

NM CACFP Infant Feeding Plan / Parent Preference Form

Name of Infant _____ Date of Birth _____

As part of our participation in the Child and Adult Care Food Program (CACFP), the _____ child care center will work with you to provide your child the healthiest start in life! Babies only need mom's milk or formula for the first six months of life. From zero to 6 months, we will feed your baby breast milk or formula provided by you, or we will provide _____ iron-fortified formula. At 6 months, if your baby shows s/he is developmentally ready (see chart on back) we will start feeding infant foods with your permission -- unless you bring a note requesting otherwise, after consultation with your baby's doctor. We will increase textures as your baby develops skills. If you provide breast milk, formula or baby foods, please bring it in clean containers labeled with name and date. This child care center feeds babies on demand – not by the clock, but by watching their hunger & fullness cues.

NOTE: You can update this feeding plan at any time.

Please mark your preference (choose all that apply by initialing in the appropriate space)	Today's Date: _____ Birth – 5 months	Today's Date: _____ 6 – 11 months
I will bring expressed breast milk for my infant.		
I will come to the center to breastfeed my infant.		
I want the center to provide formula for my infant.		
I will bring formula for my infant. The formula is: _____		
My baby has special dietary/medical needs. Please follow the instructions on the doctor's note I will bring.		
Answer at 6 months:		
I authorize you to feed infant cereals and pureed foods starting at 6 months.		
I prefer to bring baby foods myself (homemade, organic, vegan, kosher, halal, special dietary needs, etc.)		

Please tell us more about how your baby eats now.	Today's date:	
1. What does your baby eat most of the time (breast milk, formula)?		
2. Do you give any other liquid(s)? Explain:	YES	NO
3. Does your baby take any solid foods now? Explain:	YES	NO
4. About how much and how often does your baby usually eat?		
5. If you plan to nurse your baby at the center, please describe when so we can plan feeding times accordingly: Explain:		
6. If your child is taking breast milk, what would you like us to do if we run out of pumped milk? Explain:		
7. Does your baby have any food allergies or sensitivities? Explain:	YES	NO
8. Does your baby have any problems with feedings like choking or spitting up a lot? Explain:	YES	NO
9. Is there anything else we should know about your baby's eating habits? Explain:	YES	NO
10. Would you like us to give your baby a full feeding before pick up? Explain:	YES	NO

Signature of Parent/Guardian



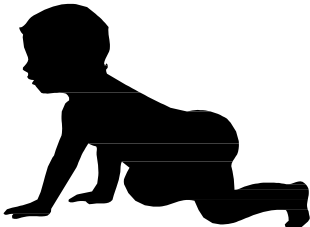
Date

Figure 2

Feeding the Baby for the First Year

Babies grow quickly during the first year of life and make many changes in the types of foods and textures of foods they are able to

eat. As babies grow and develop, watch for the following signs which will tell you when they are ready for a new food.

BABY'S AGE:	WHEN BABIES CAN:	SERVE:
<p>Birth through 6 Months</p> 	<ul style="list-style-type: none"> • Only suck and swallow 	<p>LIQUIDS ONLY</p> <ul style="list-style-type: none"> • Breastmilk • Infant formula with iron
<p>6 months</p> 	<ul style="list-style-type: none"> • Draw in upper or lower lip as spoon is removed from mouth • Move tongue up and down • Sit up with support • Swallow semisolid foods without choking • Open the mouth when they see food • Drink from a cup with help, with spilling 	<p>ADD SEMISOLID FOODS</p> <ul style="list-style-type: none"> • Infant cereal with iron • Strained vegetables* • Strained fruit* <p><i>*may be started later in the age range</i></p>
<p>8 months through 11 months</p> 	<ul style="list-style-type: none"> • Move tongue from side to side • Begin spoon feeding themselves with help • Begin to chew and have some teeth • Begin to hold food and use their fingers to feed themselves • Drink from a cup with help, with less spilling 	<p>ADD MODIFIED TABLE FOODS</p> <ul style="list-style-type: none"> • Mashed or diced soft fruit • Mashed or soft vegetables • Mashed or whole cooked egg • Strained meat/poultry • Mashed cooked beans or peas • Cheese, cottage cheese, yogurt • Pieces of soft bread • Crackers • Breastmilk or iron-fortified formula in a cup (<i>no juice</i>)

