



INFANT CARE FEEDING PLAN

Child's Name _____ Date _____

The following information represents the individual feeding plan for the above mentioned child. **The plan will be discussed between the teacher, parent and Director prior to the child's first day at our Center:**

* Physicians Instructions:

* Indicate the Child's Feeding Schedule:

* Will your child be taking Breast Milk or Formula (please circle)? Please indicate the type of Formula _____ and how many ounces to offer per serving. How often does your child get a bottle? _____

* Indicate the schedule for introduction of solid and/or new foods:

* Please indicate the food consistency that your child prefers?

* How often does your child eat solid foods? _____

* Does your child have any food likes or dislikes that we need to be aware of?

* Does your child have any food allergies?

* Please indicate when you would like our staff to introduce cups and utensils to your child's routine? _____



_____ Please initial that you have been provided information on the dangers of HONEY in the first year of life.

_____ Please initial that you have been provided information regarding the "Recommendations for Infant Feeding Practices" by the Department of Human Services concerning the sequence for the introduction of solid foods to infants from birth to 12 months.

The authorized representative shall sign the plan to verify that he/she has participated in developing and regularly updating the Infant Care Feeding Plan. The plan should be updated as often as the representative wants, or as often as necessary to reflect changes in any of the areas specified above.

Name _____ Date _____