



Infant Feeding Guide

Child: _____

Date: ___/___/___
D M Y

Formula Brand: _____

Cereals/Starch:

- | | |
|--|---|
| <input type="checkbox"/> Rice Cereal | <input type="checkbox"/> Oatmeal Cereal |
| <input type="checkbox"/> Barley Cereal | <input type="checkbox"/> Mixed Cereal |
| <input type="checkbox"/> Cheerio's | <input type="checkbox"/> Biscuits |
| <input type="checkbox"/> Pasta | <input type="checkbox"/> Rice |
| <input type="checkbox"/> Bread(toast) | <input type="checkbox"/> Crackers |
| <input type="checkbox"/> Other: | <input type="checkbox"/> Other: |

Fruit

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Banana | <input type="checkbox"/> Apple |
| <input type="checkbox"/> Pear | <input type="checkbox"/> Prunes |
| <input type="checkbox"/> Peaches | <input type="checkbox"/> Blueberry |
| <input type="checkbox"/> Orange | <input type="checkbox"/> Mixed Berry |
| <input type="checkbox"/> Pineapple | <input type="checkbox"/> Plum |
| <input type="checkbox"/> Strawberry (not recommended until over 12 months in age) | |
| <input type="checkbox"/> Other: | <input type="checkbox"/> Other: |

Vegetables

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Carrot | <input type="checkbox"/> Green Beans |
| <input type="checkbox"/> Peas | <input type="checkbox"/> Potato |
| <input type="checkbox"/> Squash | <input type="checkbox"/> Sweet Potato |
| <input type="checkbox"/> Spinach | <input type="checkbox"/> Corn |
| <input type="checkbox"/> Broccoli | <input type="checkbox"/> Cauliflower |
| <input type="checkbox"/> Tomato(sauce) | |
| <input type="checkbox"/> Other: | <input type="checkbox"/> Other: |

Meat

- | | |
|----------------------------------|---------------------------------|
| <input type="checkbox"/> Chicken | <input type="checkbox"/> Beef |
| <input type="checkbox"/> Ham | <input type="checkbox"/> Turkey |
| <input type="checkbox"/> Veal | <input type="checkbox"/> Lamb |
| <input type="checkbox"/> Other: | <input type="checkbox"/> Other: |

Desserts

- | | |
|----------------------------------|---------------------------------|
| <input type="checkbox"/> Custard | <input type="checkbox"/> Yogurt |
| <input type="checkbox"/> Other: | <input type="checkbox"/> Other: |

Juice

- | | |
|---------------------------------|--------------------------------------|
| <input type="checkbox"/> Apple | <input type="checkbox"/> White Grape |
| <input type="checkbox"/> Prune | <input type="checkbox"/> Orange |
| <input type="checkbox"/> Pear | <input type="checkbox"/> Mixed Fruit |
| <input type="checkbox"/> Other: | <input type="checkbox"/> Other: |

All Infants Avoid:

Pure Honey until 1 year old
Cow's milk until 1 year old

High Risk Infants Also Avoid:

Eggs until 2 years old
Fish until 3 years old
Nuts until 3 years old (peanut butter and tree nuts)

Free Forms for Child Care Providers

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