

# INFANT FEEDING PLAN

591-1-1-.15 (2) Feeding of Children Under One (1) Year of Age

- A signed written feeding plan for children under one (1) year of age shall be obtained from parents.
- Instructions from the parent shall be updated regularly as new foods are added or other dietary changes are made.
- The feeding plan shall be posted in the child's assigned room

**Child's Name:** \_\_\_\_\_

**Date** \_\_\_\_\_

**Birthday:** \_\_\_\_\_

Does child take a bottle? ( ) Yes ( ) No

Is the bottle labeled? ( ) Yes ( ) No

Is the bottle warmed? ( ) Yes ( ) No

Does the child hold own bottle? ( ) Yes ( ) No

Can the child feed self? ( ) Yes ( ) No

Does the child eat: (check all that apply)

( ) Strained foods ( ) Formula ( ) Baby foods ( ) Whole Milk ( ) Table foods

( ) Other: \_\_\_\_\_

What type of formula is used? \_\_\_\_\_

**\*\* Center cannot mix powdered baby formula**

Amount of formula to be given: \_\_\_\_\_

Updated amounts of formula: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Instructions for the introduction of solid foods \_\_\_\_\_

Food likes \_\_\_\_\_

Food dislikes \_\_\_\_\_

Does child take a pacifier? ( ) Yes ( ) No

When? \_\_\_\_\_

Allergies (Include any premixed formula) ( ) Yes ( ) No

If yes, please list \_\_\_\_\_

\_\_\_\_\_

## 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)

**Updated instructions regarding adding new foods or other dietary changes, please list as needed:**

Changes, N/A if none	Date	Parent Signature

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE