Enrollment Date _____

DOB _____

Check Off Sheet for Infant Enrollment

1. Infant Obligation CACFP form _____
2. Sudden Infant Death Syndrome _____
3. Infant and Toddler Care Plan _____
4. Safe Transportation of Food Responsibility _____
5. Breast Milk Procedures _____
6. Suggested Feeding Plan _____

Safecare Sudden Infant Death Syndrome (SIDS) Policy

Dear Parents of Infants,

We are happy that you have chosen Safecare for your childcare Partner. As a productive Early Childhood Education Company, we strive to follow the latest safety and health policies. Below is a copy of our infant sleeping position policy.

As recommended by the American Academy of Pediatrics, infants between the ages of 6 weeks and 12 months are placed on their backs for sleeping. Research shows an increased incidence of Sudden Infants Death Syndrome (SIDS) in infants who sleep in other positions. However there may be a certain medical reason, which makes it necessary to make exceptions such as breathing, lung or heart problems, gastroesophageal reflux or certain birth defects. In this case, we ask parents to provide us with specific medical information from the child's treating Physician.

If you have any questions or concerns regarding this policy, please speak with Director.

Sincerely,

Safecare Development Childcare Center

I/We _____, the parents(s) of _____have received Safecare Infant Sleeping Position Policy. I/We understand that out infant will be placed on his/her back for sleeping. I/We understand that we are responsible for contacting my child's treating Physician and providing the Director with all proper medical information if there are medical reasons why additional steps need to be taken.

_____

Parent Signature Date

CACFP
Building for the Future

Obligation to Serve Infants in the CACFP

IDOE/CACFP
revised 06/02

Dear Parents/Guardians:

This center/home/ministry participates in the Child and Adult Care Food Program (CACFP) and receives USDA reimbursement for serving nutritious meals to infants and children. Participation in this program requires caregivers to follow specific meal patterns according to the age of the child being fed.

Policy requires a center/home/ministry participating in the CACFP to offer formula and meals to infants who are in care during meal service times. Parents/guardians, however, may decline what is offered, and supply the infant's meals instead.

Please complete the following information:

Name of Provider/Child Care Center/Ministry:_____

Name of Infant_____

Birth date _____

Type(s) of formula offered:_____

○ I **accept** the type(s) of formula offered by my provider/childcare center/ministry.

○ I **decline** the type(s) of formula offered by my provider/childcare center/ministry.

I will provide _____formula/breast milk for my infant.

* * * * * * * *

○ I **accept** the meals and snacks offered by my provider/childcare center/ministry.

○ **I decline** the meals and snacks offered by my provider/childcare center/ministry.

I will provide meals and snacks for my infant.

_____ _____

SIGNATURE OF PARENT/GUARDIAN DATE

1. This form must be kept on file for each infant enrolled for childcare.
2. As situations change, such as a medical authority changing the infant's formula, a new form should be completed.
3. This form must be kept current and accurate for each infant enrolled for childcare until the infant reaches one year of age or is no longer on infant formula.
4. If the parent/guardian declines the formula and the provider provides meal and/or snack components, the meal may be claimed for reimbursement.
5. If the parent/guardian declines infant meals/snacks, meals and snacks may NOT be claimed for reimbursement.

Infant and Toddler Care Plan

This form is required to be completed/updated as you child needs change. All changes must be discussed with your primary caregiver. Revision dates must be initialed by the teacher and you must sign the form with the date of revision.

Date of Completion: ___/___/___ Arrival Time: _____ Pick-up:_____
Child's Name: _____ D.O.B:_____
Parent/Guardian's Name: _____ Contact #:_____
Revision Dates: ___/___/___ _____ ___/___/___ _____ ___/___/___ _____
Initials Initials Initials

Feeding Plan

Child is to be fed the following: ___Breastmilk ___Formula-Brand:_____ ___Whole Milk ___Other Milk: _____ ___Juice:_____	Child now uses: ___Bottle ___Cup ___Spoon ___Fork	What age do you plan to introduce your child to: Bottle :_____ Cup: _____ Spoon: _____ Fork: _____
Child is currently eating solid food? ___yes ___No	Child can feed him or herself? ___Yes ___No	What age (if Applicable) will you begin to introduce solid foods? _____
How many ounces and how often? ___Breastmilk: _____ ___Formula: _____ ___Whole Milk: _____ ___Juice:_____	Approximate what time do you offer solids food at home? _____ _____ _____ _____	Do you have any concerns with trying solid foods at 6 months? _____ _____ _____ _____
Foods your child likes: _____ _____ _____ _____ _____ _____	Foods your child dislikes: _____ _____ _____ _____ _____ _____	Does your child have a Physician's medical statement regarding any special dietary needs? ___Yes ___No

Food allergy instructions:

_____
_____
_____

Special dietary instruction from your child's pediatrician relating to diet:

_____
_____

Sleeping Patterns

Does your child nap in the morning?	Does your child nap in the afternoon?	Does your child use a transitional object?
___Yes ___No What time? _____ How Long? _____	___Yes ___No What time? _____ How long? _____	___Blanket ___Pacifier ___Other: _____

Special Sleep Instructions:

_____

_____

_____

Note: As recommended by the American Academy of Pediatrics, infants must be placed on their backs to sleep; no items can be in the crib (including Blankets). A child may then move to their preferred sleeping position. Any request for an alternate sleeping position must be accompanied by documentation from your child's Physician.

Diapering and Toileting

Diapering:	When did your child begin toilet learning? _____ How does your child alert you that he or she needs to use the toilet? _____	What items are utilized in toilet learning at home? ___Training Pants ___Potty Chair ___Adult Toilet ___Other _____
___Cloth Diapers ___Disposable Diapers ___Wipes		

Other products or special instructions:

_____

_____

_____

Note:

1) The use of baby powder is not authorized in our school

2) The company must have a current completed Non-Prescription Medical Treatment Instructions, Consent and Waiver form on file for the use of all tropical ointments (diaper cream, sunscreen, and etc.)

Care Notes

Please share any additional information or services needed that will aid in the care of your child:

All parties below have reviewed and discussed the information contained on this Infant/Toddler Care Plan.

_____ _____
Parent/Guardian's Signature Completion Date

_____ _____
Parent/Guardian's Signature Revision Date

_____ _____
Parent/Guardian's Signature Revision Date

_____ _____
Teacher's Signature Date

_____ _____
Director's Signature Date

BREAST MILK PROCEDURE

State Form 49954 (R6 / 12-21)

FSSA - MS02
402 WEST WASHINGTON STREET, RM W362
INDIANAPOLIS, IN 46204

Breast milk is a very special product. Provide a safe and excellent source of nutrition to your breast-fed infants by following the procedure below:

1. The facility or the mother must supply sterilized bottles or disposable nurser bags (*see "Parent Agreement"*).

2. The mother will store her milk in a bottle or bag and refrigerate or freeze the milk. The bottle or bag should contain no more than the amount of milk the child would drink at one feeding. The milk must be labeled with the child's name and the date and time collected.

3. The bottles or disposable bags must be brought to the center in a clean, insulated container which keeps the milk at 41° F or below (*see "Parent Agreement"*).

4. Fresh, refrigerated breast milk must be used within forty-eight (48) hours of the time expressed. Frozen milk may be stored in a refrigerator freezer for three (3) to six (6) months or stored in a deep freezer at -4° F for six (6) to twelve (12) months.

5. Frozen breast milk may be thawed as follows:

   (a) Frozen breast milk may be thawed under warm water, gently swirled, used within one (1) hour or refrigerated immediately and used within twenty-four (24) hours. Label the bottle with the time and date thawed and method used for thawing (*"warm water" or "heat thaw"*).

   (b) Frozen breast milk may be thawed in the refrigerator at 41° F or below. Label the bottle with the time and date moved to the refrigerator and "cold thaw" method and use within twenty-four (24) hours. With this method, **never warm** the breast milk until ready to feed the child.

   (c) Do not refreeze the breast milk once it has been thawed.

NEVER HEAT BREAST MILK IN A MICROWAVE!

Note: Once a bottle is fed to infant, the remainder **must be discarded** and cannot be returned to the refrigerator.

PARENT AGREEMENT

I, _____, agree to provide my breast milk for my child _____ in sterilized bottles or sterile nurser bags. I will store my milk in the appropriate serving size for my child. I take full responsibility for maintaining this milk at 41° F or below during home storage and transport to the center.

Signature of parent	Date (*month, day, year*)

FEEDING PLAN GUIDELINES

INSTRUCTIONS: This is a guideline. Each child will grow at a different rate.

1. *Formula and juice may be offered in a training cup when a child is ready.*
2. *Formula is used until twelve (12) months unless otherwise stated by a physician.*
3. *Only plain, strained, mashed or chopped vegetables, fruits and meats are offered.*
4. *Most children are ready for foods of coarser consistency between nine (9) to ten (10) months of age. Mashed or chopped table foods may be used.*
5. *Strained or mashed foods may be introduced at six (6) months if the infant's neuromuscular system has developed appropriately. Indications for solid foods are: the ability to swallow non-liquid foods, to sit with support, head and neck control, and to show that the child is able to decline food by leaning back or turning away.*
6. *Finger foods may be offered between nine (9) to twelve (12) months when infant is developing finger / hand coordination.*
7. *The serving of juice to children under twelve (12) months of age is discouraged.*

2 MONTHS - 5 MONTHS				
TIME INTERVAL	**AMOUNT EACH FEEDING**			
	Month 2	Month 3	Month 4	Month 5
6:00 a.m.	4 - 6 oz.	4 - 7 oz.	5 - 7 oz.	5 - 8 oz.
10:00 a.m.	4 - 6 oz.	4 - 7 oz.	5 - 7 oz.	5 - 8 oz.
2:00 p.m.	4 - 6 oz.	4 - 7 oz.	5 - 7 oz.	5 - 8 oz.
6:00 p.m.	4 - 6 oz.	4 - 7 oz.	5 - 7 oz.	5 - 8 oz.
10:00 p.m.	4 - 6 oz.	4 - 7 oz.	5 - 7 oz.	5 - 8 oz.
2:00 a.m.	4 - 6 oz.	4 - 7 oz.	5 - 7 oz.	5 - 8 oz.

6 MONTHS - 12 MONTHS					
	Month 6	Month 7	Month 8	Month 9	Months 10, 11, and 12
Total Amount of Formula Per 24 Hours	30 - 48 oz.	30 - 32 oz.	29 - 31 oz.	26 - 31 oz.	24 - 32 oz.
7:00 a.m.	5 - 8 oz. formula 2 - 3T baby cereal *	6 oz. formula 2 - 3T baby cereal *	7 - 8 oz. formula 3 - 5T baby cereal *	7 - 8 oz. formula ** 4 - 6T baby cereal * 2 - 4T fruit	6 - 8 oz. formula ** (*1cup*) 1/4 - 1/2 baby cereal * 2 - 4T fruit
9:00 a.m.	5 - 8 oz. formula	6 oz. formula	1/2 cup Vitamin C fortified fruit or juice 1/4 dry toast or 1 cracker	1/2 cup Vitamin C fortified fruit or juice 1/2 dry toast or 2 crackers	1/2 cup Vitamin C fortified fruit or juice 1/2 dry toast or 2 crackers
12:00 Noon	5 - 8 oz. formula 1/2 dry toast or 2 crackers	6 oz. formula 2 - 3T strained vegetable	7 - 8 oz. formula 5 - 9T vegetable 2 - 4T fruit	7 - 8 oz. formula ** 1 - 2T meat 5 - 9T vegetable 2 - 4T fruit	6 - 8 oz. formula ** (*1 cup*) 2T meat 2 - 6T potato, rice, noodles 5 - 9T vegetable 4 - 6T fruit
3:00 p.m.	5 - 8 oz. formula	6 oz. formula 1/2 dry toast or 2 crackers	7 - 8 oz. formula 1/2 dry toast or 2 crackers	7 - 8 oz. formula ** 1/2 dry toast or 2 crackers	6 - 8 oz. formula ** (*1 cup*) 1/2 dry toast or 2 crackers
6:00 p.m.	5 - 8 oz. formula 2 - 3T baby cereal *	6 oz. formula 2 - 3T strained fruit 2 - 3T baby cereal *	7 - 8 oz. formula 5 - 9T vegetable 2 - 4T fruit 2 - 5T baby cereal *	7 - 8 oz. formula ** 5 - 9T vegetable 2 - 4T fruit 1T meat 4T baby cereal *	6 - 8 oz. formula ** (*1 cup*) 2T meat 2 - 6T potato, rice, noodles 2 - 4T vegetable 2 - 4T fruit
9:00 p.m.	5 - 8 oz. formula	May start sleeping through the night.			

* If dry cereal is used, mix cereal and formula in a bowl. Feed with a spoon.
** Formula may be offered in a training cup.