

Infant Feeding Plan

As your child's caregivers, an important part of our job is feeding your baby. The information you provide below will help us to do our very best to help your baby grow and thrive. **This form must be filled out for all children under 15 months old.**

Child's name: _____ Birthday: _____
m m / d d / y y y y

Parent/Guardian's name(s): _____

Did you receive a copy of our "Infant Feeding Guide?" Yes No

If you are breastfeeding, did you receive a copy of:

"Breastfeeding: Making It Work?" Yes No

"Breastfeeding and Child Care: What Moms Can Do?" Yes No

TO BE COMPLETED BY PARENT

At home, my baby drinks (check all that apply):

- Mother's milk from (circle)
Mother bottle cup other
- Formula from (circle)
bottle cup other
- Cow's milk from (circle)
bottle cup other
- Other: _____ from (circle)
bottle cup other

How does your child show you that s/he is hungry?

How often does your child usually feed?

How much milk/formula does your child usually drink in one feeding?

Has your child started eating solid foods?

If so, what foods is s/he eating?

How often does s/he eat solid food, and how much?

TO BE COMPLETED BY TEACHER

Clarifications/Additional Details:

At home, is baby fed in response to the baby's cues that s/he is hungry, rather than on a schedule? Yes No

If NO,

- I made sure that parents have a copy of the "Infant Feeding Guide" or "Breastfeeding: Making it Work"
- I showed parents the section on reading baby's cues

Is baby receiving solid food? Yes No

Is baby under 6 months of age? Yes No

If YES to both,

- I have asked: Did the child's health care provider recommend starting solids before six months?

Yes No

If NO,

- I have shared the recommendation that solids are started at about six months.

Handouts shared with parents:

Child's name: _____

Birthdate: _____
m m / d d / y y y y

Tell us about your baby's feedings at our center.

I want my child to be fed the following foods while in your care:

| | Frequency of feedings | Approximate amount per feeding | Will you bring from home? (must be labeled and dated) | Details about feeding |
|------------------|-----------------------|--------------------------------|---|-----------------------|
| Mother's Milk | | | | |
| Formula | | | | |
| Cow's milk | | | | |
| Cereal | | | | |
| Baby Food | | | | |
| Table Food | | | | |
| Other (describe) | | | | |

I plan to come to the center to nurse my baby at the following time(s): _____

My usual pick-up time will be: _____

If your baby is crying or seems hungry shortly before you arrive, which of the following should we do? You may choose more than one.

hold your baby use the teething toy you provide use the pacifier you provide
 rock your baby give a bottle of your expressed milk other Specify: _____

I would like you to take this action _____ minutes before my arrival time.

We have discussed the above plan, and made any needed changes or clarifications.

Today's date: _____

Teacher Signature: _____ Parent Signature _____

Any changes must be noted below and initialed by both the teacher and the parent.

| Date | Change to Feeding Plan (must be recorded as feeding habits change) | Parent Initials | Teacher Initials |
|------|--|-----------------|------------------|
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