

Infant Needs and Services Plan

Date: _____

Child's Name: _____

Birth Date: _____

Parent(s) Name: _____

Caregiver: _____

Sleeping Routine

Pre-nap routines/rituals: _____

How many naps per day (typical): a.m. _____ to _____ p.m. _____ to _____

Waking behavior/routine: _____

Special concerns: _____

Eating Routine

Solid Food: _____ Time of day you want given: _____

Special meals to be served: _____

Allergies: _____

Special diet/requests: _____

Special concerns: _____

Bottle/Cup Routine

Circle: Bottle Cup

Formula: Brand _____ Amount _____

Time of day you want given _____

Juice: Type _____ Amount _____

Time of day you want given _____

Milk: _____ Amount _____

Time of day you want given _____

Breast Milk: _____ Amount _____

Time of day you want given _____

Comforting/Distress

Does your child have a security object? Name? _____

Does your child use a pacifier? When? _____

Other information? _____

Other Information

Does your child have any services that are different from those provided by the center's routine program? i.e., special exercises, special materials, accommodation of special services.

The Needs and Services Plan will be updated every two months or sooner if requested by parent/guardian.

Parent Signature _____ Date _____

Staff Signature _____ Date _____

Date of change _____ Parent Initials _____ Staff Initials _____

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