



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: _____ Homebase: _____

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 _____	

EATING ROUTINE

Solid food child eats: _____

Time of day you want given: _____

If you do not wish to follow recommendations below,* please sign: _____

Allergies: _____

Food dislikes or eating problems: _____

Food likes and eating preferences: _____

Special diet/requests: _____

Special concerns: _____

Child eats with spoon _____ fork _____ fingerfeeds _____

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**: _____

Snuggly toys (if any) for sleeping***: _____

Child sleeps in: Crib _____ Bed _____

Waking behavior/routine: _____

Special concerns: _____

COMFORTING/DISTRESS

Position in which child prefers to be held: _____

Security object (if any) _____ Name _____

Pacifier use: Yes _____ No _____ When _____

Other information: _____

DIAPERING/TOILETING ROUTINE

Please circle which type of diaper to use: Disposable Cloth

Brand of diaper ointment/lotion****: _____

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

If so, description of the process at home: _____

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:

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

PARENT SIGNATURE _____ **DATE** _____

FACULTY SIGNATURE _____ **DATE** _____

Date of change: _____ Parent Initials _____ Faculty 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: BFAM faculty place infants to sleep on their backs unless a waiver 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.