

Infant Feeding Plan

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

Child's Name: _____ **Birthday:** _____

mm/dd/yyyy

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:

*Making Breastfeeding Work for Moms** Yes No

*Breastfeeding Services and Resources Guide** Yes No

To Be Completed by Parent

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

- Mother's milk from (check)
 - mother bottle cup other
- Formula from (check)
 - bottle cup other
- Cow's milk from (check)
 - bottle cup other
- Other: _____ from (check)
 - 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?
 Yes No

If so, what foods is s/he eating:

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

To Be Completed by Caregiver

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 parents have a copy of the "Infant Feeding Guide" or "Making Breastfeeding Work for Moms."
- 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. Yes No

Handouts shared with parents:

