

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 |
|---|--|

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 |
|------|--|------------------------------|--|
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