

# INFANT/TODDLER CARE PLAN – FEEDING, SLEEPING

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**PARENT/CHILD NAME AND ADDRESS**

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Name-Child (First name only)	Preferred Name (if different)	
Name-Parent(s)		

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**HEALTH:**

General health (if child has frequent colds, ear infections, colic, etc. Please detail special needs if applicable)

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UPDATES:

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**MEALS**

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Current feeding schedule

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Foods offered so far

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When eating, child is –

Held in lap     In chair     Other – specify

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Feeds self

Yes     No    If “Yes,” uses     Spoon     Fork     Hands

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Tips for feeding:

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Special feeding problems     Yes     No    If “Yes,” specify:

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Food allergies

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UPDATES

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**SLEEP**

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Current sleep schedule

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Falls asleep easily     Yes     No

How is child put to sleep at home?

Is child okay with Ergo?

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Needs “lovey” / pacifier / song? Describe:

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Can child sleep in noisy room?

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UPDATES

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**DIAPERING/TOILETING**

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Diaper-type

 Cloth       Disposable (preferred)Tips for diapering/potting?

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Highly sensitive skin

 Yes       No

Frequent diaper rash

 Yes       No

Lotions, powders or salves used

 Yes       No      If yes, product name:

Parent should bring and label products with child's name, if used

Toilet training attempted

 Yes       No      If yes, describe routine

Toileting challenges

 Yes       No      If yes, describe:

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UPDATES

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**VERBAL COMMUNICATION**

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Specify language spoken at home

Does child understand English?

Age child began talking:

Child speaks in

 Words       SentencesWords used to describe needs in home language

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UPDATES

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**COMFORTING**

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What scares/saddens your child?

How do you comfort your child?

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Child likes to be:

 Held       Sung to       Rocked       Read to       Other – specifyUPDATES

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**SELF-EXPRESSION**

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What causes your child to feel angry or frustrated?

How does your child express feelings of happiness, enjoyment, etc.?

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Additional comments

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UPDATES

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**PHYSICAL AND SOCIAL DEVELOPMENT**

Is your child able to (check all that apply)

Sit up alone     Pull up     Crawl     Walk holding on     Walk without support

Is your child used to playmates?

Yes     No

Comments

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UPDATES

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**MISCELLANEOUS**

Child's **indoor** favorite toys and activities – Specify.

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Child's **outdoor** favorite toys and activities – Specify.

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By providing complete information about your child, you will be assisting staff in creating a positive experience for him/her while in care. List any information about your child's habits, abilities or personality that you fee will be helpful to the staff while caring for your child.

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UPDATES

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\_\_\_\_\_  
Signature – parent or guardian

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Date