



Infant/Toddler Needs and Service Plan

Dear Parents,

To be in compliance of CCR Title 22, Section 101419.2, we must have the following plan for each toddler (18 months to 30 months) completed and on file. The objective of this plan is to extract all possible information from the parents of toddlers on how best the center can take good care of all toddlers in this facility. Please be as specific as possible.

Child's Name: _____ DOB: _____

Parent/Guardian Name: _____

Tel. No: _____ Relation to child: _____

Parent/Guardian Name: _____

Tel. No: _____ Relation to child: _____

Feeding Care Plan:

1. What are the child's usual eating hours for the following meals? And what does the child usually eat for these meals?

- Breakfast _____ Food: _____
- Snack _____ Food: _____
- Lunch _____ Food: _____
- Snack _____ Food: _____
- Dinner _____ Food: _____

2. Please list all known food allergies: _____

3. What are the signs of allergy reaction, if any? _____
4. What are the child's food dislikes or eating challenges? _____

5. What are the child's food likes or eating preferences? _____

6. The child eats with the following utensils:
Spoon _____ Fork _____ Fingerfeeds _____
7. Please list any special diet requests, concerns, or special instructions you would like us to follow regarding your child's eating pattern.

Toileting and Potty Training Plan:

1. Is the child potty trained? YES NO
 - a. If yes, at what age? _____
 - b. If no, the child is in DIAPERS PULL-UPS
2. How often does your child go potty or gets their diaper changed? _____
3. What word does your child use for urination and bowel movement?

4. Is your child allergic/sensitive to any other substances (i.e. latex gloves, certain type of wipes, etc.)? If so, please list:

5. Do you use wipes? YES NO Brand: _____
6. Do you regularly use any ointments or creams for rashes? _____
7. Please list any additional instructions for us specific to your child's needs on the toileting and potty training plan.

Other Information:

1. When your child needs to be comforted, which position does your child prefer to be held?

2. Does your child have a security object? YES NO

If yes, what is it and what does he/she call it? _____

3. Please list any other information you would like us to know about your child so we may give them the best possible care:

Cubbies

All children are provided their own cubbies. Please make sure your child is supplied at all time throughout the year with a change of clothes, diapers, wipes, and rash cream, if needed.

(initial)

Thank you for meeting with us to complete this plan for your child. This Infant/Toddler Needs and Service Plan will be updated quarterly, or as often as necessary to assure its accuracy. Please do not hesitate to speak with us at any time in regards to your child's needs.

As the child's authorized representative, I verify that I have participated in preparing this Infant/Toddler Needs and Service Plan for (*child's name*) _____.

REVIEW #1

Parent Signature: _____ *Date:* _____

Teacher Signature: _____ *Date:* _____

Director Signature: _____ *Date:* _____

REVIEW #2

Parent Signature: _____ *Date:* _____

Teacher Signature: _____ *Date:* _____

Director Signature: _____ *Date:* _____

REVIEW #3

Parent Signature: _____ *Date:* _____

Teacher Signature: _____ *Date:* _____

Director Signature: _____ *Date:* _____