

## Infant Care Plan

Child's Full Name: \_\_\_\_\_

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Formula type: \_\_\_\_\_  
 Formula amount: \_\_\_\_\_  
 Formula amount updates:  
 Date: \_\_\_\_/\_\_\_\_/\_\_\_\_      Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Date: \_\_\_\_/\_\_\_\_/\_\_\_\_      Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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"/> |

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.

<b>Additional comments:</b>

### Sleeping

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

<b>Additional comments:</b>

**Additional Instructions:**

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I understand it is my responsibility to keep Kids 'R' Kids # \_\_\_\_\_ updated, in writing, as my child's needs change.

***Please review/update every 30 days.***

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
 Date