

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: _____
m m / d d / y y y y

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.

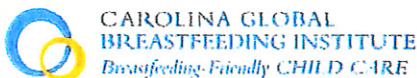
We have discussed the above plan, and made any needed changes or clarifications.

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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In Collaboration With:

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



Early Childhood Center Safe Sleep Policy

The following policies are in place and will be practiced at the Early Childhood Center regarding sleeping infants 12 months and younger:

- Babies will always be placed to sleep in their individual sleep space on their back.
- The temperature in the classroom where the infant(s) sleep will be kept between 68-75°F and monitored by the thermometer kept in the infant classroom.
- Infants will always be placed on their backs to sleep, unless there is a signed medical waiver on file. In that case, a waiver notice will be posted at the infant’s crib and one placed in infant’s file.
- Staff will reduce the risk of overheating by not over-dressing the infants.
- Sleeping infants will be visually checked daily, at least every 15 minutes, by assigned staff. The sleep information will be recorded on a Sleep Chart. The Sleep Chart will be kept on file for one month after the reporting month. We will be especially alert to monitoring a sleeping infant during the first weeks the infant is in child care. We will check the infant for;
 - Normal skin color
 - Normal breathing by watching the rise and fall of the chest
 - His or her level of sleep
 - Signs of overwhelming: flushed skin color, increase in body temperature (touch the skin), and restlessness.
- There will be no loose bedding, pillows, wedges or other positioners, pillow-like toys, toys, bumper pads, blankets, or other objects used in the cribs or cots for infants age 12 months or younger.
- Stand alone pacifiers (**not connected to clips, animals, or lovies**) will be allowed in an infants’ crib while they sleep. When the pacifier falls out of the mouth, it will be removed from the crib, and will not be reinserted into the child’s mouth.
- Infants will not be swaddled with blankets, sleep sack, or bedding. We require an infant sleep sack in place of a blanket.
- There will be a roll over sign posted by infant’s crib to specify when an infant is able to roll from their back to stomach and will be allowed to stay in their comfortable position.
- All staff member working in an infant classroom is trained in safe sleep practices and our Safe Sleep Policy.
- A safety-approved crib with a firm mattress and tight fitting sheet will be used.
- To promote healthy development, awake infants will be given supervised “tummy time” for exercise and for play daily.
- Each infant will sleep in his or her own crib or cot. Only one infant will be in a crib at one time, unless we are evacuating infants in an emergency.
- We follow NC Child Care Rules .0901(j) and .1706(g) regarding breastfeeding.
- Other ways that we encourage breastfeeding is through offering a breastfeeding friendly environment for parents.
- All parents/guardians of infants cared for in the facility will receive a written copy of our Infant Safe Sleep Policy before enrollment, will review the policy with staff and sign a statement saying they received and reviewed the policy.
- Infants who are developmentally ready and are pulling up will be transitioned from the crib to a cot. This typically happens around 8 to 9 months, depending on your child’s development. There will be a permission form signed and a conversation with the parent before this transition takes place.

I, undersigned parent or guardian of _____ (child’s full name), do hereby state that I have read and received a copy of the facility’s Infant Safe Sleep Policy and that the facility’s director/owner/operator (or designated staff member has discussed the facility’s Infant Safe Sleep Policy with me.

Date of Child’s Enrollment _____ Signature of Parent or Guardian: _____ Date: _____

Signature of Child Care Provider _____ Date: _____



Infant Information

Please answer the following questions and return to the infant teachers on your infant's first day at ECC. This information will help us provide the best care for your infant.

Thanks for your cooperation.

Child's name: _____

1. What comforts your infant when she/he is upset and not hungry or needing a diaper change? _____

2. Does your infant take a pacifier? Yes No
If yes, when do you give your infant a pacifier: _____

3. How does your infant normally go to sleep?
 While being held
 Rocked to sleep
 Goes to sleep on their own when placed in their bed
 Other, please explain: _____

2. Does your infant hold his/her own bottle? Yes No

3. Does your infant sit up on his/her on? Yes No

4. Please give us any information about your infant and their schedule (nap times, length etc.) that you feel would be helpful: _____

