

INFANT/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. Children under 1 year old:

Breast Milk
 ScuttleBugs Provided Formula: Circle: Enfamil for Infants* Enfamil Gentlelease for Infants*
 Other Parent Provided Formula: _____

Child is to be fed the following. Children 1 year and older:

Whole Milk
 Other Parent Provided Milk: _____ (only until eating from SB menu.)

Child uses:

Open Cup
 Sippy Cup
 Bottle (through 12-13 months)

Amount: _____

Nipple Size: _____

Temperature: _____

ScuttleBugs Provided Bottle Circle: Avent* Dr. Brown*
 Other Parent Provided Bottle: _____

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

Any additional instructions? _____

Solid Foods:

Circle: Infant Schedule (on demand) Toddler Schedule (7:30a, 9 am, 12 pm, 3pm, 5pm)

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

Food Restrictions: _____ must align with dietary restrictions form)

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 If Yes: with hands with utensils with utensils with help

*Comparable substitutions may be given.



Napping Schedule

How many naps per day? _____

Approximate Duration? _____

Approximate Start Time of Each Nap:

1st Nap: _____ 2nd Nap: _____ 3rd Nap: _____ 4th Nap: _____

Nap Information (for reference only)

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

Blanket (to be used on cots only) Yes No

Pacifier (typically until 12-13 months) Yes No

Diapering Diapers:

Size: _____

Circle: ScuttleBugs Provided Other Parent Provided: _____

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** _____

Teacher's Signature _____ **Date Signed** _____

