

Infant Care Plan

Child's Full Name: _____

Today's Date: ____/____/____

Date of Birth: ____/____/____

Child's diet includes (check all that apply):

- | | | | |
|-------------|--------------------------|----------------|--------------------------|
| Breast Milk | <input type="checkbox"/> | Strained Foods | <input type="checkbox"/> |
| Whole Milk | <input type="checkbox"/> | Baby Foods | <input type="checkbox"/> |
| Formula | <input type="checkbox"/> | Table Foods | <input type="checkbox"/> |
| Water | <input type="checkbox"/> | Juice | <input type="checkbox"/> |

Formula type: _____	
Formula amount: _____	
Formula amount updates:	
Date: ____/____/____	Date: ____/____/____
Date: ____/____/____	Date: ____/____/____

Does child feed self? Yes No

Does child take pacifier? Yes No

Feeding

Bottles must be pre-mixed, labeled with child's full name, dated and ready to be served.
It is Kids 'R' Kids policy that bottles be held, not propped, during feeding.

Feeding	Time of Day	Type and Approximate Amount of Food
Breakfast		
Lunch		
Dinner		

Diapering

If any creams, ointments, powders or lotions are needed,
a medication authorization form from the front desk must be signed.

Additional comments:

Sleeping

Regarding infant sleeping practices, Kids 'R' Kids follows the recommendations of the SIDS Alliance.

Additional comments:

Additional Instructions:

I understand it is my responsibility to keep Kids 'R' Kids # **34** updated, in writing, as my child's needs change.
Please review/update every 30 days.

Parent/Guardian Signature

____/____/____
Date