



## Infant Feeding Agreement

**As an early care and education provider, it is our responsibility to maintain a safe classroom environment for your child. As per OCFS guidelines, an agreement must be made outlining feeding procedures for your child. Please review the following statements, sign, and return it to your Center Director.**

- A schedule of your child's feeding/drinking routine must be provided by the family and updated as needed including times and types of fluids/foods offered. Template attached.
- All containers or bottles of breast milk, formula or other individualized food items must be provided by family and clearly marked with the child's complete name.
- Bottles should be prepared and provided by the family each day. Designated staff members may prepare formula when agreed to in writing by the parent.
- Unused portions of bottles or containers from which children have eaten must be discarded after each feeding or placed in a securely tied bag and returned to parent at the end of the day. Please let us know your preference.
- Bottles and food items will be warmed using hot water. Microwave use is prohibited.
- Every effort will be made to accommodate the needs of a child who is being breast fed. If you wish to visit the center to breast feed, please let your Center Director know so that private space is made available.
- Infants six months of age or younger will be held while being bottle fed. Infants older than six months will be held until the infant consistently demonstrates the capability of holding the bottle and ingesting an adequate portion of the contents. At that point, infants may sit in a highchair with their bottle.
- Age-appropriate solid foods will be introduced in consultation with families.
- Current menus for each week will be available on parent boards as well as in the parent communication app.

Please sign below indicating your understanding and agreement. If you have questions about this agreement or questions about your child's individual needs, please discuss this with the Center Director.

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Parent Signature

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Date

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Child's Name

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Classroom



## Infant Feeding Schedule

Child's Name:

Date of Birth:

### Fluids

Please select type of fluids:

Breast Milk

Formula (brand:

)

Milk

Please list times and amount for bottles to be given:

### Foods

Please list times, types, and amounts of solids to be given (jar food, baby cereal, finger foods, etc.):

### Allergies and Special Instructions

Please list any known allergies, food intolerances, restrictions or special instructions regarding your child's eating habits:

Parent signature \_\_\_\_\_

Date \_\_\_\_\_