



**Siskin Early Learning Center
Infant Feeding Form**

Siskin Early Learning Center participates in the Child and Adult Food Program (CACFP) and is required to offer infant formula and food to your baby. Siskin Early Learning Center provides Iron-Fortified Formula. We offer **Similac® Advance** or **Enfamil®**. We also provide **Similac® Soy Isomil** for families choosing soy-based formula. The CACFP provides reimbursement for healthy meals provided and served to your baby while in our care. Our child care staff have been trained in infant feeding practices and offer age appropriate foods to your baby.

We welcome breastfeed babies and support and encourage moms to continue breastfeeding when returning to work or school. For formula fed infants, we offer the iron-fortified infant formulas as well as a soy-based formula listed above to babies in our care.

To qualify for reimbursement, infant meals and snacks must include, at a minimum, the following food components at appropriate age and developmental stages:

- ✓ Breastmilk or iron-fortified infant formula (or a combination of both)
- ✓ Iron-fortified infant cereal (not allowed to be served in a bottle)
- ✓ A variety of texture appropriate vegetables and fruits
- ✓ A variety of texture appropriate meat and meat alternatives
- ✓ Bread or crackers

Staff and parents will decide together when a child is ready to begin solids based on developmental signs of readiness.

Please be aware this child care facility:

- Requires parents to label bottles of breastmilk or formula and containers of food that they provide with:
*Baby's first and last name *Date *Time of bottle or food preparation
- Can feed solid foods to infants younger than 5 months of age only when a medical statement is provided
- Can feed solid foods to infants in a bottle only when a medical statement is provided

Parents please complete the following: _____

Baby's Full Name: _____ Date or Birth: _____

Do you accept or decline participation in the CACFP meal program? *(Circle One)*

ACCEPT

DECLINE

If you ACCEPT, list the brand of formula *(listed above)* that you would like provided: _____

OR check this box if your baby is breastfed and you plan to provide breastmilk.

If you DECLINE, list the brand of iron-fortified formula you will provide, or breastmilk:

Signature of Parent/guardian: _____ DATE: _____

Printed Name of Parent/guardian: _____