

INFANT FEEDING PLAN

Child's Full Name _____ Date _____

Date of Birth _____

Does the child take a bottle? Yes [] No []
Is the bottle warmed? Yes [] No []
Does the child hold own bottle? Yes [] No []
Can the child feed self? Yes [] No []

Does the child eat: (check all that apply)

Strained Foods [] Whole Milk []
Baby Foods [] Table Food []
Formula [] Other []

What type formula used, if applicable? _____

Amount and time of formula/breast milk to be given? _____ Date _____

UPDATED AMOUNTS OF FORMULA/BREAST MILK TO BE GIVEN			
DATE	TIME	AMOUNT	TYPE

Does the child take a pacifier? Yes [] No [] If yes, when? _____

INTRODUCTION OF SOLID FOODS

The introduction of age-appropriate solid foods should preferably occur at six months of age, but no sooner than four months. Has the parent discussed with the child's primary caregiver that the child has met appropriate developmental skills for the introduction of solid foods? Yes [] No [] Parent Initials: _____

The child has reached the following developmental skills:

Can hold his/her head steady? Yes [] No []
Opens mouth/leans forward in anticipation of food offered? Yes [] No []
Closes lips around a spoon? Yes [] No []
Transfers food from front of the tongue to the back and swallows? Yes [] No []

Instructions for the introduction of solid foods _____

Food likes _____

Food dislikes _____

Allergies? (including any premixed formula) _____

UPDATED AMOUNTS/TYPE OF FOOD TO BE GIVEN		
TIME	AMOUNT	TYPE

Any updated instructions regarding adding new foods or other dietary changes, please list as needed. _____

PARENT'S SIGNATURE: _____ Date: _____

The Clifton School Infant Food Chart

Name of Child _____

Please initial and place date by the following stage 2 foods you would like your child to be fed while attending school. Please try them at home for at least three (3) days before initialing.

Example: DR 04/24/12 Carrots

Vegetables

_____ Carrots

_____ Green Vegetables

_____ Mixed Vegetables

_____ Peas

_____ Squash

_____ Sweet Potatoes

Fruits

_____ Applesauce

_____ Bananas

_____ Peaches

_____ Pears

Breads/Cereals

_____ Cheerios

_____ Goldfish

_____ Graham Crackers

_____ Oatmeal Cereal

_____ Vanilla Wafers

_____ Whole Wheat

_____ Other: _____

Meats

_____ Beef

_____ Chicken

_____ Turkey

Parent Signature

Date

The Clifton School
Infant Formula Permission Form

The Clifton School participates in the CAFP (Child and Family Care Food Program) and serves well balanced meals that meet USDA meal pattern requirements.

In order to meet the requirements of this Federal program, The Clifton School provides **Similac Advance Optigrow with Iron.** Parents may choose to use this formula, or they may provide formula or breastmilk they are currently feeding their child.

If parents choose to use **Similac Advance Optigrow with Iron,** they must bring enough clean, clearly labeled, empty bottles for their child's daily use. The Infant Village staff will pour the pre-mixed formula into the empty bottles at the time of service.

The center will also provide rice and oatmeal cereal and baby food.

Please indicate below your preference regarding your formula choice.

_____ Yes, I want The Clifton School to provide and feed my child **Similac Advance Optigrow with Iron.**

_____ No, I do not want The Clifton School to provide and feed my child **Similac Advance Optigrow with Iron.** I will provide formula or breast milk for my child.

Child's Name

Parent Signature

Date

The Clifton School
Safe Sleep Practices Policy

Child's Name: _____ Date of Birth: _____

Parent/Guardian Name: _____

Safe Sleep Practices/Policies:

- 1.) Infants will be placed on their backs in a crib to sleep unless a physician's written statement authorizing another sleep position for that infant is provided. The written statement must include how the infant shall be placed to sleep and a time frame that the instructions are to be followed.
- 2.) Cribs shall be in compliance with CPCS and ASTM safety standards. They will be maintained in good repair and free from hazards.
- 3.) No objects will be placed in or on the crib with an infant. This includes, but is not limited to, covers, blankets, toys, pillows, quilts, comforters, bumper pads, sheepskins, stuffed toys, or other soft items.
- 4.) No objects will be attached to a crib with a sleeping infant, such as, but not limited to, crib gyms, toys, mirrors, and mobiles.
- 5.) Only sleepers, sleep sacks and wearable blankets provided by the parent/guardian and that fit according to the commercial manufacturer's guidelines and will not slip up around the infant's face may be worn for the comfort of the sleeping infant.
- 6.) Individual crib bedding will be changed daily, or more often as needed, according to the rules. Bedding for cots/mats will be laundered daily or marked for individual use. If marked for individual use, the sheets/covers must be laundered weekly or more frequently if needed.
- 7.) Infants who arrive at the center asleep or fall asleep in other equipment, on the floor, or elsewhere, will be moved to a safety-approved crib for sleep.
- 8.) Swaddling will not be permitted, unless a physician's written statement authorizing it for a particular infant is provided. The written statement must include instructions and a time frame for swaddling the infant.
- 9.) Wedges, other infant positioning devices and monitors will not be permitted unless a physician's written statement authorizing its use for a particular infant is provided. The written statement must include instructions on how to use the device and a time frame for using it.

I acknowledge that the director or designee has advised me of safe sleep practices followed by the facility.

Signature _____ Date _____

Authorization to Dispense External Preparations
590-1-1-.20(1)

Parental Authorization. Except for first aid, personnel shall not dispense prescription or non-prescription medications to a child without specific written authorization from the child's physician or parent. Such authorization will include, when applicable, date; full name of the child; name of the medication; prescription number, if any; dosage; the dates to be given; the time of day to be dispensed; and signature of parent.

I, _____ give **The Clifton School** staff permission to apply one or more of the following topical ointments/preparations to my child, _____ in accordance with the directions on the label of the container.

_____ Baby Wipes

_____ Band-aids

_____ Neosporin or similar ointment

_____ Bactine or similar first aid spray

_____ Sunscreen

_____ Insect Repellent

_____ Non-Prescription ointment (such as A & D, Desitin, Vaseline)

_____ Baby Powder

Other (please specify) _____

Parent/Guardian

Signature Date

Culture, Traditions and Beliefs Form

Child's

Name _____ DOB _____

In the space below (use the back if additional space is needed) please share any information regarding your culture, traditions, beliefs and values and/or family traditions that you feel would be helpful with your child's transition to school.