

TODDLER 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:

Whole Milk

Other Parent Provided Milk: _____

Solid Foods:

Food Restrictions: _____

Approved foods

Vegetables: _____

Fruits: _____

Meats: _____

Grains: _____

Any additional instructions/likes & dislikes: _____

Napping

Schedule

How many naps per day at home? _____ 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.)? _____

Does your child use a pacifier when napping? Yes / No

My child has permission to sleep on a sleeping mat or cot that is provided by ScuttleBugs during rest time. I understand that each mat or cot is individually assigned and has clean linens that is only used by my child. Yes / No

Schedule & Activities

Approximate Drop Off: _____

Approximate Pick Up: _____

Activities that your child likes:

Additional Information:

Parent Signature _____ **Date Signed** _____

