

FORMULA DECISION FORM

Childcare Center's Name: YWCA CHILDREN'S ALLEY

Infant's Name: _____ Date of Birth: ___/___/___

ALL INFANTS MUST HAVE THIS FORM COMPLETED AND ON FILE BEFORE THE CHILDCARE CENTER CAN RECEIVE REIMBURSEMENT FOR THE INFANT'S MEALS.

Our center participates in the Child and Adult Care Food Program (CACFP). In order for our center to receive reimbursement for meals served to infants, the CACFP requires that our center provide the parent or guardian with an option of a milk-based, iron-fortified infant formula and/or soy-based, iron-fortified infant formula.

In our center, the iron-fortified infant formulas available at no charge to you are:

(Milk based) SIMILAC AND ENFAMIL _____

(Soy based) SIMILAC AND ENFAMIL _____

You as a parent or guardian may decline the formula(s) provided by our center and supply your choice of iron-fortified infant formula for your infant and our center will supply the other food components specified on the CACFP Infant Meal Pattern when the infant is developmentally ready to accept them.

Please choose one of these options and fill out the following information:

When meals are served to my infant, effective _____
(Month/Year)

- Yes, I accept the formula supplied by your childcare center as the iron-fortified infant formula my infant will receive.
- No, I decline your childcare center's choice of formulas. I will purchase and provide the childcare center with iron-fortified infant formula for my infant.

Parent/Guardian's Complete Name (print)

Parent/Guardian's Signature

Childcare Center Representative Signature

INFANT FOOD LIST

Child's Name: _____ Today's Date: ___/___/___ Birth date: ___/___/___

Fill in date to give Children's Alley Staff permission to serve the following foods:

- | | | |
|--------------------|-----------------------|---------------------------|
| _____ Breast Milk | _____ End Breast Milk | _____ Cow's Milk |
| _____ Formula | _____ End Formula | _____ Other Milk _____ |
| _____ Jar Food | _____ End Jar Food | _____ Food from Home Only |
| _____ Finger Foods | _____ Table Food | |

Please mark "P" for Pureed or "T" for Table Food for Grains, Fruit, and Vegetables.

GRAINS

- _____ Rice
- _____ Pasta
- _____ Bread
- _____ Barley
- _____ Cheerios

FRUITS

- _____ Pears
- _____ Apples
- _____ Mango
- _____ Prunes
- _____ Peaches
- _____ Bananas
- _____ Cherries
- _____ Blueberries
- _____ Cantaloupe
- _____ Strawberries

- _____ Watermelon
- _____ Raspberries
- _____ Oranges
- _____ Tomatoes
- _____ Grapes

VEGETABLES

- _____ Peas
- _____ Cabbage
- _____ Cauliflower
- _____ Carrots
- _____ Sweet Potatoes

- _____ Avocado
- _____ Cucumber
- _____ Squash
- _____ Zucchini

- _____ Asparagus
- _____ Beets
- _____ Broccoli
- _____ Potatoes

- _____ Corn
- _____ Pumpkin
- _____ Green beans
- _____ Spinach

MEAT/PROTIEN

- _____ Fish
- _____ Beef
- _____ Turkey
- _____ Chicken
- _____ Beans

DAIRY

- _____ Yogurt
- _____ Cheese
- _____ Whole Milk
- _____ Cottage Cheese
- _____ Cream Cheese

OTHER

- _____
- _____
- _____
- _____
- _____

RESTRICTIONS

- _____
- _____
- _____
- _____
- _____

PLEASE SIGN AND DATE ON BACK

OPTIONAL INFANT PACIFIER OPT-OUT FORM

In order to reduce the risk of Sudden Unexpected Infant Death, including Sudden Infant Death Syndrome, suffocation, and other sleep related deaths, Colorado Rules and Regulations for both Family Child Care Homes and Child Care Centers require that infants one month to twelve months old be offered a pacifier for sleep times.

Parents may instruct Children's Alley to not follow the State Rules and Regulations by giving permission below.

PARENT PERMISSION

Child Name _____

Date of Birth _____

Pacifier policy: Children's Alley is required to offer a pacifier to infants one month to twelve months for all sleep times.

I understand that no infant will be forced to use a pacifier; the pacifier will not be placed back in the infant's mouth once the infant has fallen asleep and the pacifier falls out, the pacifier will not be coated in any sweet solutions, and the pacifier will be cleaned and replaced regularly. Pacifiers will not be attached to clothing in any way and the use of pacifiers with attached stuffed animals are not allowed.

___ I allow Children's Alley to **NOT** use a pacifier during sleep times

Parent or Legal Guardian Signature

____/____/____
Date

Infant Feeding Plan

As your child's caregivers, an important part of our job is feeding your baby. The information you provide below will help us to do our very best to help your baby grow and thrive. **This form must be filled out for all children under 15 months of age.**

Child's name: _____ Birthday: _____
m m / d d / y y y y

Parent/Guardian's name(s): _____

Did you receive a copy of our "Infant Feeding Guide?" Yes No

If you are breastfeeding, did you receive a copy of:

"Breastfeeding: Making It Work?" Yes No

"Breastfeeding and Child Care: What Moms Can Do?" Yes No

TO BE COMPLETED BY PARENT

At home, my baby drinks (check all that apply):

- Mother's milk from (circle)
Mother bottle cup other
- Formula from (circle)
bottle cup other
- Cow's milk from (circle)
bottle cup other
- Other: _____ from (circle)
bottle cup other

How does your child show you that s/he is hungry?

How often does your child usually feed?

How much milk/formula does your child usually drink in one feeding?

Has your child started eating solid foods?

If so, what foods is s/he eating?

How often does s/he eat solid food, and how much?

TO BE COMPLETED BY TEACHER

Clarifications/Additional Details:

At home, is baby fed in response to the baby's cues that s/he is hungry, rather than on a schedule? Yes No

If NO,

- I made sure that parents have a copy of the "Infant Feeding Guide" or "Breastfeeding: Making it Work"
- I showed parents the section on reading baby's cues

Is baby receiving solid food? Yes No

Is baby under 6 months of age? Yes No

If YES to both,

- I have asked: Did the child's health care provider recommend starting solids before six months?

Yes No

If NO,

- I have shared the recommendation that solids are started at about six months.

Handouts shared with parents:

Child's name: _____

Birthdate: _____
m m / d d / y y y

Tell us about your baby's feedings at our center.

I want my child to be fed the following foods while in your care:

	Frequency of feedings	Approximate amount per feeding	Will you bring from home? (must be labeled and dated)	Details about feeding
Mother's Milk				
Formula				
Cow's milk				
Cereal				
Baby Food				
Table Food				
Other (describe)				

I plan to come to the center to nurse my baby at the following time(s): _____

My usual pick-up time will be: _____

If my baby is crying or seems hungry shortly before I am going to arrive, you should do the following (choose as many as apply):

- hold my baby use the teething toy I provided use the pacifier I provided
 rock my baby give a bottle of my expressed milk other Specify: _____

I would like you to take this action _____ minutes before my arrival time.

At the end of the day, please do the following (choose one):

- Return all thawed and frozen milk to me. Discard all thawed and frozen milk.

We have discussed the above plan, and made any needed changes or clarifications.

Today's date: _____

Teacher Signature: _____ Parent Signature _____

Any changes must be noted below and initialed by both the teacher and the parent.

Date	Change to Feeding Plan (must be recorded as feeding habits change)	Parent Initials	Teacher Initials



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In Collaboration With:

NC Department of Health and Human Services
NC Child Care Health and Safety Resource Center
NC Infant Toddler Enhancement Project
Shape NC: Healthy Starts for Young Children
Wake County Human Services and
Wake County Smart Start

Infant Feeding

A Guide for Parents and Caregivers

As a new parent or caregiver, you probably receive a lot of advice about how to feed your baby. This booklet will give you some basic information about feeding that can help your baby get the best start in life.

MYTHS and FACTS

MYTH: In hot weather, babies need water in a bottle.

FACT: Formula or mother's milk provides all the liquid a baby needs.

MYTH: Cereal in a bottle will help my baby sleep longer.

FACT: Cereal in a bottle will not help your baby sleep, and it may upset his tummy. Do not feed cereal until your baby can eat it from a spoon.

MYTH: If I am too busy to feed my baby, I can just prop the bottle.

FACT: Propping a bottle is not safe. A baby can choke. Take a break from what you are doing and enjoy this special time with your baby.

Photo courtesy of Wake AHEC



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NC Infant Toddler Enhancement Project
Shape NC: Healthy Starts for Young Children
NC Department of Health and Human Services
Wake County Human Services and
Wake County Smart Start

Should I Schedule My Baby's Feedings?



It is best to feed your baby when he is hungry. It may feel tempting to put your baby on a strict feeding schedule, so you will always know when he wants to eat. But do you always eat at exactly the same time every day?

It is best to feed your baby in response to her changing appetite. Your baby may be more or less hungry at different times or on different days—just like you! It is best to feed according to her changing appetite.

Doctors recommend that all babies be fed in response to their hunger cues, not on a strict schedule.

Advantages of cue-feeding include:

- Babies tend to grow better, especially after 3–4 months of age.
- Babies are calm for feedings, so they feed better.
- Breastfeeding moms have an easier time making enough milk for their babies.
- Babies learn to eat when they are hungry, which may help prevent obesity when they are older.

But How Do I Know When My Baby Wants To Eat?

Your baby may not be able to speak, but he still is able to tell you what he needs.

- **When a baby is hungry**, she will open her mouth, stick out her tongue, and move her head from side-to-side. While sleeping, she may start to wriggle. If her hand is near her mouth, she may try to suck on it. **Crying is a late sign of hunger.**
- **When a baby is full**, he will move away from the food. Never prop a bottle, because it forces a baby to eat more than he wants. It makes him overeat and can increase vomiting. Just like adults, babies know when they have had enough.
- **When a baby wants to have some quiet time**, she often will look away. She may have changes in her skin, her movements, or her breathing.
- **When a baby wants to cuddle**, he will look at you. As he gets older, he will smile.
- **When a baby is unhappy**, she will fuss and sometimes cry. All babies do this from time to time. You can never “spoil” your baby by comforting her. Responding to her cries will help her feel more secure and cry less often.

When you try to understand what your baby is “saying,” both of you will be happier and more confident!



But Why Should I Care About Breastfeeding?

Even if you are not a breastfeeding mother, consider learning more about breastfeeding.

- **I work in child care**, and it is part of my job to care for breastfeeding babies. I want to have the training and information to take the very best care of all of the babies in my care.
- **I am an employer**, and I want to know all I can about supporting my employees, including breastfeeding mothers.
- **There is a mother in my life who is breastfeeding**, my sister or daughter or friend. I want to do all I can to support her choices about feeding her baby.
- **I may have another baby someday**. Although feeding formula is the right choice for our family right now, I would like to learn more about how I can give my next baby the very best start in life, and how breastfeeding can be a part of that.



If you would like to learn more, ask your provider for our booklet “Breastfeeding: Making It Work.”

Copies also can be downloaded at our website:

<http://cgbi.sph.unc.edu/>