

# Feeding Plan

Tell me about your child's feedings so I can know and understand your child better. The information you provide below will help me do my very best to help your child grow and thrive.

This form must be completed for all children 0 to 15 months of age by the parent and reviewed by the child care professional.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian's Name(s): \_\_\_\_\_

## *To Be Completed by Parent/Guardian*

At home, my child eats:

Type of Food	From (e.g. mom, bottle, cup, other)	How often or approximate time(s) of day	Average amount per feeding	Details about feeding
Breast milk				
Formula Brand:				
Milk (12 months +) Type:				
Infant Cereal Type/brand:				
Baby food				
Table foods				
Other (describe):				

How does your child show you he/she is hungry?

Are you aware of any food allergies or sensitivities that your child has?

Does your child have any problems with feedings, such as gagging, choking or spitting up?

No  Yes - If yes, please explain:

I plan to come to the child care to nurse my child at the following time(s):

My usual pickup time will be:

If my child is crying or seems hungry shortly before I am going to arrive, please try the following to soothe my child (choose as many as apply):

<input type="checkbox"/> Hold my child	<input type="checkbox"/> Use the teething toy I provided
<input type="checkbox"/> Use the pacifier I provided	<input type="checkbox"/> Rock my child
<input type="checkbox"/> Give a bottle of my expressed milk	<input type="checkbox"/> Other (specify):

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

<input type="checkbox"/> Return all thawed, unused milk to me	<input type="checkbox"/> Discard all thawed, unused milk
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***We have discussed the above plan and made any needed changes or clarifications.***

Today's Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Child Care Professional Signature: \_\_\_\_\_

***Any changes must be noted below and initialed by both the child care professional and the parent/guardian.***

Date	Change to Feeding Plan (must be recorded as feeding habits change)	Parent/Guardian Initials	Child Care Professional Initials