Infant/Toddler Needs and Services Plan

Child's Name:_____ Date of Birth:_____ Date:_____

This plan is completed at the time of enrollment and updated every 3 months until the child is two years of age. Parent/guardian and teacher initial and date every change and update to the original plan.

Eating Bottles/Formula Does your child use a bottle? Yes No

If Yes, what type of bottle/nipple? _____ What type of formula? (Iron or low?)
_____

How many ounces does your child usually drink at a feeding?_____

Does your child drink from a cup? If yes, what kind of cup/lid:_____

Solid Foods typical sequence for the introduction of solid foods, as recommended by the state: formula/breast milk (1-12 months); infant cereal (4-6 months); vegetables, fruits and their juices (5-7 months); protein foods (6-9 months).

Is your child eating solid food currently? Yes or No

If yes, describe what types of food (type of cereal, types of baby foods or table foods)
_____
_____

How often and at what time of day do you feed your child solids? _____
_____

Any special nutritional fortifiers and/or supplements required? If yes, please list: _____
_____

Does your child have any known food allergies? Yes or No

If yes: Please list:_____

Please describe symptoms of a reaction:_____

Sleeping/Napping How many times per day and when during the day does your child typically nap? _____ For how long does your child usually nap?_____

How do you know when your child needs a nap?_____

How do you help your child to sleep? (Rocking, holding, with a bottle, etc.)
_____

Any special instructions regarding your child's sleep routine? (Special sleep suit or a pacifier for example)
_____

Toileting/Diapering Most children are not ready to begin toilet training until 2 years of age. Generally, we will not begin to toilet train a child before 2 years unless requested by the parent/guardian and after consideration of the child's developmental readiness. If you have begun to toilet train your child, please describe your child's progress:_____

_____ Diapering: Do you have any special instructions regarding your child's diapering? Yes or No If yes, please describe: _____ Please note that parents/guardians provide diapers, wipes, and any ointments required each day.

 Does your child require any special accommodations?

_____

_____

Do you have any additional requests or instructions for the care of your child?

_____

_____ Parent/Guardian

Signature: _____ Date:_____ Teacher

Signature:_____ Date:_____

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********** Date plan reviewed/updated:_____ Parent/Guardian initials:_____ Teacher initials:_____

Comments:_____ Date plan

reviewed/updated:_____ Parent/Guardian initials:_____ Teacher initials:_____

Comments:_____ Date plan

reviewed/updated:_____ Parent/Guardian initials:_____ Teacher initials:_____

Comments:_____