

Needs & Service Plan

Infant Program – Room 114 (3-12 months)

This questionnaire will be used to help us care for your child and anticipate his/her needs. Because we believe each child is a unique creation of God we respect their demand schedule and ask that you provide information about their current home routines. We will try to follow them with the understanding that differences in environment may change their needs.

Child's Name: _____ DOB: _____

Mother's Name: _____

Father's Name: _____

Primary Care Teacher: _____

Feeding Plan: Feedings are done on laps, in feeding chairs & high chairs.

| <u>Times</u> | <u>Foods</u> | <u>Times</u> | <u>Foods</u> |
|--------------|--------------|--------------|--------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Bottle temperature preferred: __body temp __room temp __cool

Bottles contain: __Breast milk __formula (brand)_____

Food temperature preferred: __body temp __room temp __cool

Known food allergies/sensitivities: _____

Food favorites/dislikes: _____

Have solid foods been introduced? __yes __no If no, when: _____

Schedule for introducing textures: smooth _____ textured _____ solids _____

Schedule for introducing: sippy cup _____ utensils _____ regular cup _____

Sleeping Plan:

| <u>Times</u> | <u>Duration</u> | <u>Times</u> | <u>Duration</u> |
|--------------|-----------------|--------------|-----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

How does your child like to be put to sleep? _____

Does your child use any of these to sleep? __pacifier __swing __swaddle __toy

Do they use a transitional object to help sleep? __no __yes If yes, what? _____

Additional comments you think will be important for us to know about the overall care of your child: _____

Policies & Procedures:

Parents are invited to make **visits** prior to their child's first day in our care. They are welcomed anytime for visits & **Phone calls** are welcomed to maintain good communication.

Everything needs to be labeled. Everything that goes in or on your child comes from home to empower parents when trying to determine allergies & sensitivities.

Bottles are not propped or allowed in cribs due to the statistics linking tooth decay and ear infections to these practices.

Pacifiers are permitted if provided clearly labeled with initials or name.

Children are not forced to **sleep** and we do not wake sleeping children for feedings or medications. **Infants under 12 months cannot have blankets in the crib.** We can use a sleep sack if you provide one.

We **position** children on their backs for sleeping as recommended by the American Academy of Pediatrics to reduce the risk of Sudden Infant Death Syndrome.

Diapers are changed every 2 hours unless it is needed sooner & the diapers & wipes need to be labeled.

Tummy Time is provided for gross motor development often throughout the day.

Daily Care Reports are provided through our Brightwheel App. It allows two-way communication as we partner with parents. Parents check in at the front desk with a code and signature each day and then enter the child's room for Health Check. Parents inform caregivers where their child is in their routine when entrusting them to our care.

This **Needs & Service Plan** will need to be reviewed & updated with information you provide as necessary for your child's care. We ask that you include any changes in writing or Brightwheel as needed in "Notes to Caregivers".

Parent's Signature: _____ Date: _____

Teacher's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____