

PIERCE CUBS ENROLLMENT FORM

INFANT FEEDING PLAN

Child's Full Name _____ Date of Birth _____

Does the child eat: (Check all that apply)

Does child take bottle?	Yes { }	No { }	Strained foods { }	Whole milk { }
Is the bottle warmed?	Yes { }	No { }	Baby foods { }	Table foods { }
Does child hold own bottle?	Yes { }	No { }	Formula { }	Breast milk { }
Can child feed self?	Yes { }	No { }	Other { }	

What type of formula used? _____

Amount of formula/breast milk to be given _____

Updated amounts of formula/breast milk:

Amount: _____	Date: _____
Amount: _____	Date: _____
Amount: _____	Date: _____
Amount: _____	Date: _____

Does 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 spoon?	Yes { }	No { }
Transfers food from front of the tongue to the back and swallows?	Yes { }	No { }

Instructions for introduction of solid foods _____

Food likes _____

Dislikes _____

Allergies? (Include any premixed formulas) _____

Formula/Breast Milk			Food		
Time	Amount	Type	Time	Amount	Type

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

Parent's Signature: _____ Date: _____

Infant Affidavit

Name of Sponsor (if applicable) _____

Name of Provider/Center Pierce Cubs

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 must provide meals to all infants enrolled for care in the center/facility.

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

Center/provider will provide the following Iron-Fortified infant cereal: Gerber/Beechnut

Center/provider will provide the following brand of infant foods: Gerber, Beechnut, Parent's Choice

Parent's/Guardians,

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

☐ I would like the provider/center 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:

<input type="checkbox"/> Formula*	<input type="checkbox"/> Meat/Fish/Poultry/Eggs/Beans/Peas
<input type="checkbox"/> Cereal	<input type="checkbox"/> Cheese/Cottage Cheese/Yogurt
<input type="checkbox"/> Fruit	<input type="checkbox"/> Bread/Crackers/Breakfast Cereal
<input type="checkbox"/> Vegetable	<input type="checkbox"/>

Parent/Guardian Signature

Date

*Any parent requesting any formula other than 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/provider supply meals to their infant, the infant will be fed according to its individual feeding plan that is provided by the parent/guardian. The center/provider may only claim reimbursement for no more than breakfast, lunch or supper, and a snack.

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. This facility will adhere to the following practice:

- 7) Infants who arrive at the center asleep or fall asleep in other equipment, on the floor or elsewhere, will 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 the safe sleep practices followed by the facility.

Signature _____ Date _____