

Feeding Schedule

Child's Name: _____ Date of Birth _____

1. Formula will be prepared by (check all that apply)

Parent

Provider

N/A

Formula preparation instructions:

2. Feeding instructions:

- ❖ All food containers and bottles must be clearly marked with the child's full name
- ❖ Unused portions of bottles or containers from which the child have been spoon fed will be discarded after each feeding or labeled with the child's name and placed in a securely tied plastic bag and returned to the parent at the end of the day with child.
- ❖ Heating formula, breast milk, and any other foods items for infants in the microwave is prohibited.
- ❖ Infants six months of age or younger must be held while being bottle -fed. Other infants must be held while being bottle fed until infant consistently demonstrated the capability of holding the bottle and ingesting an adequate portion of the contents. The propping of bottles is prohibited
- ❖ Forms must be updated as there is a change in any of the above.

Signature or Parent/ Guardian

Date

Signature of Provider

Date