

# INFANT AND TODDLER FEEDING AND CARE PLAN

The formula provided by this child care facility is- PARENT PROVIDED.  
 This child care facility does NOT participate in the Child and Adult Care Food Program (CACFP).

Parent Instructions- Please complete for any child who is less than 24 months of age.  
 Please also UPDATE information as needed.  
 New forms may be obtained in the office, or you may initial and date changes on this form.

<u>Child's Name</u>	<u>Date of Birth</u>	<u>Date Enrolled</u>

## Feeding Information

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

Who is preparing the food? Check all that apply.    Parent    Caregiver  
 Does your child have any problems with feedings, such as choking or spitting up?  
   Yes- Please explain \_\_\_\_\_  
   No

Does your child use a pacifier?    Yes    No  
 Note- Pacifiers, if used, cannot be hung around an infant's neck. Pacifier mechanisms or pacifiers that attach to infant clothing cannot be used with sleeping infants.

## 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- \_\_\_\_\_  
 The facility's formula may be used for supplemental feedings if necessary- NA  
 If breast milk is unavailable for a feeding, the facility should- \_\_\_\_\_  
NA I request that the formula provided by the child care facility be served to my infant.  
   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 she or he is ready for them, and after I have discussed it with my child care staff, OR...  
   I will provide solid foods for my infant.

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## Toddler Feeding Preference \*12-23 months

Check all that apply.    Spoon    Cup    Feeds Self    Feeding Table/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 naps-	Length of naps-
Additional instructions related to sleeping-	
<p>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 the 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.</p>	
<u>  </u> My child is 12 months or older and I give permission for my child to sleep on a cot.	
<u>  </u> SIGNATURE OF PARENT OR LEGAL GUARDIAN	<u>  </u> DATE

## Diapering Instructions

List any lotions or ointments, etc., that you have provided and give permission for caregivers to use on your child- \_\_\_\_\_  
 For-    Wet    BM    Rash    Other- \_\_\_\_\_  
 Note- Medication Authorization forms must be completed and signed for each product listed PRIOR to any applications.  
   I do NOT want caregivers to use ANY lotions, powders, ointments, or similar items on my child.

I will furnish the following infant supplies for my child- \_\_\_\_\_ \*Clearly labeled with child's name

Special Instructions for Care (Restrictions, allergies, etc.)-

<u>  </u> SIGNATURE OF PARENT OR LEGAL GUARDIAN	<u>  </u> DATE
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