



## Infant/toddler Needs and Services Plan

Child's Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date: \_\_\_\_\_

***This plan is completed at the time of enrollment and updated every 3 months until the child is two years of age. Parents/ Guardian and teacher initial and date every change and update to the original plan.***

### Eating

#### *Bottles/Formula*

Are you breastfeeding? Yes No

Does your child use a bottle? Yes No If Yes, What type of bottle/nipple? \_\_\_\_\_

Breast Milk or formula?

What type of formula? \_\_\_\_\_

How many ounces does your child usually drink at a feeding and when does he/she take a bottle?

\_\_\_\_\_

Does your child drink from a cup? If yes, what kind of cup/lid: \_\_\_\_\_

#### *Solid Foods*

***At Lighthouse Center for Infants we recommend the following sequence for the introduction of solid food, 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 foods at this time? Yes or No If yes, describe what type of food (type of cereal, type of baby foods or table food)

\_\_\_\_\_

\_\_\_\_\_

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: \_\_\_\_\_

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***Remember all formula and food are provided by Parents/Guardians. Lighthouse Center for Infants will provide appropriate snacks for those children that are eating solids***

## **Sleeping/Napping**

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? \_\_\_\_\_

How do you know when your child needs a nap? \_\_\_\_\_

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 for example) \_\_\_\_\_

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***It is Lighthouse Center for Infants policy that infants under 12 months are placed 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 toilet training 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 train your child, please describe your child's progress: \_\_\_\_\_

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Diapering:

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, ointments and any special wipes required each day. Lighthouse Center for Infants will provide gloves and wipes unless special wiped are needed.***

**Other**

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: \_\_\_\_\_

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

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