

## LCH/Little Chicks Feeding Plan

Tell us about your child's feedings so we can know and understand your child better. The information you provide below will help us do our very best to help your child grow and thrive.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian's Name(s): \_\_\_\_\_

At home, my child eats:

Type of Food	From (ex mom, bottle, cup, other)	How often or approximate time(s) of day	Average amount per feeding	Details about feeding
Breastmilk				
Formula Brand:				
Milk (12 months +) Type:				
Infant Cereal Type/brand:				
Baby food				
Table foods				
Other (describe):				

How does your child show you he/she is hungry?

Are you aware of any food allergies or sensitivities that your child has?

Does your child have any problems with feedings, such as gagging, choking or spitting up?

No       Yes - If yes, please explain:

I plan to come to the child care to nurse my child at the following time(s):

My usual pickup time will be:

If my child is crying or seems hungry shortly before I am going to arrive, please try the following to soothe my child (choose as many as apply):

- Hold my child
- Use the teething toy I provided
- Use the pacifier I provided
- Rock my child
- Give a bottle of my expressed milk
- Other (specify):

At the end of the day, please do the following (choose one):

- Return all thawed, unused milk to me
- Discard all thawed, unused milk

My child has had the following jar foods at home and is cleared to have them at the center.

- | <b>Fruit</b>                        | <b>Vegetable</b>                      | <b>Cereal</b>                    |
|-------------------------------------|---------------------------------------|----------------------------------|
| <input type="checkbox"/> Applesauce | <input type="checkbox"/> Squash       | <input type="checkbox"/> Rice    |
| <input type="checkbox"/> Bananas    | <input type="checkbox"/> Carrots      | <input type="checkbox"/> Oatmeal |
| <input type="checkbox"/> Pears      | <input type="checkbox"/> Sweet Potato |                                  |
| <input type="checkbox"/> Peaches    | <input type="checkbox"/> Peas         |                                  |
| <input type="checkbox"/> Mango      | <input type="checkbox"/> Green Beans  |                                  |

Date	Change to Feeding Plan (must be recorded as feeding habits change)	Parent/ Guardian Initials	Child Care Professional Initials