## **🧸 Infant Room Supply List**

*Please label all items clearly with your child’s full name.*

### **Daily Supplies (To Be Brought & Replenished as Needed):**

* 👶 **Pre-made, labeled bottles** (with date/time & contents)
* 🍼 **Prepared, labeled baby food containers** (if applicable)
* 🧴 Formula or breast milk (in labeled bottles only)
* 🎽 2–3 changes of clothes (weather appropriate)
* 👶 Bibs and burp cloths
* 🧷 Diapers (enough for daily use)
* 🧻 Wipes
* 🧴 Diaper cream (with signed authorization form)
* 🛏️ **Pack 'n Play** (required for naps—must remain at school)
* 🎠 Pacifiers (if used) – labeled and stored in a clean container
* 🧺 Lightweight blanket or swaddle (optional, for supervised use only)
* 👜 Diaper bag or tote (optional – will remain in child’s cubby)

⚠️ **Please note:** Bottles and feeding items will be sent home daily, unwashed, in accordance with DCF guidelines.

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## **🍽️ Infant Feeding Plan**

*Required by Florida DCF for all children under 1 year of age* (One form per infant, to be updated as feeding needs change**Child’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 **Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 **Today’s Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 **Start Date in Program:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

### **1. Feeding Method (check all that apply):**

☐ Breast Milk  
 ☐ Formula (Brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)  
 ☐ Solid Foods (List types: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

### **2. Bottle Feeding Schedule**

Please list times and typical amount offered:**3. Solid Foods (if applicable)**

Offered at (times): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 Types of foods: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Child is just starting solids  
 ☐ Child self-feeds (with assistance)  
 ☐ Food should be spoon-fed by caregiver

### **4. Special Instructions:**

(Include any allergies, intolerances, cultural or religious restrictions)**5. Parent Agreement:**

I understand that all bottles and food must be labeled, prepared at home, and will be sent home daily in accordance with Florida DCF regulations. I will update this plan as my child’s feeding needs change.

**Parent/Guardian Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**School Representative Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_