

Family Day Care Rule 290-2-3.10(4): The provider shall secure from the parents infant formula and feeding plan for children under one year of age.

Child's name _____ Birthdate _____ Date plan completed _____

Does the child take a bottle?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Does your child eat (check all that apply)
Is the bottle labeled with child's name?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Strained foods
Is the bottle warmed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Formula
Does the child hold his/her own bottle?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Baby foods
Can the child feed himself/herself?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Table foods
			<input type="checkbox"/> Whole milk
			<input type="checkbox"/> Other _____

What type of formula is used? _____
 Amount of formula to be given _____

Updated amounts of formula _____	Date _____
_____	Date _____
_____	Date _____
_____	Date _____

Instructions for the introduction of solid foods _____
 Food likes _____ Food dislikes _____

Does the child take a pacifier? YES NO

Does the child have allergies/known medical conditions (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	_____	Afternoon nap
	(approximate time)	(approximate time)

Note: Infant feeding plan should be updated every three months, or as needed, with regard to adding new foods or other dietary changes. Plan changes require a parent/guardian signature and date.

Parent/Guardian signature _____ Date _____