

INFANT CARE PLAN

This form is required to be completed/updated every 30 days or as your child's needs change.

Changes must be reviewed with your child's teacher. Parents must sign the form with the date of revision.

Date of Initial Completion: _____
mm/dd/yyyy

Child's Name: _____

Birthday: _____

Parent/Guardian's Name: _____

FEEDING PLAN

Child is to be fed the following:

- Breastmilk
- Formula – Brand: _____
- Milk – Whole
- Milk – Other: _____

How many ounces and how often?

- Breastmilk: _____
- Formula: _____
- Milk: _____

Child is currently eating solids: Yes No

Child can feed him or herself: Yes No

List down food your child likes:

Food allergy instructions from your child's pediatrician:

Child now uses: Bottle Cup Spoon Fork

What age do you plan to introduce your child to:

Bottle: _____

Cup: _____

Spoon: _____

Fork: _____

What age (if applicable) will you begin to introduce solid foods?

What time do you want us to offer solid foods?

Special dietary instructions from your child's pediatrician relating to diet:

SLEEPING PATTERNS

Does your child nap in the morning? Yes No

What time? _____

How long? _____

Does your child use a transitional object?

Blanket

Pacifier

Other: _____

Does your child nap in the afternoon? Yes No

What time? _____

How long? _____

Special sleep instructions:

NOTE: As recommended by the American Academy of Pediatrics, infants must be placed on their backs to sleep and with no items in the crib, including blankets. A child may then move to their preferred sleeping position. Any request for an alternate sleeping position must be accompanied by documentation from your child's physician. Sleep sacks are recommended in place of a blanket.

DIAPERING

Diapering

Disposable Diapers

Wipes

Other products or special instruction:

NOTE: There must be a current completed Non-Prescription Form on file for the use of all topical ointments (diaper cream, sunscreen, etc.).

CARE NOTES

Please share any additional information or services needed that will aid in the care of your child:

All parties below have reviewed and discussed the information contained on this Infant Care Plan:

Parent/Guardian's Signature

Initial Completion Date

Parent/Guardian's Signature

Revision Date

Parent/Guardian's Signature

Revision Date

Parent/Guardian's Signature

Revision Date

Parent/Guardian's Signature

Revision Date

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