Seedlings academy
Organically Nurturing One Child At A Time

Infant care plan

Child: _____ Date: _____/_____/_____

PLEASE INDICATE WHICH FOODS YOUR CHILD HAS BEEN INTRODUCED TO AND MAY BE SERVED WHILE IN CARE.

Cereals/Starch:

__Cheerio's __Biscuits
__Pasta __Rice
__Bread (toast) __Crackers
__Other: __Other:_____

Fruit

__Banana __Apple
__Pear __Prunes
__Peaches __Blueberry
__Orange __Mixed Berry
__Pineapple __Plum
__Strawberry
__Other: __Other:_____

Vegetables

__Carrot __Green Beans
__Peas __Potato
__Squash __Sweet Potato
__Spinach __Corn
__Broccoli __Cauliflower
__Tomato (sauce) __Other: _____

Meat

__Chicken __Beef
__Ham __Turkey
__Veal __Lamb
__Other:_____

Desserts

__Custard __Yogurt
__Other: __Other:

Juice

__ Apple __White Grape
__Prune __Orange
__Pear __Mixed Fruit/ Berry
__Grape __Other:_____

Other:

_____
_____
_____

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This information should be updated periodically as the infant's needs change.	
Child's Name:	Nickname:
What are you feeding your infant? (check all that apply) ☐ Formula ☐ Breastmilk ☐ Combination of formula and breastmilk	
Amount of feeding:	Frequency of feeding:
My child likes their bottle (circle one): cold room temperature warm very warm/NOT HOT	
Does your child use a cup? (circle one): yes no	
Solid food (baby food, amounts, frequency):	Table food (types, amounts, frequency):
Security items (pacifier, blankies, etc):	Nap schedule:
Hints for getting your child to sleep (rocking, rubbing back, patting bottom, etc):	
Sleep position (circle one): Back Side* Tummy* *You will need to sign a sleep position waiver if your baby is to sleep on their tummy or side.	
Allergies:	
Special precautions:	
Any additional information about your child that would be helpful or you would like the staff to know:	