



Individual Care Plan

Child:	Date of Birth:
Teacher:	Today's Date:
Family Member(s):	

Arrival:

What time will you usually arrive at the center?
 What will help you and your child say good-bye to each other in the morning?

Diapering and Toileting:

What type of diapers do you use?
 How often do you change your child's diaper? When does your child usually need a diaper change?

Are there any special instructions for diaper changes?

Is your child beginning to use the toilet? If so, are there any special instructions for toileting?

Sleeping:

How will we know that your child is tired and needs to sleep?

When does your child usually sleep? How long does he or she usually sleep?

What will help your child to fall asleep?

We put babies on their backs to sleep, is your child used to sleeping on their backs? Y / N

How does your child wake up? Do they wake up slowly or quickly? Does your child like to be taken out of crib immediately or to lie in the crib for a few minutes before being held?

Eating:

Is your baby eating solid foods? Y / N

What texture of food do you give your baby? (circle as needed) pureed, mashed, ground, finely chopped

Which of these foods does your baby currently eat?

Grains:

- Crackers
- Iron-Fortified Infant Cereal (circle as many as apply)
Barley cereal, wheat cereal, oat cereal, rice cereal
- Ready to Eat cereal (such as whole grain o-shaped cereal)
- Pieces of bread/toast
- Pieces of Pita bread
- Pieces of soft tortilla

Meat and Meat Alternatives (Protein Foods and Dairy) – circle all that apply

Beans, Beef, Eggs, Fish, Pork, Turkey, Chicken, Cheese, Cottage Cheese, Yogurt, Shellfish