

Infant Needs and Service Plan for _____

Today's Date _____

Birthdate _____

Updated date & signature _____

Updated date & signature _____

Updated date & signature _____

Please help us keep your baby happy and healthy by updating this quarterly per Community Care Licensing or more often as determined by your baby's needs.

Babies will be fed on demand. Please provide a guideline of your current home experience. All bottles must be premade and foods and bottles need to be labeled with your babies name and date. Please bring in fresh bottles and food daily and take leftovers home at the end of the day.

Current food schedule-

Formula brand or breast milk _____

Current ounces per feeding _____

Frequency of eating _____

Is burping during feedings necessary _____

Additional information _____

Please mark the foods your baby is currently eating:

Cereals Vegetables & fruits yogurt
cheese egg nut butters beans

Food consistency: puree diced

Utensils offered: sippy cup spoon

According to the American Academy of Pediatrics, it is recommended to introduce new foods as outlined below.

Breast milk, iron-fortified formula or evaporated milk formula

4-6 months-infant cereal (dry type,) vegetables & fruits

7-8 months-proteins-egg, fish, beans, meat, cheese, yogurt

Did you know your child is ready to practice self-feeding with finger foods once they can sit independently & bring toys to their mouth.

This is typically around 6 or 7 months of age.

Food Likes/Dislikes

Known allergies or food sensitivities:

3 to 6-month olds generally show signs of being tired after being awake for 2- 3 hours, where 6-12 months old babies show signs of being tired after 3 or 4 hours. An overly tired baby is more difficult to settle for a nap. Here are common signs that baby is ready for a nap.

- Becomes restless or fussing
- Not interested in the toys they love
- Cries when held and cries louder when put down
- Refusal to eat
- Rubbing nose or eyes or pulling hair

Napping- Babies will be put down to nap on demand. Please help us by sharing the following:

Usual sleep times _____

Length of nap _____

Pacifier use _____

Equipment infant sleeps in _____

Able to roll over & back independently _____

Medical Needs _____

Please share how you settle your baby for a nap:
