

Infant Feeding Plan

Family Child Care Rule: 290-2-3.10(4)

The provider shall secure from the parents infant formula and feeding plan for children under 1 year of age.

Child's Name _____	Child's Birthday _____	Date Plan Completed _____
Does your child take a bottle? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the bottle labeled? <input type="checkbox"/> Yes <input type="checkbox"/> No (with child's name) Is the bottle warmed? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the child hold own bottle? <input type="checkbox"/> Yes <input type="checkbox"/> No Can the child feed self? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your child eat: (check all that apply) <input type="checkbox"/> Strained foods <input type="checkbox"/> Formula <input type="checkbox"/> Baby foods <input type="checkbox"/> Whole Milk <input type="checkbox"/> Table foods <input type="checkbox"/> Other: _____	

What type of formula is used? _____

Amount of formula to be given: _____

Updated amounts of formula: _____

Date: _____
Date: _____
Date: _____

Instructions for the introduction of solid foods: _____

Food likes: _____

Food dislikes: _____

Does child take a pacifier? Yes No If yes, when? _____

Does your child have Allergies/Known Medical Conditions (Include any premixed formula)? Yes No

If yes, please list: _____

Your child will be placed on back to sleep per SIDS rules unless written doctor's statement is provided.

CHILD'S SCHEDULE

Breakfast

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

Lunch

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

Dinner

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

Morning Nap

Afternoon Nap

_____ (approximate time) _____ (approximate time)

Infant feeding plan needs to be updated every three months, or as needed, in regards to adding new foods or other dietary changes with a new parent/guardian signature and date:

Parent/Guardian Signature

Date



Authorization to Dispense Medication

Family Child Care Rule: 290-2-3.11(1)(d)

Except for first aid, personnel shall not hand out prescription or nonprescription medications to a child without specific written authorization from the child's physician or parent. All medications shall be stored in accordance with the prescription or label instructions and kept in places that are inaccessible to children. Each dose of medication given to a child shall be documented showing the child's name, name of medication, date and time given, and the name of the person giving the medication.

*It is up to the provider to decide whether or not they dispense non-prescription medication.

Child's Full Name:				
Name of Medication:				
Prescription Number:				
Physician's Name:		Phone Number:		
Date(s) to give medication:				
Time of day medication is to be given:	a.m. or p.m.	a.m. or p.m.	a.m. or p.m.	a.m. or p.m.
Amount (Dosage) of medication to be given each time:				
How medication is to be stored:				

Parent/Guardian Signature

Date

Medication Record to be completed by Child Care Provider

Date	Time (a.m./p.m.)	Amount (Dosage)	Any Adverse Reaction	Signature of person giving medication

If adverse reaction to medication was noted, please describe action taken:

Note: This form must be used for all over the counter medications (e.g., Tylenol, cough syrup, Benedryl) and all prescription medications including the use of a Nebulizer.