-3
FORMULA/BREAST MILK (if you're providing)
PACIFIER
INFANT TYLENOL
ORAL JEL
TEETHING TABLETS

MUST HAVE SIGNED PERMISSION FORM FOR ALL MEDICATIONS