

INFANT/TODDLER NEEDS & SERVICE PLAN

Date: _____ Updated: _____

Updated: _____ Updated: _____

(Must be completed, dated, and initiated by parents every three months.)

Child's Name: _____ Birth Date: _____

Mother and Father's Names: _____

1) Please describe your child's individual feeding schedule.

Breakfast _____ Time _____

Snack _____ Time _____

Lunch _____ Time _____

Snack _____ Time _____

2) Please describe your child's individual sleeping schedule.

Morning Nap Time From: _____ To: _____ Feed before or after?
Please Circle

Afternoon Nap Time From: _____ To: _____ Feed before or after?
Please Circle

Equipment your child sleeps in _____ Use of a pacifier?

Is your child able to roll over and back on their own? _____ Date: _____

3) Children will be diapered every two hours, or as needed. Please let us know if your child requires a diaper cream (parent provided). You must complete a *Parent Consent for Administration of Medication* form (state required form).

When would you like diaper cream applied to your child?

4) Language used to describe these words at home:

Bowel Movement _____ Urination _____

Bottle _____ Pacifier _____

Food, feeding time _____

Word choices used for private parts of anatomy _____

Words for: Mother _____ Father _____

Siblings _____ Other _____

5) Please list any of the following that apply:

Does your child have siblings? _____ Name(s):

Does your child have allergies? _____ List: _____

Does your child use a pacifier? _____ Blanket? _____

List any known fears, dislikes:

6) Special Instructions by parents:

*All diaper changes, naps, and feeding schedules will be logged on the brightwheel app each day for parents to review their child's daily activities.