

# Infant Care Plan

Date: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## Sleeping Routine

How many naps per day (typical) and times: \_\_\_\_\_

Waking behavior/routine: \_\_\_\_\_

Special Concerns: \_\_\_\_\_

## Eating Routine

Circle: Bottle      Cup      Both (explain) : \_\_\_\_\_

Formula: Brand \_\_\_\_\_ Amount \_\_\_\_\_

Times given \_\_\_\_\_

Breast Milk: Amount \_\_\_\_\_ Times given \_\_\_\_\_

## Solid Foods

Times given \_\_\_\_\_

\*\*\*Please do not send in new foods that you haven't tried at home yet\*\*\*

## Comforting

Does your child have a security object? \_\_\_\_\_ Name? \_\_\_\_\_

Does your child use a pacifier? \_\_\_\_\_ When? \_\_\_\_\_

## Diapering

Circle: Disposable      Cloth

IT IS IMPERATIVE TO LET THE DIRECTOR KNOW OF ANY CHANGES TO ENSURE THE CONSISTENCY OF YOUR CHILD'S ROUTINE.

\_\_\_\_\_  
Mother's Signature and date

\_\_\_\_\_  
Father's Signature and date

Please write down your child's daily schedule (food, naps, etc). Please include any other helpful information. This information will be posted in the room:

---

---

---

---

---

---

---