

Infant Needs and Service Plan for \_\_\_\_\_

Today's Date \_\_\_\_\_

Birthdate \_\_\_\_\_

Updated date & signature \_\_\_\_\_

Updated date & signature \_\_\_\_\_

Updated date & signature \_\_\_\_\_



Please help us keep your baby happy and healthy by updating this quarterly per Community Care Licensing or more often as determined by your baby's needs.

**Babies will be fed on demand.** Please provide a guideline of your current home experience. All bottles must be premade and foods and bottles need to be labeled with your babies name and date. Please bring in fresh bottles and food daily and take leftovers home at the end of the day.

**Current food schedule-**

Formula brand or breast milk \_\_\_\_\_

Current ounces per feeding \_\_\_\_\_

Frequency of eating \_\_\_\_\_

Is burping during feedings necessary \_\_\_\_\_

Additional information \_\_\_\_\_

According to the American Academy of Pediatrics, it is recommended to introduce new foods as outlined below.

Breast milk, iron-fortified formula or evaporated milk formula

4-6 months-infant cereal (dry type,) vegetables & fruits

7-8 months-proteins-egg, fish, beans, meat, cheese, yogurt

Did you know your child is ready to practice self-feeding with finger foods once they can sit independently & bring toys to their mouth. This is typically around 6 or 7 months of age.

**Current Diet:**

*Cereal Vegetables Fruits Dairy Products Proteins*

**Food Consistency:** *Puree Diced Finger Foods*

**Utensils used:** *Sippy Cup Cup spoon Fork*

**Napping-** We will allow babies to nap on demand. Please help us by sharing the following:

Usual sleep times \_\_\_\_\_

Length of nap \_\_\_\_\_

Pacifier use \_\_\_\_\_

Equipment infant sleeps in \_\_\_\_\_

Able to roll over & back independently \_\_\_\_\_

Medical Needs \_\_\_\_\_

**Nap routine**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Food Likes/Dislikes**

**Allergies**