

Sample Child Care Center Infant Feeding Plan

The ABC Child Care Center strives to accommodate each child's needs and understands that every baby has a different pattern of eating. In most cases, we believe that feeding "on cue" is the healthiest way to eat. In other words, we will feed your infant when she shows signs of being hungry, and we will stop feeding when she shows signs of being full.

The American Academy of Pediatrics recommends waiting until about 6 months of age before starting solid foods. We only bottle-feed infants less than 6 months with mother's milk or formula (no water or juice unless requested by a physician). Infants over 4-6 months are spoon-fed age-appropriate solid foods and given water or 100% fruit juice, in addition to breast milk/formula, when they are able to drink from a cup.

Parents are required to provide clean, labeled bottles daily. Labels should be water-resistant and include the infant's name and the date and time of preparation. We want your input and preferences about the way your baby is fed.

Please answer the questions on the back of the paper so that we can work together to provide your child with the safest, best nutrition.

This Infant Feeding Plan was created for: (Child's name) _____

This Infant Feeding Plan was created by:

Teacher's name and signature: _____

Parent's name and signature: _____

Date (s) this plan was created/revised: _____



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1. What does your baby drink most of the time?	
2. Do you provide any other liquid as a supplement? If so, what?	CIRCLE: YES NO
3. Does your child currently receive any type of solid food?	CIRCLE: YES NO If so, what and how much?
4. Please tell us your baby's usual pattern of eating – about how much and how often?	Amount: Frequency:
5. Are there times when you plan to nurse your baby at the center? If so, we will try to plan feeding times accordingly.	
6. If your child is receiving breast milk, what do you wish us to do if we run out of pumped milk?	
7. Are you aware of any food allergies or sensitivities that your child has?	
8. Does your child have any problems with feedings such as choking or spitting up?	CIRCLE: YES NO If yes, please explain:
9. Is there any other information that we should know about your child's eating habits?	