

CACFP INFANT MEALS – PARENT PREFERENCE LETTER

TO: Parents and Guardians of Infants under one year of age

FROM:

Name of Center or Provider	JRC Learning Center
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TOPIC: Who will provide food for your infant's meals?

Due to participation on the Child and Adult Care Food Program (CACFP), all children enrolled at this child care center or family child care (FCC) home receive meals free of charge. The CACFP is a child nutrition program of the United States Department of Agriculture. Child care centers and family child care homes are reimbursed a meal rate to help with the cost of serving nutritious meals to enrolled children. These centers and FCC homes can be reimbursed daily for up to two meals and one snack served to each enrolled child, including infants. Emergency Shelters can be reimbursed for up to three meals. The meals must meet CACFP meal pattern requirements for children and infants.

To meet CACFP requirements, the center or FCC home is required to offer formula and other required infant food to all enrolled infants. The iron fortified infant formula we will provide for infants until they turn one year of age is:

Center or provider to insert the NAME OF FORMULA that they will provide	Parent's Choice- Soy Based
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A parent or guardian may decline the formula offered by the center or home and supply the infant's formula themselves. However, when an infant turns one year of age, the center or FCC home will begin to provide milk and the other required food items to meet the meal pattern requirements for toddler age children.

To assist us in your infant formula and food preferences, please complete preferences below by checking one item each in the formula and solid food section.

PARENT OR GUARDIAN: PLEASE CHECK YOUR PREFERENCES FOR FORMULA AND FOOD

Formula or Breast Milk: (check one)

- I want the center or FCC home provider to provide formula for my infant
- I will bring iron fortified infant formula for my infant
- I will bring expressed breast milk for my infant
- I will come to the center or FCC home to breast feed my infant

Parent/Guardian: List Name of Formula You Will Provide

Solid Food: (check one)

- I want the center or FCC home to provide solid food for my infant when he/she is developmentally ready for it
- I will bring solid food for my infant when he/she is developmentally ready for it

***Note: If your feeding preferences change, the center or provider will ask you to complete a new form.**

INFANT'S NAME:	INFANT'S BIRTHDATE:
PARENT/GUARDIAN SIGNATURE:	DATE:

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Ohio Department of Job and Family Services
BASIC INFANT INFORMATION FOR CHILD CARE

This information should be completed by the parents prior to the child's first day. This information should be updated periodically as the infant's needs change.

Child's Name		Nickname	
Child's Date of Birth		Siblings	
What are you feeding your infant? <i>(Check all that apply)</i>			
<input type="checkbox"/> Formula (include brand)		<input type="checkbox"/> Breast milk	
Formula preparation <i>(if center/provider is to prepare.)</i>			
Amount for each feeding		Frequency of feedings	
My infant likes a bottle warmed: <i>(Check one)</i> <input type="checkbox"/> Room temp <input type="checkbox"/> Warm <input type="checkbox"/> Very warm/NOT HOT			
Juice <i>(type, amount, when?)</i>			
Does child use a cup yet? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Solid foods <i>(baby food, brand, types, amounts, frequency)</i> <i>*you must have written permission from your child's physician if your child is under 4 months and given solid foods.</i>			
Are foods served room temperature or warmed?			
Table food <i>(types, amounts, frequency, special instructions)</i>			
Security items <i>(pacifier, blankies, etc.)</i>			
Nap schedule			
Hints for getting baby to sleep			
Sleeping Position <input type="checkbox"/> Back <input type="checkbox"/> Side* <input type="checkbox"/> Tummy* <i>*You must secure a sleep position waiver from your child's physician if your baby is to sleep on their tummy or side. Please contact the center/provider for a JFS 01235.</i>			
Special Precautions			
Any additional information about your child that would be helpful or you would like staff to know.			
Parent Signature			Date
Primary Caregiver Signature			Date
Date form last updated			

Ohio Department of Job and Family Services
**SLEEP POSITION WAIVER STATEMENT
 FOR CHILD CARE**

Safe Sleep Practices

Sudden Infant Death Syndrome (SIDS) is the sudden and unexplained death of an infant under one year of age. Doctors don't know what causes SIDS, but they have found some things that can make babies safer. The American Academy of Pediatrics and the National Institute of Child Health and Human Development state that one of the most important things that can help reduce the risk of SIDS is to put healthy babies on their backs to sleep. State regulations require child care centers, family child care, and in-home aides to place all infants to sleep on their back. A few babies have health or medical conditions that might require them to sleep in an alternative position. At the advice of the infant's physician, the child care program may be authorized to use an alternative sleep position for the infant due to health or medical conditions. If an infant is to be placed in the crib in any other positions than on their back, this form must be completed by the child's physician and signed by the parent.

To Be Completed by the Infant's Parent/Guardian

Name of Infant		Date of Birth
Name of Primary Care Physician		
Name of Practice		
Address		
Phone	Fax (optional)	Email (optional)
Signature of Caretaker/Parent (authorizing this instruction)		Date

To Be Completed by the Infant's Primary Physician

The above named infant has the following health or medical condition that necessitates an alternative sleep position	
Describe the appropriate sleep position for the above named infant	
Additional instructions	
Signature of Physician	Date
This above instruction is effective from (date) to (date)	