

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 less than 15 months old and updated as changes occur.

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 your receive a copy of:

“Breastfeeding: Making it Work?” Yes No N/A

“Breastfeeding and Child Care: What Moms Can do?” Yes No N/A

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

* Mother’s milk from (circle) Mother Bottle Cup Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Formula from (circle) Bottle Cup 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?

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:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 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.

|  |
| --- |
| **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 |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |