Grace Early Learning Center
Where children explore, create, learn and have fun!

Infant Care Plan

Child's Name:_____ Date of Birth:_____

Parent name:_____ Parent name:_____

PLEASE COMPLETE THE FORM BELOW AND UPDATE AT LEAST EVERY 3 MONTHS.

BOTTLE FEEDING

FORMULA/BREAST MILK_____ AMOUNT PER SERV_____

PLEASE THE TIMES YOU WOULD LIKE YOUR CHILD TO BE GIVEN A BOTTLE:

1ST_____

2ND_____

3RD_____

4TH_____

5TH_____

6TH_____

BABY FOOD (GRACE DOES GERBER STAGE ONE AND TWO. YOUR CHILD MUST HAVE TRIED THE FOOD AT HOME FIRST BEFORE APPROVING IT AT THE CENTER)

PLEASE LIST THE TIMES YOU WOULD LIKE FOR YOUR CHILD TO RECEIVE BABY FOOD.

1ST_____ TYPE OF FOOD:_____

2ND_____ TYPE OF FOOD:_____

3RD_____ TYPE OF FOOD:_____

4TH_____ TYPE OF FOOD:_____

5TH_____ TYPE OF FOOD:_____

SOLID FOODS YOU HAVE INTRODUCED TO YOUR CHILD LIST BELOW.

SLEEP SCHEDULE FOR INFANT (NO ITEMS ARE PLACED IN THE CRIB AND THE CHILD IS PLACED ON BACK)

NAP ROUTINES/RITUALS_____

HOW MANY NAPS PER DAY: MORNING _____TO_____ AFTERNOON _____TO_____

COMFORTING ROUTINES

DOES YOUR CHILD HAVE A PACIFER?_____

SECURITY OBJECT_____

SPECIAL HOLDING POSITION_____

SPECIAL SONG_____

OTHER:

DIAPERING ROUTINE

DIAPER OINTMENT_____

WHAT IS THE NORMAL TIME OF THE 1ST DIAPER CHANGE AT HOME_____

ARE YOUR CHILD'S BOWEL MOVEMENTS SOFT LOOSE HARD

WHAT IS THE NORMAL COLOR OF YOUR CHILD'S BOWEL MOVEMENT _____

WE CHECK DIAPERS EVERY 2 HOURS AND IF YOUR CHILD'S DIAPER IS MOIST WE WILL CHANGE IN ORDER TO AVOID DIAPER RASHES.

ADDITIONAL INFORMATION THAT IS HELPFUL FOR THE TEACHER

PARENT SIGNATURE	DATE
_____	_____
DIRECTOR SIGNATURE	DATE
_____	_____