

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 Breastfeeding Policy?

☐ Yes ☐ No

If you are breastfeeding, did you receive a *Back to Work Mom* Packet?

☐ 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 Yes, 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 have shared the recommendation that babies be fed in response to their hunger cues, not on a strict schedule.
- ☐ I have shared the advantages of cue-feeding, including that babies tend to be more calm and feed better, babies learn to eat when they are hungry and moms have an easier time making enough milk for their babies.

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:

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

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