

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 PARENTAt home, my baby drinks (check all that apply)oMother's milk from (circle)	TO BE COMPLETED BY TEACHER Clarifications/Additional Details:			
Mother bottle cup other • Formula from (circle) Bottle cup other	At home, is baby fed in response to the baby's cues that s/he is hungry, rather than on a schedule? Yes No			
 Cow's milk from (circle) Bottle cup other Other:from (circle) 	If No, o I made sure that parents have a copy of the "Infant Feeding Guide." o I showed parents the section on reading baby's cues.			
Bottle cup other	Is baby receiving solid food? Yes No			
How does your child show you that s/he is hungry?	Is baby under 6 months of age? Yes No			
How often does your child usually feed?	If Yes to both, I have asked: Did the child's health care provider recommend starting solids before six months?			
How much milk/formula does your child usually drink in one feeding?	Yes No If NO, I have shared the recommendation that solids are started at about six months.			
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:
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Tells us about your baby's feedings at our center. I want my child to be fed the following foods while in care.

	Frequency of feedings	Approximate amount per feeding	Will you bring from home? (must be labeled)	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/feed my baby at the following time(s): ______

My usual pick-up time will be: _____

At the end of the day, please do the following (choose one):

____Return all thawed and frozen milk/formula to me. ____Discard all thawed and frozen milk/formula.

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	Teacher
	(must be recorded as feeding habits change)	Initials	Initials