

Needs and Services Plan for Infants

Child's name: _____ Birthdate: _____

Parent or Guardian signature: _____ Date _____

FEEDING

General information:

- Bottle fed infants will be fed at least every four hours
- All infants too young to hold a bottle will be held during feedings
- No child will be put to bed with a bottle, or permitted to lie flat while having a bottle
- Bottles/dishes must be labeled with child's name, date, and be unbreakable
- Partially consumed bottles will be emptied and rinsed at the end of the day
- Any baby food must be in a new jar with unbroken seal
- Any leftover food will be returned to parent or discarded at the end of the day
- Honey or corn syrup will not be served to a child under two
- Boxed, dry cereal may be stored at the center and will be prepared according to the parent's instructions

Please provide the following information:

- Is your child currently being bottle fed? ☐ Yes ☐ No
- Is your child on formula, breast milk or cow's milk? ☐ Yes ☐ No
- Do you prefer the bottle to be warmed before serving? ☐ Yes ☐ No
- Will you be nursing your child at Discoveryland? ☐ Yes ☐ No If so, at what time? _____
- Is your child on solid foods yet? ☐ Yes ☐ No
- If on cereal, please provide instruction for preparing (formula or water, consistency, mix other foods, etc): _____

- Is your child on table food? ☐ Yes ☐ No
- Is your child allergic to any foods? ☐ Yes ☐ No (Please provide documentation from pediatrician): _____

- Any food dislikes? _____ Likes? _____
- Is your child using a cup or lidded cup? ☐ Yes ☐ No If no, would you like to have it introduced at this time? ☐ Yes ☐ No
- Is your child able to feed themselves with hands? ☐ Yes ☐ No With utensils? ☐ Yes ☐ No
- If not yet using utensils would you like to have it introduced at this time? ☐ Yes ☐ No

Infant bottle schedule

For bottle-fed infants and children and those not yet on table food please complete the following schedule:

07:30	08:30	09:30	10:30	11:30	12:30	01:30	02:30	03:30	04:40	05:30
OZ.	OZ.	OZ.	OZ.	OZ.	OZ.	OZ.	OZ.	OZ.	OZ.	OZ.

Date of update: _____

Introduction of solid foods

Indicate the amount, type, or brand, and how to serve:

Date & Signature	AM	Time	Lunch	Time	PM	Time

SLEEPING ROUTINES

- Is your child on a regular napping schedule, and if so when is his/her nap time(s)? ☐ Yes ☐ No _____
 - Does your child have a special naptime routine or object (blanket, stuffed animal, etc.)? ☐ Yes ☐ No _____
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OTHER INFORMATION

Does your child use a pacifier? ☐ Yes ☐ No (If so you must provide one with a shield large enough to choking)

Are there specific times your child uses the pacifier? ☐ Yes ☐ No _____

What do you do to soothe your child when crying or upset? _____

What kinds of activities does your child enjoy? _____

Does your child enjoy new experiences? ☐ Yes ☐ No _____

Does your child separate from you easily? ☐ Yes ☐ No

Has your child had daycare before? ☐ Yes ☐ No

Does your child have any special needs that need to be addressed at the center? ☐ Yes ☐ No _____

Thank you for providing this information. It will help our staff provide the best possible care for your child.

I understand that I am required by state licencing regulations to update this from on a quarterly basis(or sooner if needed) and acknowledge receipt of a copy.

The-next update will be required no later than: _____

Parent or Guardian signature: _____ Date _____

Discoveryland Director: _____ Date _____