

# 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. Only fill out on the child's first day.

Child's Full Name

Date

Date of Birth

## Formula

Is your child fed formula? ☐ Y ☐ N

*If yes, please make sure your child's formula is ready to feed at drop off.*

## Breastfeeding/Breastmilk

Is your child breastfed? ☐ Y ☐ N

I will provide breast milk.<sup>1</sup> ☐ Y ☐ N

I will nurse my child at the center at these times: ☐ Y ☐ N

If breast milk is unavailable for a feeding, the center should:

## Feedings

Does your child take a bottle? ☐ Y ☐ N

(Note: Bottles are required to be labeled with child's name & current date.)

Is your child using a sippy cup? (Note: ☐ Y ☐ N  
Sippy cups must be labeled with the child's name.)

Is the bottle warmed?<sup>2</sup> ☐ Y ☐ N

Does your child have any problems with feeding, such as choking or spitting up? ☐ Y ☐ N  
If yes, explain:

Does your child hold their bottle? ☐ Y ☐ N

Can the child feed his or herself? ☐ Y ☐ N

Are there any special instructions for bottle feeding your child? ☐ Y ☐ N  
If yes, explain:

Are there any special instructions concerning feeding your child? ☐ Y ☐ N  
If yes, please explain:

<sup>1</sup>Breast milk shall be gently mixed but not 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.

**I will promptly provide any updates to my child's feeding plan as needed.**

Parent/Guardian Signature

Date