Infant Feeding Plan

As your child's caregiver an important part of our job is feeding your baby. The information you provide below will assist us to do our very best to help your baby grow and thrive. This form must be filled out for all children under 12 months of age and updated at least every 3 months.

Childs name: _____ Birthdate:_____

Parent/Guardian's name(s):_____

Did you review and acknowledge rules highlighted in WV State Licensing Regulations for additional nutrition and feeding requirements for a child (12) months of age and under? (16.8 and Appendix 78 – 1 – C)	☐ Yes ☐ No

To be completed by the parent:

At home, my baby drinks (check all that apply):
___ Breast milk from (circle)
___ mother ___ bottle ___ cup ___ other (please explain) _____
___ Formula from (circle)
___ bottle ___ cup ___ other (please explain) _____
___ Other: _____ from (circle)
___ bottle ___ cup ___ other (please explain) _____
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?
_____

Tell us about your baby's feeding at our center:

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

Type	Frequency of feedings	Approximate amount per feeding	Will you bring from home? (must be labeled and dated)	Details about feeding
Breast milk				
Formula				
Baby food				
Table Food				
Other (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?
___ hold your baby ___ use the teething toy I provided ___ use the pacifier I provided
___ rock your baby ___ give a bottle of breast milk ___ other (Specify):_____
I would like you to take this action _____ minutes before my arrival time.
Additional notes from family:

_____
_____
_____

To be completed by teacher:
Additional notes:

_____
_____
_____

Is baby receiving solid food?
☐ Yes ☐ No
Is baby under 6 months of age?
☐ Yes ☐ No
If yes to both, I have requested a copy of the child's health care provider's recommendation to start solid foods before 6 months.
☐ Yes ☐ No

This infant feeding plan was created for: (Child's name):_____

Teacher's name and signature:_____

Parent's name and signature:_____

Date(s) this plan was created/revised:_____

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

Date:	Change to the feeding plan. Must be updated and recorded as feeding habits change.	Parent Initials	Teacher Initials