

## INFANT FEEDING SCHEDULE AND AGREEMENT

This agreement is required for infants in care in a family day care home (or group family day care home) according to NYS regulations (417.12(l)). In addition, family or group family day care providers enrolled in the Child and Adult Care Food Program (CACFP) also require portions of this agreement to be completed per the Department of Health. Thank you for your cooperation in completing this form.

Name of Child Care Provider: \_\_\_\_\_

Name of Infant: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/20\_\_\_

Date of Agreement: \_\_\_/\_\_\_/20\_\_\_

I \_\_\_\_\_, want my infant child \_\_\_\_\_,

Parent's name

child's name

to be fed according to the following schedule:

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**For the child care provider to be reimbursed for this child's meals through CACFP, one of the items (1-4) below must be selected. Item #5 must be completed for all infants receiving formula in child care.**

1. \_\_\_ I decline the provider's offer to supply \_\_\_\_\_ infant formula for my child. I will supply \_\_\_\_\_ formula only. I accept the provider's offer to supply other meal components.
 

Type of Infant Formula
2. \_\_\_ I accept the provider's offer to supply \_\_\_\_\_ formula and other meal components for my child.
 

Type of Infant Formula
3. \_\_\_ I decline the provider's offer to supply any infant formula or other meal components for my child. I will supply all food for my child.
4. \_\_\_ I will supply breast milk for my child. I accept the provider's offer to supply other meal components.
5. **All Providers must check one:**
  - Parent** prepares the formula for the infant.
  - Provider** prepares the formula for the infant.

Signatures on this document imply that both parties understand:

- ✓ Children **6 months of age and under** must be held during all bottle feedings (417.12(m)).
- ✓ Microwave heating of infant food and formula is **prohibited** by regulation (417.12(k)(2)).
- ✓ The Child Care Provider must make every effort to accommodate the needs of a child who is breast-fed (417.12(l)).

Parent's signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ /20\_\_\_ .

Provider's signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ /20\_\_\_ .