Infant Feeding Guide

Complete an Infant Feeding Guide for each child in your primary care group to share with staff members who assist in their feedings.

Child #1: ______________________________
Date: ______________________________

Likes bottle to be: _____chilled _____room temperature _____warmed

Additional notes concerning bottle preparation:
________________________________________________________________________
________________________________________________________________________

Feeding cues child typically exhibits to indicate hunger:
________________________________________________________________________
________________________________________________________________________

How child likes to be held during feeding:
________________________________________________________________________
________________________________________________________________________

Individual preferences of child (e.g., likes to hold my finger while I hold the bottle; likes to rub his own head while he eats):
________________________________________________________________________
________________________________________________________________________

Feeding cues child typically exhibits to indicate he or she is full:
________________________________________________________________________
Child #2: ____________________________  
Date: ____________________________  

Likes bottle to be:  _____chilled    _____room temperature    _____warmed   

Additional notes concerning bottle preparation:   
_________________________________________________________________________
_________________________________________________________________________

Feeding cues child typically exhibits to indicate hunger:   
_________________________________________________________________________
_________________________________________________________________________

How child likes to be held during feeding:  
_________________________________________________________________________
_________________________________________________________________________

Individual preferences of child (e.g., likes to hold my finger while I hold the bottle; likes to rub his own head while he eats):  
_________________________________________________________________________
_________________________________________________________________________

Feeding cues child typically exhibits to indicate he or she is full:  
_________________________________________________________________________
_________________________________________________________________________