

# Infant Feeding Plan

As your child's caregivers, an important part of our job is feeding your baby. The information you provide below will help us to do our very best to help your baby grow and thrive. **Page two of this form must be completed and posted for quick reference 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:

"Breastfeeding: Making It Work?"

Yes

No

"Breastfeeding and Child Care: What Moms Can Do?"

Yes

No

## TO BE COMPLETED BY PARENT

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

- ☐ Mother's milk from (circle)

Mother   bottle   cup   other

- ☐ Formula from (circle)

bottle   cup   other

- ☐ Cow's milk from (circle)

bottle   cup   other

- ☐ Other: \_\_\_\_\_ from (circle)

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?

If so, what foods is s/he eating?

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

## TO BE COMPLETED BY TEACHER

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 that parents have a copy of the "Infant Feeding Guide" or "Breastfeeding: Making it Work"
- ☐ 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.

Handouts shared with parents:

Child's name: \_\_\_\_\_

Birthday: \_\_\_\_\_  
mm / dd / yyyy

Tell us about your baby's feedings at our center.

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

	Frequency of feedings	Approximate amount per feeding	Will you bring from home? (must be labeled and dated)	Details about feeding
Mother's Milk				
Formula				
Cow's milk				
Cereal				
Baby Food				
Table Food				
Other (describe)				

I plan to come to the center to nurse / feed 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 milk      ☐ other Specify: \_\_\_\_\_

I would like you to take this action \_\_\_\_\_ minutes before my arrival time.

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

☐ Return all thawed and frozen milk / formula to me.      ☐ Discard all thawed and frozen milk / formula.

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

Today's date: \_\_\_\_\_

Teacher Signature: \_\_\_\_\_ Parent Signature \_\_\_\_\_

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

Date	Change to Feeding Plan (must be recorded as feeding habits change)	Parent Initials	Teacher Initials



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BREASTFEEDING INSTITUTE  
*Breastfeeding-Friendly CHILD CARE*

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*In Collaboration With:*

NC Department of Health and Human  
 Services  
 NC Child Care Health and Safety Resource  
 Center  
 NC Infant Toddler Enhancement Project



North Carolina Department of Health and Human Services  
Division of Child and Family Well-Being, Community Nutrition Services Section  
Child and Adult Care Food Program  
**Infant Feeding Consent Form**



Institution/Facility Name: \_\_\_\_\_

TO BE COMPLETED BY THE PARENT/GUARDIAN

Please select from the following choice(s):

- ☐ **I will breastfeed my infant on-site and/or provide expressed breastmilk.**

The Child and Adult Care Food Program (CACFP) encourages and supports breastfeeding. The American Academy of Pediatrics (AAP) recommends exclusively breastfeeding and/or provision of expressed breastmilk for six months; and continued breastfeeding after six months with the introduction of solid foods until at least one year. There is no age limit on breastfeeding or provision of expressed breastmilk. Mothers and infants/children may continue to breastfeed as long as mutually desirable. The North Carolina CACFP aims to help families meet their breastfeeding goals. For breastfeeding support, contact your local Women, Infant, and Children (WIC) agency or visit [www.zipmilk.org](http://www.zipmilk.org) to find local breastfeeding resources.

- ☐ **I will accept the iron-fortified formula provided by the institution/facility.**

The facility offers: \_\_\_\_\_

Members Mark Infant Formula

Enter the Name of the Iron-Fortified Infant Formula Provided by this Institution/Facility

I give permission for this institution/facility to prepare my infant's formula. When breastmilk is not available, infants must receive iron-fortified formula until 12 months of age. It is the parent's or guardian's choice to accept the formula provided by the institution/facility or provide an alternative formula.

*NOTE: Infants receiving formula through the WIC Program are also eligible to receive formula from this center or day care home*

- ☐ **I decline the iron-fortified formula provided by the institution/facility**

I will provide my infant with the following formula: \_\_\_\_\_

*NOTE: If providing formula, it must be iron-fortified. If the formula provided is a special formula, a medical statement will be requested.*

Please select one of the following:

- ☐ **My infant is less than 6 months old.**

- ☐ **My infant is around 6 months of age and is developmentally ready to accept solid foods. I want the institution/facility to provide solid food(s) allowed under 7 § C.F.R. 226.20 (b) and Policy Memo 17-01.**

It is important to delay the introduction of solid foods until around 6 months of age as most infants are not developmentally ready to safely consume them. There is no single, direct signal to determine when an infant is developmentally ready to accept solid foods. An infant's readiness depends on his or her unique rate of development. Centers and day care homes should be in constant communication with parents/guardians about when and what solid foods should be served while the infants are in their care. The AAP provides the following guidance to help determine if your infant is ready for solid foods.

Check all, if any, that apply to your infant:

- ☐ My infant can sit in a high chair, feeding seat, or infant seat with good head control.  
☐ My infant is watching me and others eat, reaching for food, and seems eager to be fed.  
☐ My infant can move food from a spoon into the throat and does not push it out of the mouth and/or dribbles onto his or her chin.  
☐ My infant has doubled his or her birth weight and now weighs around 13 pounds or more.

Infant's Name: \_\_\_\_\_

Infant's Age: \_\_\_\_\_

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

Date: \_\_\_\_\_

**NOTE TO PARENTS:** When a parent or guardian chooses to provide breastmilk (expressed breastmilk or breastfeed on-site) or a creditable infant formula and the infant is consuming solid foods, the center or day care home must supply all other required meal components for the meal to be reimbursable.

**NOTE TO INSTITUTION/FACILITY:** This document is required for all enrolled infants.