

Date: _____

Review Date: _____

CHEZ GRAND'MERE PRESCHOOLS

Infant Food Service Plan

To help us give your child the best care possible, please complete those items which apply. This form will be updated as necessary, but at least every three months, and will be kept in the infant area for daily review.

Child's Name: _____

Age: _____

Feeding Schedule (times and amounts)

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Formula Brand or Milk:

Consistency of Food Prepared By Our Staff Should Be:

(thick, runny, etc.)

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We will be happy to work with you to help introduce the appropriate foods along with feeding utensils to your child. Recommended feeding practices for the introduction of solid foods to infants from birth to 12 months as set forth by the Department of Human Services are listed on the reverse. To help us with the nutritional process for your child, please complete the following:

Types, amounts, and frequency of foods your child already eats:

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Types, amounts, and frequency of foods to be introduced:

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All bottles and food containers should be clearly labeled with your child's name to avoid confusion in the nursery. For those mothers who wish to breast feed, we will arrange a private area for you to feed your child. If you have any questions, please ask.

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The following are the recommended feeding practices for the introduction of solid foods to infants from birth to 12 months as set forth by the Department of Human Services.

Age	Foods
Birth - 12 months	Breast milk, iron-fortified formula, or evaporated milk formula
4 - 6 months	Infant cereal
5 - 7 months	Vegetables, fruits, and juices
6 - 8 months	Protein foods such as cheese, yogurt, cooked beans, meat, fish, chicken, and egg yolks
10 - 12 months	Whole eggs

Individual Infant Diapering Plan

To help us care for your infant's diapering needs, please provide the following information:

Diaper Preference (all diapers are provided by the parents)

_____ Cloth

_____ Disposable Brand preference:

Will you provide diaper ointment?

() yes () no

If yes, what brand?

Under what circumstances would you like it to be applied?

Will you provide powder?

() yes () no

If yes, what brand?

Under what circumstances would you like it to be applied?

Parent Signature

Director Signature