# INFANT FEEDING PLAN

Child's Full Name _____ Date _____

Date of Birth _____

Does the child take a bottle? Yes [ ] No [ ]
Is the bottle warmed? Yes [ ] No [ ]
Does the child hold own bottle? Yes [ ] No [ ]
Can the child feed self? Yes [ ] No [ ]

Does the child eat: (check all that apply)
Strained Foods [ ] Whole Milk [ ]
Baby Foods [ ] Table Food [ ]
Formula [ ] Other [ ]

What type formula used, if applicable?_____
Amount and time of formula/breast milk to be given?_____ Date _____

| UPDATED AMOUNTS OF FORMULA/BREAST MILK TO BE GIVEN | | | |
|---|---|---|---|
| DATE | TIME | AMOUNT | TYPE |
| | | | |
| | | | |
| | | | |
| | | | |

Does the child take a pacifier? Yes [ ] No [ ] If yes, when? _____

## INTRODUCTION OF SOLID FOODS

The introduction of age-appropriate solid foods should preferably occur at six months of age, but no sooner than four months. Has the parent discussed with the child's primary caregiver that the child has met appropriate developmental skills for the introduction of solid foods? Yes [ ] No [ ] Parent Initials: _____

The child has reached the following developmental skills:
Can hold his/her head steady? Yes [ ] No [ ]
Opens mouth/leans forward in anticipation of food offered? Yes [ ] No [ ]
Closes lips around a spoon? Yes [ ] No [ ]
Transfers food from front of the tongue to the back and swallows? Yes [ ] No [ ]

Instructions for the introduction of solid foods _____
_____

Food likes _____

Food dislikes _____

Allergies? (including any premixed formula)_____

| UPDATED AMOUNTS/TYPE OF FOOD TO BE GIVEN | | |
|---|---|---|
| TIME | AMOUNT | TYPE |
| | | |
| | | |
| | | |
| | | |

Any updated instructions regarding adding new foods or other dietary changes, please list as needed. _____
_____

**PARENT'S SIGNATURE:** _____ Date: _____