

Infant/Toddler Needs and Service Plan

*This needs and service plan will be updated every 3 months

Semester/Year: Spring / _____ Summer/ _____ Fall / _____ Winter/ _____

Child's Name _____ Date of Birth: _____

Mother's Name: _____ Father's Name _____

Feeding / Foods

Authorities recommend that honey not be fed to any infant for the first year of life. Honey may carry botulism spores that can be harmful to young infants and has been known to cause infant botulism.

My child is to be fed the following:

Breast Milk Formula–Brand: _____ Milk–Special: _____ Milk–Whole

**Reminder EACH bottle MUST be labeled with full name, date, and contents of bottle.
If breast milk bottle must also include date breast milk was expressed.**

Child now uses:

Bottle–How often & when: _____ Cup–How often & when: _____

What level is your child's proficiency with cups? Expert Intermediate Beginner None

What is your child's feeding schedule? _____

What needs does your child have during their feeding: (Needs to always be burped, sit up after feeding)

Child is currently on solid foods? Yes No Child can feed self? Yes No

Did you plan to introduce your child to solid foods? Yes No

Food Groups Developmental Food Consistency:

Bread & Cereals	<input type="checkbox"/> Strained	<input type="checkbox"/> Chopped	<input type="checkbox"/> Whole
Fruits	<input type="checkbox"/> Strained	<input type="checkbox"/> Chopped	<input type="checkbox"/> Whole
Vegetables	<input type="checkbox"/> Strained	<input type="checkbox"/> Chopped	<input type="checkbox"/> Whole
Meats	<input type="checkbox"/> Strained	<input type="checkbox"/> Chopped	<input type="checkbox"/> Whole

Any specific foods that your child likes? _____
Any specific foods that your child dislikes? _____

Child now uses: Spoon Fork None

What level is your child's proficiency with Utensils? Expert Intermediate Beginner None

List all food allergies, food sensitivities, or feeding issues: _____

Any special instructions you would like us to follow regarding your child's eating pattern? _____

Medications

Medication(s) taken (including inhaler): _____

How often: _____

Sleeping

Does your child use a pacifier? ___ Yes ___ No

What is your child's current sleeping schedule _____.

Can you tell us anything about your child's sleeping habits that might be helpful? _____

Does your child take a nap in the morning? Yes No

Approximately what time? _____.

Usually how long? _____.

Does your child take a nap in the afternoon? Yes No

Approximately what time? _____.

Usually how long? _____.

Does your child use any transitional objects (blankets, pacifier, etc.)? Yes No

If yes, what objects? _____.

**** It is our policy that infants must always be put to sleep on their backs. If children have a medical condition requiring them to sleep in an alternate position, a signed physician's note is required.***

Diapering

Infants and toddlers will be checked frequently and will be kept clean and dry. During arrival, the family will complete a diaper check before the family departs. Each family is required to provide the center with diapers and wipes.

Are there any specific creams or ointments to be used at diaper changing time?

Child uses:

Cloth Diapers

Disposable Diapers—Brand: _____

Wipes—Brand: _____

Potty Chair

Toilet

Any other products which family will supply to be used on your child:

Special Instructions:

1) Our program does not authorize the use of powder in our centers.

2) A completed Non-Prescription Medical Instruction, Consent and Waiver form on file for the use of all topical ointments (diaper ointments, sunscreen, mosquito repellent etc.) Please note you will need to complete a topical ointment form and update this every 90 days. **We cannot put on any cream without a prescription or signed physician's authorization if it is a prescribed ointment.**

At what stage of development does the family anticipate starting the introduction of:

Potty Chair: _____

Child-sized toilet: _____

Underwear: _____

Method of toilet learning:

General Information

Does your child have any special needs? _____

Is there any other information you would like us to know about your child, so we may give then the best possible care?

This form is required to be updated each semester as your child's needs change and reviewed with parent/guardian prior to being signed and approved by persons listed below. The family will receive a copy of the updated plan each semester.

Parent/Guardian's Signature

Date

Center Director's Signature

Date