Oconee Preschool Academy

"Excellence in Education & Caring"

INFANT FEEDING PLAN

Child's Name _____ Date _____

Child's Birthday _____

Does child take a bottle? ( ) Yes ( ) No Does your child hold own bottle? ( ) Yes ( ) No

Is the bottle warmed? ( ) Yes ( ) No **Bottles must be labeled** w/child's name and current

Can your child feed self? ( ) Yes ( ) No days date. Child's initials on bottle tops and caps.

What does your child eat and drink? *(check all that apply)*

( ) Formula ( ) Strained Foods ( ) Baby Foods ( ) Whole Milk ( ) Table Foods

( ) Other: _____

What type of formula is used? _____

*****Note: Oconee Preschool staff cannot mix powdered baby formula; bottles to be premade*****

Amount of formula to be given at each feeding: _____

Updated amounts of formula: _____ Date: _____

Date: _____ Amount: _____

Date: _____ Amount: _____

Date: _____ Amount: _____

Date: _____ Amount: _____

Instructions for introduction of solid foods _____

Food likes _____

Food dislikes _____

Does child take pacifier? ( ) Yes ( ) No When? _____

Allergies? *(include any premixed formula)* ( ) Yes ( ) No - If yes, please list _____

_____

OPA encourages parents to introduce a baby/toddler cup to your child at 9 – 12 months of age.

CHILD'S SCHEDULE

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

AM Snack _____ (approximate time) _____ (Type and approximate amount of food)

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

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

Morning Nap _____ (approximate time) **Afternoon Nap** _____ (approximate time)

Updated instructions regarding adding new foods or other dietary changes – please list as needed:

Changes = n/a if none	Date	Parent Signature

Parent Signature _____ Date _____