

INFANT AND TODDLER FEEDING AND CARE PLAN

Instructions to Parents – Please for child who is less than 24 months of age. Update as needed. *Use a new form or initial/date changes on this form.*

Child's Name

Date of Birth

Date Enrolled

FEEDING INFORMATION

Type of Food	Feeding Time	Kinds of Food	Amount of Food
Breast Milk			
Formula			
Infant Food			
Table Food			

Who is preparing (mixing) the formula? Check all that apply:

Parent

Caregiver

Does your child have any problems with feedings, such as choking or spitting up?

Yes

No

If yes, please explain:

Does your child use a pacifier?

Yes

No

INFANT FEEDING PREFERENCE (under 12 months)

Mark your preference (check all that apply).

I will provide breast milk for my infant.

I will nurse my infant at the center at these times: _____

If breast milk is unavailable for a feeding, the facility should: _____

I will provide infant formula for my infant. Name of formula: _____

I request that the child care facility provide solid foods for my infant as s/he is ready for them, and after I have discussed it with child care staff, **OR**

I will provide solid foods for my infant.

TODDLER FEEDING PREFERENCES (12 through 23 months)

Check all that apply: Spoon Cup Feed Self Feeding Table or Chair

Type of Food	Feeding Time	Kinds of Food	Amount of Food
Breast Milk			
Milk			
Table Food			

ARRANGEMENTS FOR SLEEP

****Licensing rules require that infants be placed on their back to sleep.****

Time(s) Child Usually Sleeps

Length of Nap

Additional Instructions Related to Sleeping:

Note: When, in the opinion of the infant's licensed health care provider, an infant requires alternative sleep positions or special sleeping arrangements that differ from those required by rule, the provider must have on file at the facility written instructions, signed by the infant's licensed health care provider, detailing the alternative sleep positions or special sleeping arrangements for such infant. The caregiver(s) must put the infant to sleep in accordance with such written instructions.

DIAPERING INSTRUCTIONS

List any lotions and/or ointments, etc. that you have provided and give permission for caregivers to use on your child.

Wet

Rash

Bowel Movement

Other

I do not want caregivers to use any lotions, powders, ointments, or similar items on my child.

I will furnish the following baby supplies for my child; clearly labeled with my child's name:

Special Instructions for Care (e.g., restrictions, allergies, etc.):

Signature of Parent/Legal Guardian

Date