



**SUPPLEMENTAL HEALTH CARE PROGRAM FOR CHILD CARE
CENTERS PROVIDING INFANT-TODDLER CARE
SUGGESTED FEEDING PLAN**

State Form 49963 (R / 12-06) / BCC 0073

BUREAU OF CHILD CARE
DIVISION OF FAMILY RESOURCES

INSTRUCTIONS:

Prior to admission, a feeding plan shall be established and written for each infant (age 6 weeks - 12 months) in consultation with the parents and based on the written recommendation of the child's pediatrician or family physician. Feeding plans must be continually updated by physician or parent. [470 IAC 3-4.7 (b)]

The following feeding plan has been recommended for this child.

Name of child	Date of birth (month, day, year)
<input type="text"/>	<input type="text"/>

Age in Months	Time to Feed	Formula / Food Item and Amount	Special Instructions	Signature and Date of Parent or Physician
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Signature of physician / nurse practitioner	Date signed (month, day, year)
<input type="text"/>	<input type="text"/>