



**INFANT/TODDLER PERSONAL CARE PLAN**

Today's Date: \_\_\_\_\_ Date child starts in child care: \_\_\_\_\_

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

Parent(s) Name(s): \_\_\_\_\_

Primary Caregiver: \_\_\_\_\_

**BOTTLE/CUP ROUTINE – all bottles must be pre-mixed**

Circle:	Bottle	Sippy Cup	
Formula: _____	Brand: _____	Amount	_____
		Time of day you want given	_____
Juice: _____	Type: _____	Amount	_____
Diluted? Y	N	Time of day you want given	_____
Milk: _____		Amount	_____
		Time of day you want given	_____
Breast Milk: _____		Amount	_____
		Time of day you want given	_____

**EATING ROUTINE**

Solid food child eats: \_\_\_\_\_

Rice Cereal	Y	N	Times: _____
Meat:	Y	N	Times: _____
Fruit:	Y	N	Times: _____
Vegetables:	Y	N	Times: _____
Crackers:	Y	N	Times: _____
Table Foods:	Y	N	Times: _____

All known Food allergies: \_\_\_\_\_

What are the signs of allergy reaction? \_\_\_\_\_

Food dislikes or eating problems: \_\_\_\_\_

Food likes and eating preferences: \_\_\_\_\_

Special diet/requests: \_\_\_\_\_

Special concerns: \_\_\_\_\_

Child eats with spoon \_\_\_\_\_ fork \_\_\_\_\_ fingerfeeds \_\_\_\_\_

**I understand that the parent will provide all foods and formulas, until written permission is given**

**The Following sequence of introduction of solid food is recommended by the state. PLEASE INTRODUCE ONE FOOD AT A TIME FOR APPROX. ONE WEEK.**

- 0 - 12 months : Formula
- 5 – 7 months : Vegetables, Fruits and juices
- 4 – 6 month : Dry Infant Cereal
- 6 – 9 months : Protein Foods

**SLEEPING ROUTINE**

Pre-nap routines/ rituals: \_\_\_\_\_  
\_\_\_\_\_

How many naps per day (typical): a.m. \_\_\_\_\_ to \_\_\_\_\_ | p.m. \_\_\_\_\_ to \_\_\_\_\_

Length of nap: \_\_\_\_\_

Position child prefers to sleep in\*\*: \_\_\_\_\_ on stomach \_\_\_\_\_ on back \_\_\_\_\_ on side

Snuggly toys (if any) for sleeping\*\*\*: \_\_\_\_\_

With pacifier? \_\_\_\_\_ Y \_\_\_\_\_ N

Child sleeps in: Crib \_\_\_\_\_ Bed \_\_\_\_\_

Special concerns: \_\_\_\_\_

**COMFORTING/DISTRESS**

Position in which child prefers to be held: \_\_\_\_\_

Security object (if any) \_\_\_\_\_ Name \_\_\_\_\_

**DIAPERING/TOILETING ROUTINE**

For baby, all diapers will be checked and or changed every 2 hours, unless specified

Please change my baby’s diaper every \_\_\_\_\_ hours

For older toddlers, toilet learning has been initiated: Yes \_\_\_\_\_ No: \_\_\_\_\_

If so, description of the process at home: \_\_\_\_\_  
\_\_\_\_\_

**CUBBIES**

All babies will have their own cubbies and cribs. We ask the parents to provide:

- 2 sets of sheets and blanket
- 2 changes of clothes
- 1 large bag of diapers
- Food and bottles daily – ALL OPENED AND UNUSED PORTIONS MUST GO HOME DAILY!!

**ILLNESS:**

When your baby is ill, what symptoms usually show?

\_\_\_\_\_ no sign \_\_\_\_\_ fussy \_\_\_\_\_ fever \_\_\_\_\_ diarrhea \_\_\_\_\_ other (please list) \_\_\_\_\_  
\_\_\_\_\_

**SPECIAL NEEDS:**

My baby has the following special needs: \_\_\_\_\_

I require the following needs for my baby: \_\_\_\_\_  
\_\_\_\_\_

**REMINDER: ALL MEDICATION IS TO BE SIGNED IN AT THE OFFICE, DO NOT LEAVE ANY MEDICAITON IN DIAPER BAGS OR CUBBIES.**

**OTHER INFORMATION**

Additional services which are different from those provided by the center’s routine program, (i.e., special exercises, equipment, materials, or accommodation of special services personnel)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other important information:

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Thank you for meeting with us to complete this plan for your baby. Please do not hesitate to speak with any one of us in regards to your baby.

This Personal Care Plan will be updated every 3 months or sooner if requested by a parent/guardian.

**PARENT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**DIRECTOR SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

Date of change: \_\_\_\_\_ Parent Initials \_\_\_\_ Director Initials \_\_\_\_

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\* Introduction of infant cereal is recommended at 4-6 months; vegetables, fruits, and their juices at 6-8 months; protein such as cheese, yogurt, cooked beans, meat, fish, and chicken at 8-12 months, and milk at 12 months. The use of a cup and spoon are typically recommended at about 8-10 months. Small bits of soft table food for fingerfeeding can be introduced at 8-12 months.

\*\* Note: Kidz Academy place infants to sleep on their backs unless other preference is given and has been signed.

\*\*\* Following recommendations of the American Academy of Pediatrics, the Consumer Product Safety Commission, and the National Institute of Child Health and Human Development, soft items such as bumpers and quilts are eliminated from cribs and the use of heavyweight sleepers instead of blankets is recommended.

\*\*\*\* If diaper ointment or lotions are needed, a medication permission form must be signed.