



## INFANT/TODDLER NEEDS & SERVICE PLAN

CHILD'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

PARENTS NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

**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.**

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:

\_\_\_\_\_

**At Alpine Children's Academy 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 (6 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?

\_\_\_\_\_

Please describe child's food likes and dislikes.

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Does your child have any known food allergies? Yes or No

Please list: \_\_\_\_\_

Please describe symptoms of a reaction.

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**Alpine Children's Academy 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.**

How many times per day and when during the day does your child typically nap?

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For how long does your child usually nap?

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How do you know when your child needs a nap?

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How do you help your child to sleep? (Rocking, holding, with a bottle, etc.)

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Any special instructions regarding your child's sleep routine? (special blanket or a pacifier)\_\_\_\_\_

**It is Alpine Children's Academy 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.**

Infant/toddlers diapers are checked every hour.

What diaper brand does your child use?

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What wipe brand does your child use?

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Do you have any special instructions regarding your child's diapering? Yes or No If yes, please describe:

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**Please note that parents/guardians provide diapers and any ointments required each day.**

Does your child require any special accommodations not covered by this plan?

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Do you have any additional requests or instructions for the care of your child?

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Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_