

# DACULA ACADEMY

According to USDA regulations, as an institution participating in the Child and Adult Care Food Program we must offer to provide meals to all infants enrolled for care in our center/facility.

We will provide Similac Advance Infant Formula with Iron  
And  
Gerber Iron Fortified Infant Cereal  
And  
Gerber Baby Food to infants enrolled for care in our facility.

Parents/Guardians, please check one of the following options and sign this form:

\_\_\_\_\_ I would like the provider/center to provide the milk-based iron-fortified infant formula and iron-fortified infant cereal listed above to my infant and I will provide clean, sanitized, and labeled bottles daily.

\_\_\_\_\_ I will provide \_\_\_\_\_ and  
Milk-based Iron-fortified formula

\_\_\_\_\_ for my infant on a daily basis.  
Iron-fortified cereal

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\*Any parent requesting any formula other than a USDA approved milk-based or soy-based iron-fortified formula be provided to their infant or any parent who provides any formula other than a USDA approved milk-based or soy-based iron-fortified for their infant must provide a doctor's note indicating the required use of the formula. If a parent elects to have the center or day care home provider supply meals to their infant, the infant will be fed according to its individual feeding plan that is provided by the parent or guardian although the center or day care home provider may only claim reimbursement for no more than breakfast, lunch or supper, and a snack.

# INFANT FEEDING PLAN

**Child's Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

Does your child take a bottle? YES( ) NO( )  
Is the bottle warmed? YES( ) NO( )  
Does your child hold its own bottle? YES( ) NO( )  
Can your child feed it self? YES( ) NO( )  
Dacula Academy staff has my permission  
to apply diaper rash cream? YES( ) NO( )  
(i.e. Cream ointment, Desitin, Vaseline)

Please indicate below what your child will be eating:

Strained Foods ( ) Breast Milk ( )  
Baby Foods ( ) Formula ( )  
Table Foods ( ) Whole Milk ( )

*\*In adherence with our NAEYC standards, only formula or breast milk can be served in bottles. After a bottle has been out of the refrigerator for 1 hour, any formula or breast milk that was not consumed must be discarded.*

Instructions for the introduction of solid foods: \_\_\_\_\_

Does your child take a pacifier? YES( ) NO( )

Food Likes: \_\_\_\_\_ Food Dislikes: \_\_\_\_\_  
Allergies: \_\_\_\_\_

## CHILD'S SCHEDULE:

Breakfast: \_\_\_\_\_

Approximate Time \_\_\_\_\_ Types and approximate amounts and type of food  
AM Snack: \_\_\_\_\_

Approximate Time \_\_\_\_\_ Types and approximate amounts and type of food  
Lunch: \_\_\_\_\_

Approximate Time \_\_\_\_\_ Types and approximate amounts and type of food  
PM Snack: \_\_\_\_\_

Approximate Time \_\_\_\_\_ Types and approximate amounts and of food  
Dinner: \_\_\_\_\_

Approximate Time \_\_\_\_\_ Types and approximate amounts and type of food

Morning Nap Time: \_\_\_\_\_

Afternoon Nap Time: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date: \_\_\_\_\_