

**Tamarak LLC: Hayden ELC
Wobbler/Toddler Care Plan**

Child's name: _____ **Age:** _____ **Enrollment Date:** _____

Family/Relationship Information:

Describe your child's family and who lives in your household.

Has your child been cared for before by people who are outside your home or not part of your family?
If so, please describe:

Is your child used to being around a lot of people?

Describe your child's experiences with other children:

Daily Routines/Interests:

Describe your child's day at home: (morning, afternoon, evening)

What calms your child when he/she is upset?

What are your child's favorite toys to play with?

Is there anything else about your child's routine or interests that you would like us to know?

Special Concerns:

Do you have any special concerns about your child's development? (circle one) Yes -or- No

If yes, what are the special concerns?

Tamarak LLC: Hayden & Coburg ELC Wobbler/Toddler Care Plan

Sleeping Habits:

Please describe your child's sleeping schedule and routine: (where they sleep, co-sleeper, bed time, nap time and routine)

What helps your child go to sleep? (cuddling, stuffy, rub head, reading, etc.)

What does your child do to comfort or soothe himself or herself? (suck thumb, play with hair, etc.)

Diapering/Toileting Habits:

What type of diaper does your child use? (circle one) Cloth -or- Disposable -or- Pullups

(If cloth diapers are provided, you must provide a sealable pouch for used diapers to be placed in. You will take them home daily and provide us with a clean bag daily. By state regulations, we cannot dump or rinse cloth diapers.)

Is your child prone to diaper rash? (circle one) Yes -or- No

What type of ointment will you provide for diaper rash? _____

How often would you like it to be applied? _____

Children 2 yrs. and older: Have you started potty training with your child? (circle one) Yes -or- No

If so, what does your potty-training routine look like?

Teething Habits:

Is your child teething? (circle one) Yes -or- No

When your child is teething, will you provide teething medication? (circle one) Yes -or- No

Parent Signature: _____ **Date:** _____

Teacher Signature: _____ **Date:** _____

Director Signature: _____ **Date:** _____