

## 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 Gentlease 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:

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Additional Information:

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

Teacher's Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

