

## Child Care Food Program Infant Feeding Form

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| <b>Child care facility: Please fill in facility name and formulas offered before distributing to parents.</b> |  |
| Child Care Facility Name:   | Small World Daycare & Learning Center    |
| *Formulas offered at this facility:<br>Milk-based:  | Similac Advance Infant Formula with Iron |
| Soy-based:  | Enfamil ProSobee                         |

**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 such as sweet potatoes, bananas, and peas.
- ~ A variety of texture-appropriate meat and meat alternates such as chicken, yogurt, and cheese.
- ~ Bread, crackers, Florida WIC-approved ready-to-eat cold cereals

Please be aware this child care facility:

- ~ Will offer all food components to each infant that is developmentally ready to accept them. Parents do not have to bring in any foods for their children.
- ~ Can feed solid foods to infants in a bottle only when a medical statement is provided.
- ~ 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.

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### Parents please complete the following:

Baby's full name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please check  this box  if your baby is breastfed. Please check if you plan to do one or both:

Provide pumped breastmilk

Visit facility to nurse

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 6 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: \_\_\_\_\_