

Little Lambs Home Daycare

INFANT FEEDING SCHEDULE

Infant/Child's Name: _____ Date of Birth: _____

Parent's Name: _____

An individual form must be completed for all infants, ages 0 to 12 months

Note the type of breast milk, infant formula, milk, and other foods that the infant normally uses and the average daily amount they consume. **This needs to be updated any time food is added to an infant's diet.**

| | Type | Average Daily Amount |
|-----------------|------|----------------------|
| Breast Milk: | | |
| Infant Formula: | | |
| Milk: | | |
| Other Foods: | | |

List the approximate times that the infant eats, what the infant normally eats at each designated time, and the approximate amount (i.e. ounces):

| Time: | Breast Milk, Infant Formula, Milk, and Other Foods |
|-------|--|
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List any special considerations, (i.e. food allergies):

Parent Signature

Date

Provider Signature

Date

