INFANT INDIVIDUAL FEEDING PLAN

Date: _________ New: ______ Update:______

Child's Name: ____ Age:________ B.D: __________

Feeding Schedule: (please complete one of the following) **No changes:** _______

1. How many times per day?_____________
2. Every ____________ hours
3. 06:00 a.m. ___ 07:00 a.m.___ 08:00 a.m. ___ 09:00 a.m. ___ 10:00 a.m. ____
   11:00 a.m. ___ 12:00 a.m.___ 01:00 p.m. ___ 02:00 p.m.___ 03:00 p.m. ____
   04:00 p.m. ___ 05:00 p.m.___ 06:00 p.m. ___ 07:00 p.m. ___Other ____

Feeding History: (each child develops on his/her own) **No changes:** ______

How is child fed: lap_______ high chair_______ infant seat ________other ________

Uses bottle _________ Age _____ Age schedule for introduction _________________
Breast fed _________ Age _____ Age schedule for introduction _________________
Cup _________ Age _____ Age schedule for introduction _________________
Cup with lid _________ Age _____ Age schedule for introduction _________________
Cup _________ Age _____ Age schedule for introduction _________________
Utensils _________ Age _____ Age schedule for introduction _________________

Type of Food: **No changes:** _______

Drinks formula ___________(kind) milk_______ breast milk________ juice_______________
Eats baby food only______________ Type of baby food _____________ Stage _____________
Table foods____________________ Type of table food ________________________________
Formula _______ Age_____ Age schedule for introduction ___________
Formula w/cereal _______ Age_____ Age schedule for introduction ___________
Stage 1 Food _______ Age_____ Age schedule for introduction ___________
Stage 2 Food _______ Age_____ Age schedule for introduction ___________
Stage 3 Food _______ Age_____ Age schedule for introduction ___________
Stage 4 Food _______ Age_____ Age schedule for introduction ___________

Food Information: **No changes:** _______

Any food allergies or special needs? _____________________________________
Any history of colic? _____________________________________
Any food like? _____________________________________
Any food dislike? _____________________________________
When to introduce to cup? _____________________________________
When to introduce to Utilities? _____________________________________
When to introduce food? _____________________________________
Does child have a "fussy" time? ____________ When?_______________

Infant Representative : ________________________________ Date:___________________

Teacher: _________________________________ Date:___________________

Director: _________________________________ Date: ___________________

Instructions: Must be updated Quarterly by the Infant Representative, Teacher and Director, Please review meal pattern, Must be signed by all individuals