



Dependable Affordable Daycare
and Learning Center

"Where your child's care is our top priority"

1643 Pinto Trail ♦ Jonesboro, Georgia 30236 ♦ 770-210-9119

INFANT FEEDING PLAN

Family Day Care Rule: 290-2-3.10(4)

DAD shall secure from guardians infant formula and feeding plan for children under 1 year of age.

Child's Name	Date of Birth	Date Plan Completed
<p>Does your child take a bottle? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is the bottle labeled with child's name? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is the bottled warmed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is date on label current? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does the child hold own bottle? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Can the child feed self? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		<p>Does your child eat: (check all that apply)</p> <p><input type="checkbox"/> Strained foods <input type="checkbox"/> Formula</p> <p><input type="checkbox"/> Baby Food <input type="checkbox"/> Whole Milk</p> <p><input type="checkbox"/> Table foods</p> <p><input type="checkbox"/> Other: _____</p>

What type of formula is used? _____

Amount of formula to be given: _____

Updated amounts of formula: _____ Date: _____

_____ Date: _____

_____ Date: _____

Instructions for the introduction of solid foods: _____

Food likes: _____

Food dislikes: _____

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

Does your child have allergies/ known Medical Conditions (include any premixed formula)? Yes No
If yes, please list _____

Your child will be placed on back to sleep per SID rules unless written doctor's statement is provided.

CHILD'S SCHEDULE

Breakfast: _____ (approximate time) _____ Type and approximate amount of food

Lunch: _____ (approximate time) _____ Type and approximate amount of food

PM Snack/Dinner: _____ (approximate time) _____ Type and approximate amount of food

Morning Nap: _____ Afternoon Nap: _____

Infant feeding plan must be updated every 3 months, or as needed, in regards to adding new foods or other dietary changes with a new parent/guardian signature and date

Signature: _____ Date: _____
(Parent/Guardian)