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 15 months of age.

Child's name:	Birthdav:		
	Birthday: m m / d d / y y y y		
Parent/Guardian's name(s):			
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?" "Breastfeeding and Child Care: What Moms Can Do?"	Yes No Yes No		
TO BE COMPLETED BY PARENT	TO BE COMPLETED BY TEACHER		
At home, my baby drinks (check all that apply):	Clarifications/Additional Details:		
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?	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,		
How often does your child usually feed?	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 <u>NO.</u>		
Has your child started eating solid foods?	 I have shared the recommendation that solids are started at about six months. 		
If so, what foods is s/he eating?	Handouts shared with parents:		
How often does s/he eat solid food, and how much?			

Child's name:	ild's name: Birthday:						
Tell us about your b			Birthday: m m / d d / y y y y				
		foods while in your care:					
	T = -		1	T=			
	Frequency of feedings	Approximate amount per feeding	Will you bring from home? (must be labeled and dated)	Details about fe	eeding		
Mother's Milk							
Formula							
Cow's milk							
Cereal							
Baby Food							
Table Food							
Other (describe)							
hold my baby rock my baby I would like you to At the end of the da Return all tha	or seems hungry use the give a take this action ay, please do the fowed and frozen m	shortly before I am going te teething toy I provided bottle of milk minutes before my collowing (choose one): ilk / formula to me ed the above plan, and in the short of the short plan, and in the	•	I provided rozen milk / formu			
Teacher Signa	ature:		Parent Signature				
			e teacher and the parent.	I 5 (1 %)	T		
Date	Change to Feed	ling Plan (must be recorde	ed as feeding habits change)	Parent Initials	Teacher Initials		



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Center

NC Infant Toddler Enhancement Project