

Infant feeding plan

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Please fill out one plan for each baby and update it whenever your baby's feeding changes. You're welcome to ask your baby's health care provider to help. We'll follow this plan and tell you each day what and how much your baby ate.

Baby

Baby's name _____

Date of birth _____

Date of this plan _____

Milk

Check all that apply.

- ☐ Breast milk
- ☐ Infant formula
- ☐ Other (only with written instructions from your baby's health care provider)

Formula brand and type _____

Who provides the formula (your family or the program)

Special instructions for preparing formula (we follow the label unless your baby's health care provider gives written instructions)

Breast milk

You're welcome to come breastfeed your baby here. We have [a comfortable, private place] for you. Please label every bottle or bag with your baby's full name and the date the milk was expressed.

Best times for you to come breastfeed, if you'd like to

If we run out of breast milk, what should we do (such as call you or offer formula)?

Feeding times and amounts

We feed babies when they show they're hungry and stop when they show they're full, instead of feeding on a strict schedule or asking them to finish a bottle.

How often your baby usually eats _____

Usual amount at each feeding _____

How your baby shows they're hungry (such as rooting, sucking on hands or fussing)

How your baby shows they're full (such as turning away or slowing down)

Bottle, nipple or cup your baby uses

Burping and other tips

Solid foods

Please talk with your baby's health care provider about when and how to start solid foods. [We'll offer a new food only after your baby has eaten it at home.]

☐ My baby isn't eating solid foods yet

Foods your baby eats now

Textures (such as purees, mashed foods or soft small pieces)

Foods to avoid, and why

Self-feeding (finger foods, spoon or cup)

Allergies and special diets

If your baby has a food allergy, please give us an allergy action plan from your baby's health care provider.

Changes to formula or diet for medical reasons need [written instructions from your baby's health care provider].

☐ Allergy action plan attached

Food allergies or intolerances, and reactions

Special diet (for medical, cultural or religious reasons)

How we handle bottles and food

For your baby's safety, we:

- Hold babies for every bottle feeding, and never prop a bottle.
- Never put a baby down to sleep with a bottle.
- Never warm bottles or baby food in a microwave.
- Label and refrigerate bottles. Throw out formula left in a bottle after a feeding, and breast milk left in a bottle [2 hours] after the baby finishes, or sooner if our state's rules say so.
- Feed babies sitting up, with a staff member watching, and serve food in sizes and textures that are safe for your baby.
- Never give babies younger than 12 months honey or food with honey in it, and never give them juice or cow's milk to drink, following AAP and CDC guidance.
- If a baby is ever given another baby's breast milk by mistake, tell both families right away, encourage the baby's family to call their health care provider and follow CDC guidance.

Baby's health care provider

Some states ask for a health care provider's input or signature on an infant feeding plan.

Health care provider's name and phone

Health care provider signature and date (if required)

Parent or guardian

I'll update this plan whenever my baby's feeding changes [and at least every (number) months].

Parent or guardian's printed name _____

Parent or guardian signature _____

Date _____

Free to use and change, but not legal or medical advice. Check your state's licensing rules and your insurer's requirements, and have a lawyer review any consent or waiver language.

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