



## Needs & Service Plan

Infant Program – Room 114 (3-12 months)

This questionnaire will be used to help us care for your child and anticipate his/her needs. Because we believe each child is a unique creation of God we respect their demand schedule and ask that you provide information about their current home routines. We will try to follow them with the understanding that differences in environment may change their needs.

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Primary Care Teacher: \_\_\_\_\_

**Feeding Plan:** Feedings are done on laps, in feeding chairs & high chairs.

<u>Times</u>	<u>Foods</u>	<u>Times</u>	<u>Foods</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Bottle temperature preferred: \_\_body temp \_\_room temp \_\_cool

Bottles contain: \_\_Breast milk \_\_formula (brand)\_\_\_\_\_

Food temperature preferred: \_\_body temp \_\_room temp \_\_cool

Known food allergies/sensitivities: \_\_\_\_\_

Food favorites/dislikes: \_\_\_\_\_

Have solid foods been introduced? \_\_yes \_\_no If no, when: \_\_\_\_\_

Schedule for introducing textures: smooth \_\_\_\_\_ textured \_\_\_\_\_ solids \_\_\_\_\_

Schedule for introducing: sippy cup \_\_\_\_\_ utensils \_\_\_\_\_ regular cup \_\_\_\_\_

**Sleeping Plan:**

<u>Times</u>	<u>Duration</u>	<u>Times</u>	<u>Duration</u>
_____	_____	_____	_____
_____	_____	_____	_____

How does your child like to be put to sleep? \_\_\_\_\_

Does your child use any of these to sleep? \_\_pacifier \_\_swing \_\_swaddle \_\_toy

Do they use a transitional object to help sleep? \_\_ no \_\_ yes If yes, what? \_\_\_\_\_

Additional comments you think will be important for us to know about the overall care of your child: \_\_\_\_\_

### **Little Shepherd's Learning Center Policies & Procedures:**

Parents are invited to make **visits** prior to their child's first day in our care. They are welcomed anytime for visits & **Phone calls** are welcomed to maintain good communication.

**Everything needs to be labeled.** Everything that goes in or on your child comes from home to empower parents when trying to determine allergies & sensitivities.

**Bottles** are not propped or allowed in cribs due to the statistics linking tooth decay and ear infections to these practices.

**Pacifiers** are permitted if provided clearly labeled with initials or name.

Children are not forced to **sleep** and we do not wake sleeping children for feedings or medications. **Infants under 12 months cannot have blankets in the crib.** We can use a sleep sack if you provide one.

We **position** children on their backs for sleeping as recommended by the American Academy of Pediatrics to reduce the risk of Sudden Infant Death Syndrome.

**Diapers** are changed every 2 hours unless it is needed sooner & the diapers & wipes need to be labeled.

**Tummy Time** is provided for gross motor development often throughout the day.

**Daily Care Reports** are provided through our Brightwheel App. It allows two-way communication as we partner with parents. Parents check in at the front desk with a code and signature each day and then enter the child's room for Health Check. Parents inform caregivers where their child is in their routine when entrusting them to our care.

This **Needs & Service Plan** will need to be reviewed & updated with information you provide as necessary for your child's care. We ask that you include any changes in writing or Brightwheel as needed in "Notes to Caregivers".

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Teacher's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_