

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 absolute 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:

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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?”  “Breastfeeding and Child Care: What Moms Can Do?” | Yes  Yes | No  No |

## TO BE COMPLETED BY PARENTS:

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

* Mother’s milk from (circle)

Mother bottle cup other

* Formula from (circle)

bottle cup other

## 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?

* Cow’s milk from (circle)

bottle cup other

*If* ***NO***

Yes No

* 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?

* 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?  Is baby under 6 months of age? | Yes Yes | No No |
| If **YES to both** |  |  |

* I have asked: Did the child’s health care provider recommend starting solids before 6 months?

Yes NO

If **NO**

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

Handouts shared with parents: Yes No



# Child’s name: Birthday:

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 | Approximate Amount | Will you bring from home? | Details about Feedings |
| Mothers Milk |  |  |  |  |
| Formula |  |  |  |  |
| Cows 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 :



***An*y changes must be noted below and initialed by both the teacher and the parent.**

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Change to the Feeding Plan : Must be recorded as feeding habits change | Parent Initials | Teacher Initials |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

This project has been adapted from the Carolina Global Breastfeeding Institute’s Breastfeeding Friendly Child Care Project [http://cgbi.sph.unc.edu](http://cgbi.sph.unc.edu/)

