

INFANT/TODDLER PERSONAL CARE PLAN

Today's Date: _____ Date child started at Grace ECC: _____

Child's Given Name/Nickname: _____ Birth Date/Age of child: _____

Parent(s) Name(s): _____

Primary Caregiver: _____ Who the child lives with: _____

BOTTLE/CUP ROUTINE

Circle: Bottle Cup

Formula: _____ Brand: _____ Amount per serving: _____

Time(s) of day you want given _____

Juice: _____ Type: _____ Amount / Time(s) of day you want given _____

Milk: _____ Type: _____ Amount / Time(s) of day you want given _____

Breast Milk: _____ Amount / Time of day you want given _____

EATING ROUTINE

Solid food my child eats: _____

Time(s) of day you want given _____

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

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 finger feeding can be introduced at 8-12 months.

Allergies: _____

Food dislikes or eating problems: _____

Special diet/requests: _____

Special concerns: _____

Child eats with _____ spoon _____ fork _____ finger feeds

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SLEEP ROUTINE

Pre-nap routines/rituals _____

How many naps per day (usually): morning _____ to _____ afternoon _____ to _____

Length of nap: _____

Position child prefers to sleep in _____

NOTE: Grace Early Childhood Center staff place infants to sleep on their back unless a doctor's note is provided for alternate positions.

Snuggly toys (if any) for sleeping N/A _____

Child will sleep _____ in a crib _____ on a mat

Waking behavior/routine: _____

Special concerns: _____

COMFORTING/DISTRESS

Position in which your child is most comfortable being held _____

Security object (if any) _____ what you call it _____

Pacifier? (Yes) (No) when is it used _____

Other information: _____

DIAPERING/TOILETING ROUTINE

Brand of diaper ointment/lotion: _____

NOTE: A medication permission form must be signed for staff to use diaper ointment/lotion.

For older toddlers, has toilet learning begun? _____ Yes _____ No If so, describe the process at home: _____

