

## INFANT CARE / FEEDING PLAN

Child's Name: \_\_\_\_\_ Date \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Breast Milk: Yes / No      Formula: Yes / No      Whole milk: Yes / No      Water: Yes / No

If formula, Brand \_\_\_\_\_ # of ounces \_\_\_\_/\_\_\_\_/\_\_\_\_

How often? \_\_\_\_\_

Baby Foods: Yes / No

Strained Foods: Yes / No

Table Foods: Yes / No

Juice: Yes / No

Does child feed self? Yes / No

Pacifier use: Yes/No

Special instructions: \_\_\_\_\_

### FEEDING

It is our policy that bottles be held, not propped, during feeding. Bottles must be pre-mixed, labeled with child's full name, dated and ready to be served.

Breakfast-Time of Day \_\_\_\_\_ Type and approx. amount of food \_\_\_\_\_

Lunch-Time of Day \_\_\_\_\_ Type and approx. amount of food \_\_\_\_\_

Dinner-Time of Day \_\_\_\_\_ Type and approx. amount of food \_\_\_\_\_

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

Does your child have allergies? If so, what are the symptoms? \_\_\_\_\_

### SLEEP

Regarding infant sleeping practices, all infant-care providers have received SUIDS training and will follow the Academy's Policies and Procedures for infant sleep instructions.

If your child is sleeping- Do you want us to wake them to be fed? \_\_\_\_\_

What is the longest you want your child to nap at one time? \_\_\_\_\_

I understand it is my responsibility to inform the Academy, in writing as my child's needs change.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

Please note that this form needs to be updated every 30 days until the child is eating table food.

Reviewed \_\_\_\_\_ Reviewed \_\_\_\_\_ Reviewed \_\_\_\_\_