



Children's Center

INFANT INTAKE RECORD

Welcome to the Kids Come 1st Infant Room. Please fill out this sheet prior to starting and we will use it as a tool to get to know your child better. Thanks and we look forward to having your child as a part of our program.

Child's Name: _____ Birthdate: _____

Parents Name: _____ Enrollment Date: _____

FEEDING INFORMATION

1. Does your child use: (check all that apply)

Formula _____ (We supply Similac Advance & Gerber Soy and possibly depending on location.)

Breast Milk: _____

Whole Milk: _____ (not provided here until after baby's first birthday)

2. If you are using formula, please specify which kind: _____

3. What type of bottle/nipple does your child use? _____ (You provide)

4. Amount per feeding/how often fed: _____

5. How often to you burp your child? _____

6. Does your child drink water? _____

7. Please let us know the kinds and amounts of the following:

(Infants must be 4 months or older in order for us to serve solids).

Cereal: _____

Fruits: _____

Vegetables: _____

Meats: _____

Bread: _____

Juice: _____

DIAPERING INFORMATION

Please list any creams, ointments, or powders your child uses: (Medication form needed)

What is the frequency and consistency of your child's bowel movements?

Any other special instructions for diapering:

NAPTIME AND SLEEP RITUALS

1. We would love if you would supply us with a pacifier to make your child comfortable and calm during nap time. We will also provide sheets for each and every child. It is a state recommendation that blankets not be used and all babies in our care will be placed on their backs to sleep.

2. Does your child use his/her thumb or fingers instead of a pacifier? (Circle one) YES NO

3. How often and how long are your child's naps? _____

4. Any special rituals before napping? (Ex. Rocking) _____

SPECIAL INSTRUCTIONS:

1. How do you comfort your child? _____

2. What are some activities your child enjoys? (Ex. Bouncy seats, swings, etc.) _____

3. Please tell us anything else you would like us to know about your child: _____

Is your child receiving or eligible for Developmental Disability related case management services or does your child have an educational plan and or working with the Birth to Two staff with a school district? _____

*If your child is on baby food or table food, we will give you a menu that lists all the baby foods and table foods we offer here at the center. Due to allergy reasons it is your responsibility to try these foods at home at least 3 times before we will offer it to them here. All children must be on the regular center menu when they reach one year of age, this includes whole milk. If your child is not ready to be weaned from formula at a year, we will provide our formula, should you choose to use it until 13 months of age.

CULTURAL/FAMILY TRADITIONS: Please list any traditions or restrictions your child has. If food related please see Dietary needs section. _____

DIETARY NEEDS: ____ Food Allergy ____ Religious ____ Personal Choice

If the restriction is due to a Food Allergy, an Action Plan would need to be filled out, along with a Doctor's note regarding allergy. Please list restrictions: (IPP required for any food allergy)

Parent Signature _____ Date _____

Staff Signature _____ Date _____

Infant Meal Notification Letter

To: Parents and guardians of infants under one year of age

From: Center: **Kids Come 1st**

Topic: Infant Meals

All children enrolled in this child care center, including infants, are eligible for meals through the USDA Child and Adult Care Food Program (CACFP). Child care centers who participate in this program are reimbursed by USDA to help with the cost of serving nutritious meals that meet CACFP guidelines to all enrolled children. To fully meet CACFP requirements, this center is required to provide formula and other required infant foods (iron-fortified infant cereal, grains, fruits, vegetables and meat/meat alternates) to enrolled infants.

The iron-fortified infant formula this center offers is: Similac Advance and possibly others

You may choose to bring your own iron-fortified infant formula, provide expressed breastmilk or breastfeed on-site. The center will introduce semi-solid foods to your infant according to the decisions made by you and your infant's doctor. When your infant is developmentally ready to consume solid foods and you choose to supply expressed breastmilk or a creditable infant formula or breastfeed onsite, then the center must provide all the other required meal/snack components. Alternatively, you may choose to provide a solid food component when your infant is developmentally ready to consume solid foods. In this situation the center must supply all the other required meal/snack components, including the iron-fortified formula.

Please Check Your Preferences:

Formula or Breastmilk: (check one)

☐ I want the center to supply formula for my infant.

☐ I will provide the following formula for my infant: _____

Note: I understand that I will need to submit a [Special Diet Statement for a Participant With a Disability](#) if my infant needs a low-iron infant formula or other Food and Drug Administration (FDA) exempt formula.

☐ I will provide breastmilk for my infant.

☐ I will breastfeed my infant at the center, when able.

Solid Food: (check one)

☐ I want the center to supply solid food for my infant when he/she is developmentally ready.

☐ ~~When my child is developmentally ready, I will provide one (1) food component, if I am not supplying breastmilk or infant formula.~~

Infant's name: _____ Birthdate: _____

Parent/Guardian signature: _____ Date: _____

This institution is an equal opportunity provider.

**Child and Adult Care Food Program
Infant Meal Patterns**

Food Components and Food Items	Birth through 5 months	6 through 11 months
Breakfast, Lunch and Supper	<ul style="list-style-type: none"> 4-6 fluid ounces breastmilk¹ or formula² 	<ul style="list-style-type: none"> 6-8 fluid ounces breastmilk¹ or formula² And 0-4 tablespoons infant cereal^{2,3}, meat, fish, poultry, whole egg, cooked dry beans, or cooked dry peas; or 0-2 ounces of cheese; or 0-4 ounces (volume) of cottage cheese; or 0-4 ounces or ½ cup of yogurt⁴; or a combination of the above⁵ And 0-2 tablespoons vegetable or fruit³ or a combination of both^{5,6}
Snack	<ul style="list-style-type: none"> 4-6 fluid ounces breastmilk¹ or formula² 	<ul style="list-style-type: none"> 2-4 fluid ounces breastmilk¹ or formula² And 0-½ slice bread^{3,7}; or 0-2 crackers^{3,7}; or 0-4 tablespoons infant cereal^{2,3,7}, or ready-to-eat breakfast cereal^{3,5,7,8} And 0-2 tablespoons vegetable or fruit or a combination of both^{5,6}

¹Breastmilk or formula, or portions of both, may be served; however, it is recommended that breastmilk be served in place of formula from birth through 11 months. For some breastfed infants who regularly consume less than the minimum amount of breast milk per feeding, a serving of less than the minimum amount of breastmilk may be offered, with additional breastmilk offered at a later time if the infant will consume more.

²Infant formula and dry infant cereal must be iron-fortified.

³Beginning October 1, 2019, ounce equivalents are used to determine the quantity of creditable grains.

⁴Yogurt must contain no more than 23 grams of total sugars per six ounces.

⁵A serving of this component is required when the infant is developmentally ready to accept it.

⁶Fruit and vegetable juice must not be served.

⁷A serving of grains must be whole grain-rich, enriched meal, or enriched flour.

⁸Breakfast cereals must contain no more than six grams of sugar per dry ounce (no more than 21.2 grams sucrose and other sugars per 100 grams of dry cereal).

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Guidelines for Infant Meals

Definition of Infant. Any child less than 12 months of age.

Definition of Iron-fortified Infant Formula. The FDA defines iron-fortified infant formula as a product “which contains one milligram or more of iron in a quantity of product that supplies 100 kilocalories when prepared in accordance with labeled directions for infant consumption.” A medical statement is required in order for a center to serve/claim an infant formula that does not meet this definition.

Definition of an FDA exempt Infant Formula. An exempt infant formula is an infant formula labeled for use by infants who have inborn errors of metabolism or low birth weight, or who otherwise have unusual medical or dietary problems, as defined in 21 CFR 107.3. [List of FDA Exempt Infant Formulas](#).

Definition of Enrolled Child: A child whose parent or guardian has submitted to a center a signed document which indicates that the child is enrolled for child care. All infants and children who are considered enrolled in a child care center must be included in the total number of enrolled children, whether or not their meals are being claimed for reimbursement.

Obligation to Provide Infant Meals. All centers participating in the CACFP, and licensed to care for infants, must supply the majority of infant foods required by the Infant Meal Pattern including at least one iron-fortified infant formula that meets the definition of infant formula. Centers are strongly encouraged to select an infant formula that satisfies the needs of one or more of the infants in their care.

Breastfed Infants. Infant meals or snacks with human breastmilk (expressed or by the mother breastfeeding onsite), are reimbursable in the CACFP. The American Academy of Pediatrics recommends an optimal storage time of no more than 72 hours for refrigerated expressed breastmilk. Bottles of expressed breastmilk must be stored in a refrigerator kept at 39 degrees Fahrenheit.

Parent Providing Infant Formula/Breast milk. The decision regarding which infant formula to feed an infant is one for the infant's doctor and parents/guardian to make together. Therefore, parents or guardians may elect to decline the center's infant formula and supply their own formula or breastmilk, or breastfeed onsite.

Parent Decline Form—Infant Meal Notification Letter. Centers must inform parents that an iron-fortified infant formula, including the specific name of the formula, iron-fortified infant cereal, and other semi-solid foods listed under the CACFP Infant Meal Pattern are provided by their sponsorship. Parents/Guardians who choose to provide their own formula, breastmilk, and/or other foods must complete the Infant Meal Notification Letter. This documentation must be kept on file.

Parent Provided Food. Parents or guardians may choose to provide one of the meal components in the infant meal pattern, as long as this is in compliance with local health codes. When an infant is developmentally ready to consume solid foods and the parent or guardian chooses to supply expressed breastmilk or a creditable infant formula or breastfeed on site, the center must provide all the other required meal/snack components for the meal to be reimbursable. Alternatively, a parent or guardian may choose to provide a solid food component when the infant is developmentally ready to consume solid foods. In this situation, the center must supply all the other required meal/snack components, including iron-fortified infant formula.