



Needs & Service Plan

Infant Program – Nursery 116 (12-18 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** – All meals will be served at low tables & self-help skills encouraged

<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 \_\_\_ milk \_\_\_ juice \_\_\_ water

Sippy cups contain: \_\_\_ milk \_\_\_ juice \_\_\_ water \_\_\_ other: \_\_\_\_\_

Food temperature preferred: \_\_\_ body temp \_\_\_ room temp \_\_\_ cool

Foods favorites/dislikes: \_\_\_\_\_

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

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

**Sleeping Plan** – Sleeping on cots will be introduced when developmentally ready

<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 \_\_\_ blanket \_\_\_ 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 & **phone calls** are welcomed to maintain good communication. Use extension 5114 or ask for Room 116.

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 & labeled with initials or name.

Children are not forced to **sleep** and we do not wake sleeping children for feedings or medications.

We **position** children on their backs for sleep as recommended by the American Academy of Pediatrics to reduce the risk of Sudden Infant Death Syndrome but allow children to roll over if they choose to. Blankets are permitted but need to be crib size.

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

**Outside Time** is provided to encourage gross motor, sensory and language development.

**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".

**Lesson Plans** are planned weekly introducing many new activities & creative messy projects. Please dress your child with this in mind.

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

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

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