



# MONTHLY INFANT/TODDLER FEEDING PLAN

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

## BOTTLE/CUP ROUTINE

Circle one: Breast Milk    Formula    Juice

Circle one: Bottle    Cup (provided by center)    Circle one: Warmed    Room Temperature

Brand \_\_\_\_\_ Amount \_\_\_\_\_

Time of day or length of time between feedings \_\_\_\_\_

Other Information \_\_\_\_\_

## EATING ROUTINE

Food allergies \_\_\_\_\_

Cereal: Time \_\_\_\_\_ Preparation Instructions \_\_\_\_\_

Solid/Jar Food: Time \_\_\_\_\_ Preparation Instructions \_\_\_\_\_

Snacks:  Cheerios (provided by center)  Puffs  Other \_\_\_\_\_

Drinking whole, soy, or lactose free milk  Eating partial menu (attach highlighted menu)

Following complete school menu (No further feeding plans required)

## SLEEPING ROUTINE

*All infants will be placed to sleep on their backs. A pacifier is the only object allowed in a crib.*

Pre-Nap Rituals \_\_\_\_\_

Waking Routine \_\_\_\_\_

Frequency of naps \_\_\_\_\_ How many naps daily \_\_\_\_\_ Length of naps \_\_\_\_\_

## COMFORTING YOUR CHILD

Pacifier  Security object  Does it have a special name? \_\_\_\_\_

## DIAPER CHANGING INFORMATION

Ointment at every diaper change  Ointment only when needed (red)

PARENT NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

NO CHANGES  PARENT'S INITIAL \_\_\_\_\_ DATE \_\_\_\_\_

OTHER INFORMATION PROVIDED ON BACK OF FORM \_\_\_\_\_