

Flowers in the Garden CDC



BABY FOOD CHECKLIST

Child's Name _____

Date of Birth _____

Is your Infant Bottle Fed?

☐-Yes ☐-No

Does Infant prefer bottle warmed?

☐-Yes ☐-No

Does Infant hold their own bottle?

☐-Yes ☐-No

Does Infant feed themselves?

☐-Yes ☐-No

Does Infant use pacifier?

☐-Yes ☐-No

Does Infant have any food allergies?

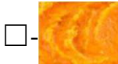
☐-Yes ☐-NoInfant drinks: ☐-Formula ☐-Breast Milk ☐-Whole Milk Allergic to: _____

How many ounces? _____ oz Baby Formula Brand: _____

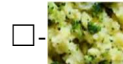
How often is Infant fed a bottle? _____ Bottle Prep Instructions: _____

Is your baby eating solid foods? ☐-Yes ☐-No

What texture of foods do you give your baby?



Pureed



Mashed



Ground



Finely Chopped

Which of these foods does your baby currently eat?

Grains

☐-Crackers ☐-Iron-Fortified Infant Cereal (check all that apply)☐-Barley Cereal☐-Oat Cereal☐-Wheat Cereal☐-Rice Cereal☐-Ready-to-eat Cereal (such as whole-grain o-shaped cereal (Cheerios))☐-Pieces of Bread/Toast☐-Pieces of Pita Bread☐-Pieces of Soft Tortilla

Meat and Meat Alternates (Protein Foods and Dairy)

☐-Beans☐-Beef☐-Pork☐-Chicken☐-Cottage Cheese☐-Eggs☐-Fish☐-Turkey☐-Cheese☐-Yogurt☐-Shellfish

Vegetables

☐-Broccoli☐-Butternut Squash☐-Cauliflower☐-Corn☐-Spinach☐-Peas☐-Carrots☐-Sweet Potatoes☐-Tomatoes☐-Green Beans☐-Other: _____

Fruits

☐-Apples☐-Apricot☐-Bananas☐-Blueberries☐-Mangos☐-Peaches☐-Pears☐-Prunes☐-Strawberries☐-Other: _____

What else does your baby eat?

Food Dislikes?

Additional Instructions:

Feeding schedule: (time, type of food, amount)

Breakfast:

Lunch:

Dinner:

Snacks:

Parent Signature _____

Date _____

Staff Signature _____

Date _____

Supervisor Signature _____

Date _____

"Education is not the filling of a pail, but the lighting of a fire." ~ William Butler Yeats

UPDATED: 6/9/2025