

# Infant Feeding Plan

A written plan shall be maintained on file and available for the caregiver of any child less than 12 months of age.

<b>Child's Name:</b>		<b>Date:</b>	<b>Birthdate:</b>	
<b>Formula:</b>		<b>Breast Feeding/Breastmilk</b>		
<input type="checkbox"/> No <input type="checkbox"/> Yes Is your child fed formula <sup>1</sup> ? <input type="checkbox"/> No <input type="checkbox"/> Yes Will formula be prepared (mixed) at home? <input type="checkbox"/> No <input type="checkbox"/> Yes Will formula be prepared by the caregiver? If the caregiver will be preparing the formula, please indicate any special instructions:		<input type="checkbox"/> No <input type="checkbox"/> Yes Is your child breast fed? <input type="checkbox"/> No <input type="checkbox"/> Yes I will nurse my child at the center at these times: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes I will provide breast milk <sup>1</sup> . If breast milk is unavailable for a feeding, the center should:		
<b>Feedings:</b>				
<input type="checkbox"/> No <input type="checkbox"/> Yes Does your child take a bottle? (Note: Bottles are required to be labeled with child's name and the current date.) <input type="checkbox"/> No <input type="checkbox"/> Yes Is the bottle warmed <sup>2</sup> ? <input type="checkbox"/> No <input type="checkbox"/> Yes Does your child hold their bottle? <input type="checkbox"/> No <input type="checkbox"/> Yes Can the child feed his or herself? <input type="checkbox"/> No <input type="checkbox"/> Yes Are there any special instructions for bottle feeding your child? If "yes," please explain:				
<input type="checkbox"/> No <input type="checkbox"/> Yes Is your child using a sippy cup? (Note: Sippy cups must be labeled with the child's name.) <input type="checkbox"/> No <input type="checkbox"/> Yes Does your child have any problems with feeding, such as choking or spitting up? If "yes," please explain:				
<input type="checkbox"/> No <input type="checkbox"/> Yes Are there any special instructions concerning feeding your child? If "yes," please explain:				
<b>Foods and Feeding Schedule:</b>				
<b>Liquids</b> (formula, breastmilk, 100% fruit juice in a cup)	<input type="checkbox"/> N/A <input type="checkbox"/> Introducing <input type="checkbox"/> Familiar	<input type="checkbox"/> Breast Feeding <input type="checkbox"/> by bottle <input type="checkbox"/> by breast	<input type="checkbox"/> Bottle Feeding <input type="checkbox"/> by caregiver <input type="checkbox"/> with help <input type="checkbox"/> independently	<input type="checkbox"/> Cup Feeding <input type="checkbox"/> with help <input type="checkbox"/> independently Amounts:
<b>Semisolid Foods</b> (infant cereal, strained fruits and/or vegetables)	<input type="checkbox"/> N/A <input type="checkbox"/> Introducing <input type="checkbox"/> Familiar	<input type="checkbox"/> Spoon Feeding <input type="checkbox"/> by caregiver <input type="checkbox"/> with help <input type="checkbox"/> independently	Kinds of Food:	Amounts:
<b>Modified Table Foods</b> (mashed, soft, diced fruit and /or vegetables, strained meat or poultry, pieces of soft bread)	<input type="checkbox"/> N/A <input type="checkbox"/> Introducing <input type="checkbox"/> Familiar	<input type="checkbox"/> Spoon Feeding <input type="checkbox"/> by caregiver <input type="checkbox"/> with help <input type="checkbox"/> independently	Kinds of Food:	Amounts:
<b>Finger Foods</b> (small pieces of soft/cooked table food, chopped food)	<input type="checkbox"/> N/A <input type="checkbox"/> Introducing <input type="checkbox"/> Familiar	<input type="checkbox"/> Spoon Feeding <input type="checkbox"/> by caregiver <input type="checkbox"/> with help <input type="checkbox"/> independently	Kinds of Food:	Amounts:
<b>Other:</b>				
<input type="checkbox"/> No <input type="checkbox"/> Yes Does your child take a pacifier? Note: Pacifiers with straps or other types of attachment devices are not permitted. Pacifiers must be removed when the child is crawling or walking.				
<b>Additional Information:</b>				
<b>I will promptly provide any updates to my child's feeding plan as needed.</b>		<b>PARENT'S SIGNATURE:</b>	<b>DATE:</b>	

<sup>1</sup>Breast milk shall be gently mixed but not be shaken. Refrigerated breast milk shall be used within 24 hours. Formula or breast milk that is served, but not completely consumed or refrigerated, shall be discarded. <sup>2</sup> No milk, formula, or breast milk shall be warmed in a microwave oven.