

Patti Cakes
CHILDREN'S CENTER

INFANT NEEDS & SERVICES PLAN

STUDENT NAME _____ Date of Birth _____

EATING

Check all that apply:

- Formula Breast Milk Whole Milk (*over 12 mo.*)

Please describe your method of preparation for bottles: _____

Describe your child's feeding schedule: _____

Does your child need to be burped? Yes No

Best method to get a burp from your child?

- Pat on Back Bring to Shoulder Other

Is your child currently eating solid food? Yes or No If yes, describe what types of food (type of cereal, types of baby foods or table food): _____

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

Does your child have any known food allergies? Yes or No If yes: Please list below:

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SLEEPING

Does your child use a pacifier? Yes No

Pacifier is used As Needed Nap Time Only

How many times per day and when does your child typically nap? _____

How long does your child usually nap? _____

How do you put your child to sleep? Rocking Put Down Awake

Patting Other _____

Infants up to 12 months of age must have an Individual Infant Sleeping Plan LIC 9927 completed.

TOILET TRAINING

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 below.

EXPLORE

DISCOVER

GROW

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Does your child require any special accommodations not covered by this plan?

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

Parent/Guardian Signature: _____ Date: _____

Teacher Signature: _____ Date: _____

Site Supervisor Signature: _____ Date: _____

Date plan reviewed/updated: _____

Parent/Guardian initials: _____ Teacher initials: _____ Site Supervisor initials: _____

Comments: _____

Date plan reviewed/updated: _____

Parent/Guardian initials: _____ Teacher initials: _____ Site Supervisor initials: _____

Comments: _____

Date plan reviewed/updated: _____

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Comments: _____

** Infant Needs & Services Plan will be reviewed and updated every 3 months **