



## Infant/Toddler Needs and Services Plan

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date: \_\_\_\_\_ Center/Room #: \_\_\_\_\_

***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*

***At Kidango we practice the following 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 at this time? 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: \_\_\_\_\_

***Kidango follows the guidelines of the USDA Child Care Food Program. Monthly menus, reflecting food served each day, are always posted and available to parents/guardians. No exceptions to the menu or changes to the food provided will be made unless requested and prescribed, in writing, by your child's health care professional.***

**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 blanket or a pacifier for example) \_\_\_\_\_  
\_\_\_\_\_

***It is Kidango policy that infants under 12 months are placed to sleep on their backs (to reduce the risk of SIDS). Please ask your teacher for more information if needed.***

**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 and any ointments required each day.*

**Other**

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: \_\_\_\_\_

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Date plan reviewed/updated: \_\_\_\_\_ Parent/Guardian initials: \_\_\_\_\_ Teacher initials: \_\_\_\_\_  
Comments: \_\_\_\_\_

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