

**Infant Feeding Plan (Parent must complete)**

Name of Child:	Date of Birth:	Age at time of enrollment:
<p>Does your child currently consume:</p> <p><input type="checkbox"/> Breastmilk*</p> <p><input type="checkbox"/> Formula</p> <p><input type="checkbox"/> Baby Cereals</p> <p><input type="checkbox"/> Baby Food</p> <p><input type="checkbox"/> Solid Food</p> <p>Solid Foods that have been introduced:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Feeding Method:</p> <p><input type="checkbox"/> Breastfed</p> <p><input type="checkbox"/> Bottle</p> <p><input type="checkbox"/> Spoon</p> <p><input type="checkbox"/> Cup</p> <p>Feeding abilities: (e.g. fed by caregiver, self feed with fingers, spoon and/or fork)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Any Special Instructions - This can include breastmilk or formula storage and supply, food allergies, food requests related to medical conditions, etc. How to warm foods or mix cereals.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Daily Feeding Routine (times, amounts, etc.):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Textures s/he can handle (e.g. pureed, minced, diced):</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Other info:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p>	<p><b>Note:</b> If child cannot eat what is being served at the day care home, parent must supply, this includes milk if infant drinks more than 8 ounces per day. Caregivers are not required to make baby food.</p>