

Child's name: \_\_\_\_\_

# Infant Information Packet

Just Like Home participates in the Child and Adult Care Food Program (CACFP) through the Arizona Department of Education. We receive USDA reimbursement for serving nutritious meals to infants. We provide the daily recommended food and iron fortified formula portions your infant will need each day. We supply Kirkland Signature Infant Formula with DHA & ARA or an equivalent. This infant formula is iron fortified with a blend of lipids to support brain and eye development, and advanced oil blend to promote calcium absorption for strong bones. We also supply single ingredient baby food such as carrots or applesauce as well as iron fortified infant cereal. CACFP requires caregivers to follow specific meal patterns according to the age of the child being fed. The infant meal pattern allows for a gradual introduction of solid foods and encourages formula or breast feeding up to the first birthday. The first year of life, from birth to the baby's first birthday, is divided into two equal age groups, each consisting of 5 months.

Every day, your child will be **offered** the following according to their age group.

<b>Age</b> <b>0-5 months</b>	<b>Breakfast</b> 4-6 oz. formula/breastmilk	<b>AM Snack</b> 4-6 oz formula/breastmilk	<b>Lunch</b> 4-6 oz formula/breastmilk	<b>PM Snack</b> 4-6 oz formula/breastmilk
<b>6-11 months</b>	6-8 fl. oz. formula/breastmilk  0-4 tbsp. infant cereal, meat/meat alt. Or 0-2 oz. cheese Or 0-4 oz. (volume) cottage cheese Or 0-4 oz. yogurt Or combination  0-2 tbsp. vegetable, fruit, or both	2-4 fl. oz. breastmilk or formula  0-1½ bread slice Or 0-2 crackers Or 0-4 tbsp. infant cereal or ready to eat cereal  0-2 tbsp. vegetable, fruit, or both	6-8 fl. oz. formula/breastmilk  0-4 tbsp. infant cereal, meat/meat alt. Or 0-2 oz. cheese Or 0-4 oz. (volume) cottage cheese Or 0-4 oz. yogurt Or combination,  0-2 tbsp. vegetable, fruit, or both	2-4 fl. oz. breastmilk or formula  0-1½ bread slice Or 0-2 crackers Or 0-4 tbsp. infant cereal or ready to eat cereal  0-2 tbsp. vegetable, fruit, or both

(When the infant is developmentally ready to accept it)

Ranges are given for each food portion in the meal pattern to allow for flexibility in how much food is served to the baby based on his/her appetite. Babies' appetite will vary day-to-day. The amounts listed are the minimum portions we must offer your child. Some babies will want more than these amounts. We will serve larger portions and additional food to those babies. Other babies may want less than the portions listed here. We will never force babies to finish what is in the bottle or what is being fed by spoon. We will let each child determine how much they want to eat.

If for some reason, you would like your child to have foods other than those we provide, please bring those items in. In addition, if your child is on a special diet\*\* due to an allergy or medical condition we will adhere to their dietary needs and may be able to provide his/her special dietary foods too. Please check with the Center's CACFP administrator.

**\*\*Special diets require a medical statement from the infant's medical provider to be on file at the Center.**

My child has the following allergies:

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Special dietary needs/restrictions

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Medical statement for allergy or special dietary needs? Yes\_\_\_\_\_ NO\_\_\_\_\_

**CACFP Infant Preference:**

Child's Name\_\_\_\_\_ DOB\_\_\_\_\_

Date\_\_\_\_\_

Just Like Home will feed your infant breastmilk or formula provided by you and/or we will provide iron fortified Kirkland Signature Infant Formula with DHA&ARA or an equivalent. We will also provide infant cereal and other foods when your baby is developmentally ready for them.

Please mark (x) your preference (choose all that apply)	Today's Date _____ Birth-5 Months	Today's Date _____ 6-11 Months
I will bring expressed breastmilk for my infant		
I want the center to provide formula for my infant		
I will bring formula for my infant. Please list kind of formula you will provide _____		
Please mark (X) your preference	Today's Date _____ 6-11 Months	
I want the center to provide infant cereal and other foods for my infant based on the CACFP guidelines		
I will bring solid foods for my infant when he/she is ready for it		

Parents, please remember to update these charts as your child reaches new age groups

Please follow the infant feeding preferences I have marked above.

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

Date \_\_\_\_\_

**Feeding Information:**

How does your child prefer their milk? Warm \_\_\_\_\_ Cold \_\_\_\_\_ No Preference \_\_\_\_\_

How much formula/breastmilk do they normally drink at a feeding? \_\_\_\_\_ oz.

How much cereal/food do they normally eat at a feeding? \_\_\_\_\_

How often do you normally feed them formula/breastmilk? \_\_\_\_\_

How often do you normally feed them food? \_\_\_\_\_

**Sleeping Behavior**

What time does your child usually nap? \_\_\_\_\_

How long do they nap for? \_\_\_\_\_

Any special instructions for nap time? Blanket, pacifier, sleep on side, back or tummy?

\_\_\_\_\_

Anything else you would like us to know? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Just Like Home has my permission to use the following items supplied by the parent when necessary:

- Powder \_\_\_\_\_
- Diaper Ointment \_\_\_\_\_
- Name of Ointment \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

1. *This form must be kept on file for each infant enrolled for childcare.*
2. *As things change, such as medical authority or 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*