## Kids Kondo Infant Feeding Plan

591-1-1-.15 (2) Feeding of child under one (1) year of age
A signed written feeding plan for children under one (1) year of age will be provided by the parents
Instructions from the parent shall be updated regularly as new foods are added or other dietary changes are made
The feeding plan will be posted in the child's assigned room

| Child's Name                              |                               |                 | DOB       |           |                                     | Date              |                 |        |           |
|---|-------------------------------|-----------------|-----------|-----------|-------------------------------------|-------------------|-----------------|--------|-----------|
| Does the child take a bottle?             |                               | yes             | no        | Is the    | Is the bottle labeled?              |                   |                 | no     |           |
| Is the bottle warmed?                     |                               | yes             | no        | Does      | Does the child hold his/her bottle? |                   |                 | no     |           |
| Does the child feed him/herself?          |                               | yes             | no        | Does      | Does the child take a pacifier?     |                   |                 | no     | when      |
| Does the child eat? {c<br>Formula         | heck all that ap<br>Baby Food |                 | ned Food  | ds        | Whole Milk                          | Table Food        | Other           |        |           |
| What type of formula                      | is used?                      |                 |           |           | k                                   | Kids Kondo cann   | ot mix p        | owdere | d formula |
| Amount of formula to                      | be given                      |                 |           |           |                                     |                   |                 |        |           |
| Updated amounts                           | Date                          | Updated amounts |           |           | Date                                | Updated amo       | Updated amounts |        |           |
| Updated amounts                           | Date                          | Updated amounts |           |           | Date                                | Updated amo       | Updated amounts |        |           |
| Instruction for the int                   | troduction of sol             | id foods        |           | ·         |                                     |                   |                 |        |           |
| Food Likes                                |                               |                 |           | Dislike   | es                                  |                   |                 |        |           |
| Allergies (include any if yes please list |                               |                 | ,         | no        |                                     |                   |                 |        |           |
|   | Approximate                   | time            | CI        | hild's So | chedule<br>Type                     | and amount of f   | ood             |        |           |
| Breakfast                                 |                               |                 |           |           |                                     |                   |                 |        |           |
| Morning Nap                               |                               |                 |           |           |                                     |                   |                 |        |           |
| Lunch                                     |                               |                 |           |           |                                     |                   |                 |        |           |
| Afternoon                                 |                               |                 |           |           |                                     |                   |                 |        |           |
| Updated instruction r                     | egarding adding               | new foo         | ods or ot | her die   | tary changes, ple                   | ease list as need | ed              |        |           |
| Change                                    | Date                          |                 | _         | Pare      | Parent Signature                    |                   |                 |        |           |
| Change                                    | <br>Date                      | Date            |           |           | Parent Signature                    |                   |                 |        |           |
| Parent / Guardian Sig                     | ınature                       |                 |           |           |                                     |                   |                 | -      |           |