



**THE VAIL CHILD
DEVELOPMENT CENTER**

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. **Page two of this form must be completed and posted for quick reference for all children under 18 months of age.**

Child’s name: _____ Birthday: _____

Parent/Guardian’s name(s): _____

TO BE COMPLETED BY PARENT

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

- Mother’s milk from (circle)
Mother bottle cup other

- Formula from (circle)
Bottle cup other

- Cow’s milk from (circle)
Bottle cup other

- 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?

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?

Yes No

If No,

- I made sure that parents have a copy of the “Infant Feeding Guide.”
- 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.

