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:			
Parent/Guardian's Name(s):	mm/dd/yyyy		
Did you receive a copy of our "Infant Feeding Guide?" If you are breastfeeding, did you receive a copy of: Making Breastfeeding Work for Moms* Breastfeeding Services and Resources Guide* To Be Completed by Parent	□ Yes □ No □ Yes □ No □ Yes □ No To Be Completed by Caregiver		
At home, my baby drinks (check all that apply):			
At nome, my baby drinks (check all that apply): O Mother's milk from (check) mother bottle cup other O Formula from (check) bottle cup other O Cow's milk from (check) bottle cup other O Other: bottle cup other How does your child show you that s/he is hungry?	 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. 		
How often does your child usually feed?	Is baby receiving solid food? ☐ Yes ☐ No Is baby under 6 months of age? ☐ Yes ☐ No		
How much milk/formula does your child usually drink in one feeding?	If YES to both, I have asked: Did the child's health care provider recommend starting solids before six months? Yes INO		
Has your child started eating solid foods? □ Yes □ No	If NO, I have shared the recommendation that solids are started at about six months.		
If so, what foods is s/he eating:	Handouts shared with parents:		
How often does s/he eat solid food, and how much?			

Child's Name:_____

mm/dd/yyyy

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

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

Type of Food	Frequency of feedings	Approximate amount per feeding	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 my baby is crying or seems hungry shortly before I am going to arrive, you should do the following (choose as many as apply):					
Hold my baby Use the teething toy I provided Use the pacifier I provided					
Rock my baby Give a bottle of my expressed milk Other (specify)					
At the end of the day, please do the following (choose one):					
Return all thawed milk to me Discard all thawed milk					
We have discussed the above plan, and made any needed changes or clarifications.					
Today's date:					
Parent Signature: Teacher Signature:					

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

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