

INFANT NEEDS AND SERVICES PLAN

Child's name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent's name: \_\_\_\_\_ Date Form Completed: \_\_\_\_\_

**Feeding**

Liquids:

Child is to be fed the following:

- Breast Milk
- ScuttleBugs Provided Formula: Circle: **Enfamil Premium\***    **Enfamil Gentlease\***
- Other Parent Provided Formula: \_\_\_\_\_
- Whole Milk
- Other Parent Provided Milk: \_\_\_\_\_

Child uses:

- Sippy Cup
- ScuttleBugs Provided Bottle    Circle: **Avent\***    **Dr. Brown\***
- Other Parent Provided Bottle: \_\_\_\_\_

Amount: \_\_\_\_\_

Nipple Size: \_\_\_\_\_

Temperature: \_\_\_\_\_

How many times a day and at what time does your child have a bottle feeding?

Any additional instructions? \_\_\_\_\_

Solid Foods:

Child is currently on purees?  Yes /  No    solid foods?  Yes /  No

**Food Restrictions:** \_\_\_\_\_

Approved foods

Vegetables: \_\_\_\_\_

Fruits: \_\_\_\_\_

Meats: \_\_\_\_\_

Grains: \_\_\_\_\_

How many times a day and at what time does your child have solid foods?

Any additional instructions/likes & dislikes: \_\_\_\_\_

Child can feed self?  Yes /  No

\*Comparable substitutions may be given.



**Napping**

Schedule

How many naps per day? \_\_\_\_\_

Approximate Duration? \_\_\_\_\_

Approximate times:

1st Nap: \_\_\_\_\_ 2nd Nap: \_\_\_\_\_ 3rd Nap: \_\_\_\_\_ 4th Nap: \_\_\_\_\_

Instructions:

How does your child fall asleep (Rocked, patted, on back, on tummy, on side, etc.)?

\_\_\_\_\_  
\_\_\_\_\_

Sleep Sack  Yes  No

Blanket (to be used on cots only)  Yes  No

Colorado State Rules and Regulations requires that all infants be given a pacifier for every sleep time unless the parent has signed a waiver stating that the infant is not to be given a pacifier. My child should use a pacifier at nap time.  Yes  No

**Diapering**

Diapers:

Circle: ScuttleBugs Provided Other Parent Provided: \_\_\_\_\_

Size: \_\_\_\_\_

Wipes:

Circle: ScuttleBugs Provided Other Parent Provided: \_\_\_\_\_

Diaper Cream:

Circle: ScuttleBugs Provided Other Parent Provided: \_\_\_\_\_

Any Other Information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Schedule  
&  
Activities**

Approximate Drop Off: \_\_\_\_\_

Approximate Pick Up: \_\_\_\_\_

Activities that your child likes:

\_\_\_\_\_  
\_\_\_\_\_

Additional Information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parent Signature** \_\_\_\_\_ **Date Signed** \_\_\_\_\_

