



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

State Form 49963 (R3 / 2-15)

FSSA - MS02
402 WEST WASHINGTON STREET, RM W361
INDIANAPOLIS, IN 46204

INSTRUCTIONS:

Prior to admission, a feeding plan shall be established and written for each infant (age six (6) weeks to twelve (12) months) in consultation with the parents and based on the written recommendation of the child's medical provider. Feeding plans must be continually updated by the child's medical provider 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)
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Age in Months	Time to Feed	Formula / Food Item and Amount	Special Instructions	Signature and Date of Parent or Medical Provider

Signature of MD, DO, NP	Date signed (month, day, year)
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