

Infant Feeding Plan

Family Day Care Rule: 290-2-3.10(4)

The provider shall secure from the parents infant formula and feeding plan for children under 1 year of age.

Child's Name _____

Child's Birthday _____

Date Plan Completed _____

Does your child take a bottle? Yes No
Is the bottle labeled? Yes No (with child's name)
Is the bottle warmed? Yes No
Does the child hold own bottle? Yes No
Can the child feed self? Yes No

Does your child eat: (check all that apply)
 Strained foods Formula
 Baby foods Whole Milk
 Table foods Other: _____

What type of formula is used? _____

Amount of formula to be given: _____

Updated amounts of formula: _____ Date: _____
_____ Date: _____
_____ Date: _____

Instructions for the introduction of solid foods: _____

Food likes:

Food dislikes:

Does child take a pacifier? Yes No If yes, when?

Does your child have Allergies/Known Medical Conditions (Include any premixed formula)?

Yes No

If yes, please list:

Your child will be placed on back to sleep per SIDS rules unless written doctor's statement is provided.

CHILD'S SCHEDULE

Breakfast _____

(approximate time)

_____ Type and approximate amount of food

Lunch _____

(approximate time)

_____ Type and approximate amount of food

Dinner _____

(approximate time)

_____ Type and approximate amount of food

Morning Nap _____

(approximate time)

Afternoon Nap _____

(approximate time)

Infant feeding plan needs to be updated every three months, or as needed, in regards to adding new foods or other dietary changes with a new parent/guardian signature and date:

Parent/Guardian Signature

Date