



Food & Nutrition Solutions

Infants Birth- 12 months CACFP Feeding Policy

CENTER NAME: Woodforest Academy

CHILD'S NAME: _____ **Date of Birth:** _____

Our center is currently participating in the USDA *Child and Adult Care Food Program*. We receive USDA reimbursement for serving nutritious meals to infants according to program requirements.

- We are required to provide meals to all children in attendance & we will be providing formula for our infants.
- We have chosen _____ as our formula.
- You have the option to accept or decline the formula supplied by our center.
- Please mark your selection below.

Parents (or guardians) complete the following table(s) as appropriate:

Please mark your preference (choose all that apply)	Today's Date	
	Birth – 5 Mths	6 – 11 Mths
I will bring breast milk for my infant.		
I want the center to provide the infant formula.		
I will bring the infant formula for my infant.		

According to CACFP requirements, in order to claim meals for reimbursement, the center must provide infant cereal and other foods when your infant is developmentally ready to accept them.

Please mark your preference	Today's Date	
	6-11 Mths	
I want the center to provide the infant cereal		
I will bring the infant cereal and/or other foods		

Parent's Signature _____

Date of Signature _____

Meals will be provided to all children without charge. This center's CACFP is operated in accordance with the USDA's policies and does not permit discrimination on the basis of race, color, sex, disability, national origin, age, religion, or political belief. To file a complaint of discrimination: (1) THHSC, Civil Rights Dept., Austin, TX 78714 or (2) USDA, Office of Civil Rights, 1400 Independence Avenue, Washington, DC 20250-9410. (800) 795-3272 or (202) 720-6382 (TTY)



OPERATIONAL POLICY ON INFANT SAFE SLEEP

Form J-800-2550
New January 2017

Form J-800-2550
New January 2017

Purpose: This form provides the required information per minimum standards §746.501(9) and §747.501(6) for the safe sleep policy.

Directions: Parents will review this policy upon enrolling their infant at

and a copy of the policy is provided in the parent handbook. Parents can review information on safe sleep and reducing the risk of Sudden Infant Death Syndrome/Sudden Unexpected Infant Death Syndrome (SIDS/SUIDS) at: <http://www.healthychildren.org/English/Ages-Stages/Baby/Sleep/Pages/A-Parents-Guide-to-Safe-Sleep.aspx>

SAFE SLEEP POLICY

All staff, substitute staff, and volunteers at

will follow these safe sleep recommendations of the American Academy of Pediatrics (AAP) and the Consumer Product Safety Commission (CPSC) for infants to reduce the risk of Sudden Infant Death Syndrome/Sudden Unexpected Infant Death Syndrome (SIDS/SUIDS):

- Always put infants to sleep on their backs unless you provide an Infant Sleep Exception form 2710 signed by the infant's health care professional [§746.2427 and §747.2327].
 - Place infants on a firm mattress, with a tight fitting sheet, in a crib that meets the CPSC federal requirements for full size cribs and for non-full size cribs [§746.2409 and §747.2309].
 - For infants who are younger than 12 months of age, cribs should be bare except for a tight fitting sheet and a mattress cover or protector. Items that should not be placed in a crib include: soft or loose bedding, such as blankets, quilts, or comforters; pillows, stuffed toys/animals; soft objects; bumper pads; liners; or sleep positioning devices [§746.2415 and §747.2315]. Also, infants must not have their heads, faces, or cribs covered at any time by items such as blankets, liners, or clothing [§746.2429 and §747.2329].
 - Do not use sleep positioning devices, such as wedges or infant positioners. The AAP has found no evidence that these devices are safe. Their use may increase the risk of suffocation [§746.2415 and §747.2315].
 - Ensure that sleeping areas are ventilated and at a temperature that is comfortable for a lightly clothed adult [§746.3407(10) and §747.3203(10)].
 - If an infant needs extra warmth, use sleep clothing
- (insert type of sleep clothing that will be used, such as sleepers or footed pajamas) as an alternative to blankets [§746.2415 and §747.2315].
- Place only one infant in a crib to sleep [§746.2405 and §747.2305].
 - Infants may use a pacifier during sleep. But the pacifier must *not be attached* to a stuffed animal or the infant's clothing by a string, cord, or other attaching mechanism that might be a suffocation or strangulation risk [§746.2415 and §747.2315].
 - If the infant falls asleep in a restrictive device other than a crib (such as a bouncy chair or swing, or arrives to care asleep in a car seat), move the infant to a crib immediately, unless you provide an Infant Sleep Exception form 2710 signed by the infant's health care professional [§746.2426 and §747.2326].
 - Our child care program is smoke-free. Smoking is not allowed in Texas child care operations (this includes e-cigarettes and any type of vaporizers) [§746.3703(d) and §747.3503(d)].
 - Actively observe sleeping infants by sight and sound [§746.2403 and §747.2303].
 - If an infant is able to roll back and forth from front to back, place the infant on the infant's back for sleep and allow the infant to assume a preferred sleep position [§746.2427 and §747.2327].
 - Awake infants will have supervised "tummy time" several times daily. This will help them strengthen their muscles and develop normally [§746.2427 and §747.2327].
 - Do not swaddle an infant for sleep or rest unless you provide an Infant Sleep Exception form 2710 signed by the infant's health care professional [§746.2428 and §747.2328].

PRIVACY STATEMENT

DFPS values your privacy. For more information, read our privacy policy at: <http://www.dfps.state.tx.us/policies/privacy.asp>.

SIGNATURES

This policy is effective on: ____ (date) Child's name:	
Signed by:	Date signed:
X Director/Owner	
Signed by:	Date signed:
X Staff member	
Signed by:	Date signed:
X Parent	

Woodforest Academy, LLC

Monthly Infant Social/Feeding Form

Child's Name: _____ D.O.B. ____/____/____

Does your child have a nickname? Yes No

If yes, what is it: _____

Family

Names of brothers & sisters

Birthdate

Names of others living in the home

Relationship to child

What language is spoken in your home: _____

Does your child have pets? Yes No

If yes, what are they _____

Food

Is your child breast-fed? Yes No

If yes:

Do you plan to continue breast feeding? Yes No

If yes, how do you plan to carry this out? _____

What is your child's feeding schedule? _____

Do you supplement? _____

Is your child bottle-fed? Yes No

If yes: What is your child's bottle feeding schedule?

Liquids	Type	Amount	Times
Formula			
Milk			
Water			

What position does your child like to be in while bottle feeding? _____

What position does your child like to be in while being burped? _____

Has your child been introduced to solids? Yes No

If yes, what type? baby food table food

What is your child's feeding schedule:

Solids	Type	Consistency	Amount	Times
Cereal				
Cereal				
Cereal				
Vegetable				
Vegetable				
Vegetable				
Vegetable				
Fruit				
Fruit				
Fruit				
Fruit				
Meat				
Meat				
Snack				
Snack				

Does your child have any food sensitivities? Yes No

If yes, please identify: _____

What foods does your child like/dislike? _____

Sleep

Describe your child's sleep routine (include naps & lengths of naps):

Does your child usually cry when going to sleep? Yes No

If yes, for how long? _____

Where does your child normally sleep? _____

Diapering

What type of diapers does your child use? _____

Describe your child's diapering routine (include double diapering, liners, creams, powders etc.) _____

Is your child prone to diaper rash? Yes No Treatment: _____

Social/Emotional Development

Describe your child's temperament: (i.e. colic, likes to cuddle) _____

What signs does your child give of being hungry, tired or overstimulated? (i.e. pulls at ears, rubs eyes) _____

Does your child separate easily from you? Yes No
Please comment: _____

Is your child afraid of anything? Yes No
Please comment: _____

Does your child have a favorite toy, blanket or soother? Yes No
Please identify: _____

Does your child spend time with other children? Yes No
Please comment: (who, when, how much) _____

What activities does your child enjoy? _____

Please provide any other information relating to your child that would be helpful in understanding and caring for your child: _____

Date: ___/___/___
D M Y

Parent/Guardian signature

*This form is to be current/updated every month. If you have a change in any of the above areas, please request a form from your child's teacher and update accordingly.