Infant Feeding Plan

Tell us about your baby’s feedings at our center. As your child’s caregivers, an important part of our job is feeding your baby. The information you provide below will help us do our very best to help your baby grow and thrive. This form must be completed for all children under 15 months of age.

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 you receive a copy of:
  Making Breastfeeding Work for Moms* □ Yes □ No
  Breastfeeding Services and Resources Guide* □ Yes □ No

To Be Completed by Parent

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

- □ Mother’s milk from (check)
  □ mother □ bottle □ cup □ other

- □ Formula from (check)
  □ bottle □ cup □ other

- □ Cow’s milk from (check)
  □ bottle □ cup □ other

- □ Other:__________________ from (check)
  □ 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? □ Yes □ No

If so, what foods is s/he eating:

How often does s/he eat solid food, and how much?

To Be Completed by Caregiver

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 parents have a copy of the “Infant Feeding Guide” or “Making Breastfeeding Work for Moms.”
- □ 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. □ Yes □ No

Handouts shared with parents:

*Available at BoulderCountyBreastfeeding.org
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>Type of Food</th>
<th>Frequency of feedings</th>
<th>Approximate amount per feeding</th>
<th>Details about feeding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother’s milk</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Formula</td>
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<td></td>
<td></td>
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<tr>
<td>Cow’s milk</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Cereal</td>
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<td></td>
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<tr>
<td>Baby food</td>
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<td></td>
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<tr>
<td>Table food</td>
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<td></td>
<td></td>
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<tr>
<td>Other (describe):</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I plan to come to the center to nurse my baby at the following time(s): ______________________________

My usual pick-up time will be:____

If my baby is crying or seems hungry shortly before I am going to arrive, you should do the following (choose as many as apply):

_____ Hold my baby  _____ Use the teething toy I provided  _____ Use the pacifier I provided
_____ Rock my baby  _____ Give a bottle of my expressed milk  _____ Other (specify)_____________________

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

_____ Return all thawed milk to me  _____ Discard all thawed milk

**We have discussed the above plan, and made any needed changes or clarifications.**

Today’s date: _____________________

Parent Signature: _______________________________  Teacher 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 Infant Feeding Plan (must be recorded as feeding habits change)</th>
<th>Parent Initials</th>
<th>Teacher Initials</th>
</tr>
</thead>
</table>