

This form must be updated bi-monthly. Mom and Dad can provide a new form or simply initial and date the bottom if not much has changed. Thank you!



## **Infant/Toddler Individualized Plan**

Date: \_\_\_\_\_

Child's name: \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_

Feeding Schedule: \_\_\_\_\_

Breast Milk or Formula: \_\_\_\_\_

If any, what solid food is the child able to eat and how much at a time: \_\_\_\_\_

\_\_\_\_\_

Naptime: What time(s)? How long? Any special routine/instruction: \_\_\_\_\_

\_\_\_\_\_

Are there any recommendations from the child's pediatrician regarding overall care? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are there any parent/guardian preferences or suggestions regarding overall care? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

Primary Caregiver signature: \_\_\_\_\_

Director signature: \_\_\_\_\_

Bi-monthly review/update: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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