

INFANT FEEDING INSTRUCTIONS

| | | | |
|---|---|----------------|--|
| Child's name: | | Date of birth: | |
| Feeding | | | |
| Breastmilk, Type of Milk, or Formula: | | | Bottle: Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If child is receiving breastmilk and supply of pumped milk runs out, what do you want staff to do? | | | |
| Allergies | | | |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes – Explain: | | |
| Does child have any problems with feedings, such as choking or spitting up? | | | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes – Explain: | | | |
| Foods | | | |
| Introduced: See Attached List on page 2. | | | |
| Consistency: <input type="checkbox"/> Puree <input type="checkbox"/> Junior <input type="checkbox"/> Table | | | |
| Food Likes: | Food Dislikes: | | |
| Method of Feeding: | | | |
| Utensils used: <input type="checkbox"/> Cup <input type="checkbox"/> Fork <input type="checkbox"/> Spoon <input type="checkbox"/> Other: | | | |
| Explain: | | | |

Feeding Schedules and Updates:

| Date | Time | Foods | Amount | Time | Foods | Amount |
|------|------|-------|--------|------|-------|--------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| | |
|-----------|---------------------|
| Comments: | |
| Date: | Parent's signature: |

**Update as new foods are introduced or changes occur.
Post in kitchen and activity area.
All feeding instructions must be retained for 12 months (centers).**

FOODS LIST

Child's Name: _____

Foods and dates introduced at home:

VEGETABLES

| FOOD | DATE | FOOD | DATE | FOOD | DATE |
|-----------------|------|----------------|------|------|------|
| Carrots | | Squash | | | |
| Creamed Corn | | Potatoes | | | |
| Creamed Spinach | | Sweet Potatoes | | | |
| Green Beans | | | | | |
| Peas | | | | | |

FRUITS

| FOOD | DATE | FOOD | DATE | FOOD | DATE |
|------------------|------|-------------------|------|------|------|
| Apple Sauce | | Prunes | | | |
| Bananas | | Plums | | | |
| Peaches | | Apple Strawberry | | | |
| Pears | | Banana Strawberry | | | |
| Bananas w/Apples | | Apricots | | | |
| Prunes w/Apples | | | | | |

MEATS

| FOOD | DATE | FOOD | DATE | FOOD | DATE |
|---------|------|------|------|------|------|
| Beef | | Lamb | | | |
| Chicken | | Ham | | | |
| Turkey | | Veal | | | |

MIXED FOODS

| FOOD | DATE | FOOD | DATE | FOOD | DATE |
|----------------|------|----------------|------|------|------|
| Veg/Ham | | Mixed Turkey | | | |
| Veg/Bacon | | Chicken Noodle | | | |
| Veg/Turkey | | Lasagna | | | |
| Apples/Turkey | | Spaghetti | | | |
| Apples/Chicken | | Veg/Pasta | | | |
| Pears/Chicken | | | | | |

CEREALS

| FOOD | DATE | FOOD | DATE | FOOD | DATE |
|---------|------|------|------|------|------|
| Rice | | | | | |
| Oatmeal | | | | | |
| Mixed | | | | | |
| | | | | | |

COMMENTS and Additional Information:

DATE: _____

SIGNATURE: _____

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