



**Distribution**

- Infant/Toddler Classroom Forms
- Front Desk Forms

\_\_\_\_\_  
(Month)

**Infant Feeding Plan**  
For children ages 6 weeks-12 months

Child's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Instructions to Parents/Guardians:**

- Bottles must be pre-mixed (if applicable), labeled with child's full name, current day's date and ready to be served.
- Breast milk must be prepared and stored in a bottle ready for use with the amount of milk for one feeding, labeled with the child's full name, and date of collection. \*frozen storage bags are not permitted.
- Update diet information as needed or every 30 days. Use a new form or initial/date changes on this form.

**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 met 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

Does child feed self?  Yes  No

Child's diet includes (check all that apply):

- |             |                          |                |                          |
|-------------|--------------------------|----------------|--------------------------|
| Formula     | <input type="checkbox"/> | Juice          | <input type="checkbox"/> |
| Breast Milk | <input type="checkbox"/> | Baby Foods     | <input type="checkbox"/> |
| Whole Milk  | <input type="checkbox"/> | Strained Foods | <input type="checkbox"/> |
| Water       | <input type="checkbox"/> | Table Foods    | <input type="checkbox"/> |

Formula type: _____
Bottle's Formula Amount: _____
Breast Milk Storage: <input type="checkbox"/> Bottles
Bottle's Breast Milk Amount: _____

Food Likes: \_\_\_\_\_  
 Food Dislikes: \_\_\_\_\_  
 Allergies: \_\_\_\_\_  
 Restrictions: \_\_\_\_\_

Feeding	Time of Day	Type and Approximate Amount of Food

**Additional Instructions** (i.e. for the introduction of solid foods, dietary changes):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I understand it is my responsibility to keep Kids 'R' Kids # \_\_\_\_\_ updated, in writing, as my child's needs change or **every 30 days**, and that it is Kids 'R' Kids policy that bottles are held, not propped, during feeding & that bottles are discarded within an hour after warmed. Unused breast milk will be sent home. Not discarded.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

EVERYTHING from home MUST be labeled!

