

# 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. **This form must be filled out for all children under 15 months old.**

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

m m / d d / y y y y

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 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? You may choose more than one.

- hold your baby       use the teething toy you provide       use the pacifier you provide  
 rock your baby       give a bottle of your expressed 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 to me.       Discard all thawed and frozen milk.

**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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In Collaboration With:

NC Child Care Health and Safety Resource Center  
 NC Infant Toddler Enhancement Project  
 Shape NC: Healthy Starts for Young Children  
 NC Department of Health and Human Services  
 Wake County Human Services and  
 Wake County Smart Start

## Infant Formula Form

Dear Parent(s)/Guardian:

Our childcare facility participates in the USDA Child and Adult Care Food Program (CACFP). This program provides reimbursement for foods and formula served to your child while in our care.

We use the meal pattern developed by the United States Department of Agriculture (USDA) for organizations participating in the CACFP. The type and amount of foods served vary according to the age of the infant. However, the actual foods we provide will be based on what you tell us about your infant's food needs.

If you would like for us to provide your infant's formula during the day while they are in our care, please indicate this on the form below. In preparation of the bottles we use sanitary standards set by the State of North Carolina.

We offer the following formulas:

- Gerber Good Start Gentle
- Gerber Good Start Protect
- Gerber Good Start soothe

Please select the formula you wish for your child to receive from the list below:

- \_\_\_\_\_ Gerber Gentle
- \_\_\_\_\_ Gerber Protect
- \_\_\_\_\_ Gerber Good Start Soothe
- \_\_\_\_\_ NONE

\_\_\_\_\_ I will use the indicated formula offered by Care-O-World. I give permission for the formula to be mixed and/or bottles to be prepared for my infant by Care-O-World's staff.

\_\_\_\_\_ I will not use the formula offered by Care-O-World.

Child's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## **Care-O-World Early Learning Center Infant/Toddler "Safe Sleep" Policy**

Care-O-World Early Learning Center's primary focus is to offer quality developmental care in a loving, nurturing, challenging, and safe environment. Part of our effort to provide safe care includes a policy to prevent SIDS (Sudden Infant Death Syndrome). SIDS is the unexpected death of a seemingly healthy infant up to 1 year of age, for whom no known cause of death can be determined.

### **Steps and Measures to Reduce the Risks of SIDS**

- All children under the age of twelve months will always be placed on their backs to sleep unless a medical professional advises otherwise (a written waiver). If there is a waiver it will be posted above the child's crib.
- A safety approved crib mattress/mat and a tight fitting sheet will be used at all times.
- All toys, stuffed animals, fluffy blankets, and pillows will be removed from the crib/mat while baby sleeps.
- Wedges and bumper pads will not be used.
- If using a blanket, tuck it in along the sides and foot-end of the mattress.
- Infants heads will not be covered with blankets or bedding. Infants cribs will not be covered with blankets or bedding.
- Classrooms temperatures will be set at 68-72 degrees F.
- Keep cigarette smoke away from babies.
- All babies will sleep in an assigned crib/mat. Children will not share sleeping space. Only in the case cases of emergency evacuation will children share a crib.
- Babies will not be allowed to sleep in swings, bouncy seats or any other seats. All babies will sleep in cribs/mats.
- Sleeping infants will be checked periodically by staff. We will be especially alert to monitoring a sleeping infant during the first weeks the infant is in child care.
- Steps will be taken to keep babies from getting too warm or overheating by regulating the room temperature, avoiding excess bedding and not over-dressing or over-wrapping the baby.