

Dear Infant Parents,

Based on changes in the interpretation of the Child and Adult Care Food Program (CACFP) by the United States Department of Agriculture (USDA), an infant meal will is offered to those infants between the ages of birth to twelve months. Infant formula is a required component under the infant meal pattern, therefore, Steps to Success, Inc. will be offering an infant formula, Similac with Iron, to our infant participants. Parent/Guardians will retain the responsibility for the provision and preparation of nipples and bottles.

The decision regarding which infant formula should be fed to an infant is the responsibility of the infant’s doctor and parent/guardians. A parent/guardian may elect to decline the use of Similac with Iron and supply the preferred infant formula. The CACFP requires that if the parent/guardian chooses to provide the infant formula, Steps to Success, Inc., must retain a record of this decision in the child’s file.

Do you wish to use Similac with Iron as the infant formula of choice?

_____ **Yes** _____ **No**

If your check YES, please return the top section of this page to your child’s caregiver after completing the blanks below. If you check NO, please continue.

Child’s Name _____

Parent’s Signature _____ Date _____

Parent Information

Infants are susceptible to bacteria. We need to take special care to be sure infants don’t get sick from unclean bottles or from the method used to store and reheat breast milk or prepared formula.

The following are steps to take when preparing bottles:

1. Wash hands with soap and water. Rinse thoroughly.
2. Wash all equipment (nipples, bottles, rings and caps) in hot soapy water and scrub with a brush. Rinse thoroughly.
3. Squeeze water through nipple holes to be sure they are open.
4. Put bottles, nipples, caps and rings in a pot with water to cover them.
5. Boil for five minutes.

After bottles have been cleaned, label them with the infant’s name.

If the parent/guardian chooses not to use Similac with Iron, CACFP requires a medical statement unless the formula chosen is one of the following.

Please circle the formula name which you have chosen for your infant:

- | | |
|-----------------------------------|-------------------------|
| Carnation Foods Good Start w/iron | Enfamil w/iron |
| Gerber Baby Fromula w/iron | Lactofree |
| Alsoy | Gerber Soy Baby Formula |
| Isomil | Isomil SF |
| Prosobee | |

If you have not chosen either Similac with Iron or one of the above listed formulas, CACFP requires a statement from a recognized medical authority which specifies the recommended infant formula. In addition, a medical statement is required for "follow-up" formulas when served to infants less than a specified age. A medical statement is required in order to serve the follow-up formulas manufactured by Carnation to any infant less than four months of age. A medical statement is required in order to serve the follow-up formulas manufactured by Mead Johnson (Enfamil Next Step Toddlers Formula) to any infant less than six months of age.

Please have your physician complete the following. This must be returned to the center prior to admission of your infant to the day care center.

Date: _____ Parent Signature: _____

_____ is a patient under my care.
(Name)

_____ is to be used for feeding purposes.
(Formula Name)

Other Instructions:

Date

Physician's signature

Happy Faces Food Notes

Please fill out this form to keep us informed of your child's diet. Thank you.

Infant's Name _____

Please date & initial all additions & changes.

Formula Name _____ Please note amount & frequency.

_____ Milk or Lactaid started _____

Cereal Notes _____

1st stage fruit _____

1st stage vegetable _____

2nd stage fruit _____

2nd stage vegetable _____

2nd stage meat _____

3rd stage started _____

Table foods started _____