

Hi, my name is:

\_\_\_\_\_

Birthdate: \_\_\_\_\_

My parents are:

\_\_\_\_\_

\_\_\_\_\_

Attach picture of me here

**MY MILK CHOICE: (Choose all that apply)**

Breast Milk

Parent-provided Infant Formula Brand: \_\_\_\_\_

Oak Park-provided Infant Formula

**MY PARENTS LIKE FOR ME TO BE GIVEN MILK:**

On my own time schedule

Every \_\_\_\_\_ hours

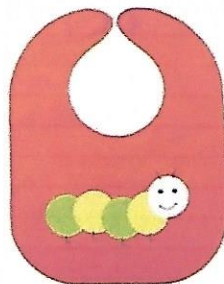
**MY PARENTS HAVE OKAY'D SOLIDS FOR:**

BREAKFAST

LUNCH

SNACK

**YUM! YUM! YUMMY!**



**MY GRAIN CHOICES:**

*(Choose all that apply)*

Rice Cereal

Oatmeal Cereal

Multi-Grain Cereal

Infant Wafers

Infant Puffs

Multi-Grain Cheerios

UPDATED ON: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_  
LAST NAME,

FIRST NAME

**MY VEGETABLE CHOICES:**  
*(Choose all that apply.)*

- Peas
- Green Beans
- Carrots
- Squash
- Pumpkin
- Corn
- Sweet Potatoes
- Kale
- Spinach

Other veggies:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MY FRUIT CHOICES:**  
*(Choose all that apply.)*

- Peaches
- Pears
- Apples
- Bananas
- Prunes
- Mango
- Apricots
- Mixed berries
- Oranges

Other fruit:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MY PROTEIN CHOICES:** *(Choose all that apply.)*

- Ham
- Turkey
- Chicken
- Beef
- Cottage cheese

Other proteins:

\_\_\_\_\_  
\_\_\_\_\_

**SPECIAL DIETARY NOTES:** *(Allergies, restrictions, family preferences)*

\_\_\_\_\_/\_\_\_\_\_  
LAST NAME,

FIRST NAME

## LOOK AT WHAT I CAN DO NOW!

### I CAN:

- |                          |                               |             |
|--------------------------|-------------------------------|-------------|
| <input type="checkbox"/> | Roll over on my side          | Date: _____ |
| <input type="checkbox"/> | Roll from my back to my belly | Date: _____ |
| <input type="checkbox"/> | Roll from my belly to my back | Date: _____ |
| <input type="checkbox"/> | Sit up                        | Date: _____ |
| <input type="checkbox"/> | Crawl                         | Date: _____ |
| <input type="checkbox"/> | Pull myself up to stand       | Date: _____ |
| <input type="checkbox"/> | Walk holding onto things      | Date: _____ |
| <input type="checkbox"/> | Walk by myself                | Date: _____ |

### MORE IMPORTANT INFORMATION ABOUT ME:

NAPS: \_\_\_\_\_

SOOTHING TECHNIQUES: (Pacifier, songs, favorite toys, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MEDICAL CONDITIONS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

UPDATED ON: \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_

LAST NAME,

FIRST NAME

## MILESTONES I'M WORKING ON NOW:

### MY CAREGIVER IS HELPING ME TO LEARN HOW TO:

_____	Date: _____
_____	Date: _____
_____	Date: _____
_____	Date: _____
_____	Date: _____
_____	Date: _____
_____	Date: _____
_____	Date: _____
_____	Date: _____
_____	Date: _____
_____	Date: _____
_____	Date: _____

### MY CAREGIVER HAS COMPLETED THE FOLLOWING ASQS:

_____ 2 MOS.	_____ 9 MOS.
_____ 4 MOS.	_____ 10 MOS.
_____ 6 MOS.	_____ 12 MOS.
_____ 8 MOS.	



## BREAST MILK PROCEDURE

State Form 49954 (R5 / 3-15)

FSSA - MS02  
402 WEST WASHINGTON STREET, RM W361  
INDIANAPOLIS, IN 46204

Breast milk is a very special product. Provide a safe and excellent source of nutrition to your breast-fed infants by following the procedure below:

1. The facility or the mother must supply sterilized bottles or disposable nurser bags (see "Parent Agreement").
2. The mother will store her milk in a bottle or bag and refrigerate or freeze the milk. The bottle or bag should contain no more than the amount of milk the child would drink at one feeding. The milk must be labeled with the child's name and the date and time collected.
3. The bottles or disposable bags must be brought to the center in a clean, insulated container which keeps the milk at 41° F or below (see "Parent Agreement").
4. Fresh, refrigerated breast milk must be used within forty-eight (48) hours of the time expressed. Frozen milk may be stored in a refrigerator freezer for three (3) to six (6) months or stored in a deep freezer at -4° F for six (6) to twelve (12) months.
5. Frozen breast milk may be thawed as follows:
  - (a) Frozen breast milk may be thawed under warm water, gently swirled, used within one (1) hour or refrigerated immediately and used within twenty-four (24) hours. Label the bottle with the time and date thawed and method used for thawing ("warm water" or "heat thaw").
  - (b) Frozen breast milk may be thawed in the refrigerator at 41° F or below. Label the bottle with the time and date moved to the refrigerator and "cold thaw" method and use within twenty-four (24) hours. With this method, **never warm** the breast milk until ready to feed the child.
  - (c) Do not refreeze the breast milk once it has been thawed.

### **NEVER HEAT BREAST MILK IN A MICROWAVE!**

**Note:** Once a bottle is fed to infant, the remainder **must be discarded** and cannot be returned to the refrigerator.

### PARENT AGREEMENT

I, \_\_\_\_\_, agree to provide my breast milk for my child \_\_\_\_\_  
in sterilized bottles or sterile nurser bags. I will store my milk in the appropriate serving size for my child. I take full responsibility for maintaining this milk at 41° F or below during home storage and transport to the center.

Signature of parent

Date (month, day, year)



**SUPPLEMENTAL HEALTH CARE PROGRAM FOR CHILD CARE  
CENTERS PROVIDING INFANT-TODDLER CARE  
SUGGESTED FEEDING PLAN**

State Form 49963 (R3 / 2-15)

FSSA - MS02  
402 WEST WASHINGTON STREET, RM W361  
INDIANAPOLIS, IN 46204

**INSTRUCTIONS:**

*Prior to admission, a feeding plan shall be established and written for each infant (age six (6) weeks to twelve (12) months) in consultation with the parents and based on the written recommendation of the child's medical provider. Feeding plans must be continually updated by the child's medical provider or parent. [470 IAC 3-4.7 (b)]*

The following feeding plan has been recommended for this child.

Name of child	Date of birth (month, day, year)
---------------	----------------------------------

Age in Months	Time to Feed	Formula / Food Item and Amount	Special Instructions	Signature and Date of Parent or Medical Provider

Signature of MD, DO, NP	Date signed (month, day, year)
-------------------------	--------------------------------

## FEEDING PLAN GUIDELINES

*INSTRUCTIONS: This is a guideline. Each child will grow at a different rate.*

1. Formula and juice may be offered in a training cup when a child is ready.
2. Formula is used until twelve (12) months unless otherwise stated by a physician.
3. Only plain, strained, mashed or chopped vegetables, fruits and meats are offered.
4. Most children are ready for foods of coarser consistency between nine (9) to ten (10) months of age. Mashed or chopped table foods may be used.
5. Strained or mashed foods may be introduced at six (6) months if the infant's neuromuscular system has developed appropriately. Indications for solid foods are: the ability to swallow non-liquid foods, to sit with support, head and neck control, and to show that the child is able to decline food by leaning back or turning away.
6. Finger foods may be offered between nine (9) to twelve (12) months when infant is developing finger / hand coordination.
7. The serving of juice to children under twelve (12) months of age is discouraged.

2 MONTHS - 5 MONTHS				
TIME INTERVAL	AMOUNT EACH FEEDING			
	Month 2	Month 3	Month 4	Month 5
6:00 a.m.	4 - 6 oz.	4 - 7 oz.	5 - 7 oz.	5 - 8 oz.
10:00 a.m.	4 - 6 oz.	4 - 7 oz.	5 - 7 oz.	5 - 8 oz.
2:00 p.m.	4 - 6 oz.	4 - 7 oz.	5 - 7 oz.	5 - 8 oz.
6:00 p.m.	4 - 6 oz.	4 - 7 oz.	5 - 7 oz.	5 - 8 oz.
10:00 p.m.	4 - 6 oz.	4 - 7 oz.	5 - 7 oz.	5 - 8 oz.
2:00 a.m.	4 - 6 oz.	4 - 7 oz.	5 - 7 oz.	5 - 8 oz.

6 MONTHS - 12 MONTHS					
	Month 6	Month 7	Month 8	Month 9	Months 10, 11, and 12
Total Amount of Formula Per 24 Hours	30 - 48 oz.	30 - 32 oz.	29 - 31 oz.	26 - 31 oz.	24 - 32 oz.
7:00 a.m.	5 - 8 oz. formula 2 - 3T baby cereal *	6 oz. formula 2 - 3T baby cereal *	7 - 8 oz. formula 3 - 5T baby cereal *	7 - 8 oz. formula ** 4 - 6T baby cereal * 2 - 4T fruit	6 - 8 oz. formula ** (1 cup) 1/4 - 1/2 baby cereal * 2 - 4T fruit
9:00 a.m.	5 - 8 oz. formula	6 oz. formula	1/2 cup Vitamin C fortified fruit or juice 1/4 dry toast or 1 cracker	1/2 cup Vitamin C fortified fruit or juice 1/2 dry toast or 2 crackers	1/2 cup Vitamin C fortified fruit or juice 1/2 dry toast or 2 crackers
12:00 Noon	5 - 8 oz. formula 1/2 dry toast or 2 crackers	6 oz. formula 2 - 3T strained vegetable	7 - 8 oz. formula 5 - 9T vegetable 2 - 4T fruit	7 - 8 oz. formula ** 1 - 2T meat 5 - 9T vegetable 2 - 4T fruit	6 - 8 oz. formula ** (1 cup) 2T meat 2 - 6T potato, rice, noodles 5 - 9T vegetable 4 - 6T fruit
3:00 p.m.	5 - 8 oz. formula	6 oz. formula 1/2 dry toast or 2 crackers	7 - 8 oz. formula 1/2 dry toast or 2 crackers	7 - 8 oz. formula ** 1/2 dry toast or 2 crackers	6 - 8 oz. formula ** (1 cup) 1/2 dry toast or 2 crackers
6:00 p.m.	5 - 8 oz. formula 2 - 3T baby cereal *	6 oz. formula 2 - 3T strained fruit 2 - 3T baby cereal *	7 - 8 oz. formula 5 - 9T vegetable 2 - 4T fruit 2 - 5T baby cereal *	7 - 8 oz. formula ** 5 - 9T vegetable 2 - 4T fruit 1T meat 4T baby cereal *	6 - 8 oz. formula ** (1 cup) 2T meat 2 - 6T potato, rice, noodles 2 - 4T vegetable 2 - 4T fruit
9:00 p.m.	5 - 8 oz. formula	May start sleeping through the night.			

\* If dry cereal is used, mix cereal and formula in a bowl. Feed with a spoon.

\*\* Formula may be offered in a training cup.



## Safe Sleep Policy

Providing infants with a safe environment in which to grow and learn is of extreme importance to us. Therefore, our child care facility has implemented policies and procedures to create a safe sleep environment for infants. We follow the recommendations of the American Academy of Pediatrics (AAP) and the Consumer Safety Commission for safe sleep environments to reduce the risk of sudden infant death syndrome (SIDS). SIDS is “the sudden death of an infant under 1 year of age which remains unexplained after a thorough case investigation, including performance of a complete autopsy, examination of the death scene, and review of the clinical history.”

### Procedure and Practices, including responsible person(s):

- Infants less than 12 months of age shall be placed on their backs on a firm tight-fitting mattress for sleep in a crib.
- Waterbeds, sofas, soft mattresses, pillows, and other soft surfaces shall be prohibited as infant sleeping surfaces.
- All pillows, quilts, comforters, sheepskins, stuffed toys, and other soft products shall be removed from the crib.
- Infants and young toddlers (up to 18 months old) will nap in a Sleep Sack.
- The infant’s head shall remain uncovered during sleep.
- Unless the child has a note from a physician specifying otherwise, infants shall be placed in a supine (back) position for sleeping to lower the risks of Sudden Infant Death Syndrome (SIDS).
- When infants can easily turn over from the supine to prone position, they shall be put down to sleep on their back, but allowed to adopt whatever position they prefer for sleep.
- Unless a doctor specifies the need for a positioning device that restricts movement within the child’s crib, such devices shall not be used.
- There is no smoking allowed in the child care setting.
- Infants will not share a crib with other children.
- Infants will remain lightly clothed and comfortable while sleeping.
- Supervised “tummy time” will be observed while infant is awake.
- At the time of application, families of infants will be informed of the program’s sleep position rules and given a copy of the policy.
- All staff will receive annual training on safe sleep practices before caring for infants.
- This policy applies to staff and families.
- This policy will be reviewed with the parents at the time of application and a copy will be provided in the parent handbook.
- SIDS information will be published annually in the newsletter and available as a handout.

*Acknowledgement: I have read and understand Oak Park Early Learning Academy’s Safe Sleep Policy in regards to the care of my infant and/or toddler up to age 18 months.*

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director Signature

\_\_\_\_\_  
Date



**BUREAU OF CHILD CARE  
DIVISION OF FAMILY RESOURCES**

**SAFE TRANSPORTAION OF FOOD RESPONSIBILITY**

Food must be brought to the facility in clean, insulated, sanitizable containers, which keeps cold food at 41° F or below and hot food at 135° or above. Containers must be clearly labeled with the child's name and date of preparation.

Upon receiving the food from the parent, the facility shall verify the temperature of the food. When potentially hazardous food temperature is not correct, the facility will not accept the food.

Upon accepting the food, the facility shall maintain correct food temperatures until served.

**PARENT AGREEMENT**

I, \_\_\_\_\_ (Parent's name) will

provide food for \_\_\_\_\_ (Child's name).

I take full responsibility for the safety of my child's food during preparation, storage, and transportation to the facility.

(Parent's Signature): \_\_\_\_\_

(Date): \_\_\_\_\_