# 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 under 15 months old.**

<table>
<thead>
<tr>
<th>Child’s name:</th>
<th>Birthday: mm/dd/yyyy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/Guardian’s name(s):</td>
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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?”
  - Yes
  - No
- “Breastfeeding and Child Care: What Moms Can Do?”
  - Yes
  - No

## 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” or “Breastfeeding: Making it Work”
- 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.

Handouts shared with parents:
Tell us about your baby’s feedings at our center.

I want my child to be fed the following foods while in your care:

<table>
<thead>
<tr>
<th>Food</th>
<th>Frequency of feedings</th>
<th>Approximate amount per feeding</th>
<th>Will you bring from home? (must be labeled and dated)</th>
<th>Details about feeding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother’s Milk</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Formula</td>
<td></td>
<td></td>
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<tr>
<td>Cow’s milk</td>
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<tr>
<td>Cereal</td>
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<tr>
<td>Baby Food</td>
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<tr>
<td>Table Food</td>
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<tr>
<td>Other</td>
<td></td>
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</table>

(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 __________________________

Any changes must be noted below and initialed by both the teacher and the parent.

<table>
<thead>
<tr>
<th>Date</th>
<th>Change to Feeding Plan (must be recorded as feeding habits change)</th>
<th>Parent Initials</th>
<th>Teacher Initials</th>
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In Collaboration With:
NC Child Care Health and Safety Resource Center
NC Infant Toddler Enhancement Project
Shape NC: Healthy Starts for Young Children
NC Division of Public Health
Wake County Human Services and
Wake County Smart Start