

Infant Affidavit

MANDATORY FOR ALL INFANTS IN CARE

Name of Center: Kids Come First Early Learning Centers #2

Name of Infant: _____

Infant Date of Birth: _____

Name of Parent/Guardian: _____

According to USDA regulations, as an institution participating in the Child and Adult Care Food Program (CACFP), this center/facility must provide USDA approved meals and "ready-to-feed" commercially prepared iron-fortified milk-based infant formula and infant cereal to all infants enrolled for care.

Section 1

To be completed by center BEFORE giving to parents:

Center/provider will provide the following milk-based iron-fortified formula: Gerber/Infamil

Center/provider will provide the following Iron-fortified infant cereal: Gerber/Infamil

Center/provider will provide the following brand of infant foods: Gerber

Section 2

Parents/Guardians:

Please check one of the following options below and sign this form:

_____ I would like the Center/provider to provide ALL meal components to my infant and I will provide clean, sanitized, and labeled bottles daily.

_____ I will provide the following meal component to my infant and the center will provide all other meal components (check one):

Formula*

Meat/Fish/Poultry/Eggs/Beans/Peas

Cereal

Cheese/Cottage Cheese/Yogurt

Fruit

Bread/Crackers/Breakfast Cereal

Vegetable

Parent/Guardian Signature

Date

*Any parent requesting any formula other than a USDA approved milk-based or soy-based iron-fortified formula be provided to their infant or any parent who provides any formula other than a USDA approved milk-based or soy-based iron-fortified formula for their infant must provide a doctor's note indicating the required use of the formula. If a parent elects to have the center or day care home provider supply meals to their infant, the infant will be fed according to its individual feeding plan that is provided by the parent or guardian. The center or day care home provider may only claim reimbursement for no more than breakfast, lunch or supper, and a snack.

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:** _____

Child's name: _____

Date of birth: _____

Policy

Infants will be placed on their backs to sleep in separate, clean, sanitized cribs that meet Federal Crib Safety Standards denoted in the US Product Safety Commission Full-Size Baby Crib and Non Full-Size Baby Crib Regulation, following the method recommended by the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD).

Responsibility & Accountability

1. All staff who care for infants are required to attend Infant Sleep Training.
2. The Director and Infant Team Leader are responsible for enforcing this policy.
3. Administrators, trainers and quality rating personnel visit the infant room(s) regularly to observe and ensure proper crib safety and sleeping procedures.

Procedure

1. The Infant Team Leader checks the safety of each crib daily before the center opens.
2. No objects will be placed in or on the crib with an infant.
3. No objects will be attached to a crib with a sleeping infant, such as, but not limited to, crib gyms, toys, etc.
4. Signs are posted in the infant room explaining proper Infant Sleep procedures.
5. All cribs shall be in compliance with CPCS and ASTM safety standards.
6. Crib bedding, including linens, is thoroughly cleaned and sanitized daily.
7. If during the day, an infant will occupy a crib previously used by another infant, the crib, including linens, will be cleaned and sanitized first.
8. 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.
9. 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 by infants while sleeping.
10. Swaddling will not be permitted, unless a physician's written statement authorizing it for a particular infant is provided.
11. 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.

Regulations

1. CPSC Crib Safety Regulation
<http://www.cpsc.gov/businfo/frnotices/fr11/cribfinal.pdf>
CPSC Crib Safety Regulation – Full Size Cribs 2013 Revision
<http://www.gpo.gov/fdsys/pkg/FR-2013-12-09/pdf/2013-29226.pdf>
2. NICHD Safe Sleep Environment
https://www.nichd.nih.gov/publications/pubs/Documents/Safe_Sleep_Environment_English.pdf

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

Signature _____
(Parent/guardian)

Date _____