

**My Care Plan**

**Ages 6 Weeks – 23 Months**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Updated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Updated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Updated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ARRIVAL**

What time will you usually arrive at the center?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What will help you and your child say good-bye to each other?

**DIAPERING & TOILETING**

What type of diapers do you have?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How often do you change your child’s diaper? When does your child typically need a diaper change?

Are there any special instructions for diaper changes?

**SLEEPING**

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

When does your child usually sleep? For how long does he or she usually sleep?

What helps your child fall to sleep?

We put babies on their backs. Is your baby used to sleeping on his or her back? Y / N

How does your child wake up? Quickly / Slowly

When does your child prefer to be removed from the crib? Immediately / After a few minutes

**EATING**

**Babies:**

Method: Breastfeeding / Bottle feeding

If breastfeeding,

Will you come to the center to breastfeed? Y / N

If so, what time? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If not, will you send expressed breast milk? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If bottle feeding,

What kind of formula do you use? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How do you prepare the bottles? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How much does your baby typically drink at one time? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your baby drink water during the day? Y / N

If so, what do they prefer to drink out of? Bottles / Sippy cups

When and how much? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your baby eating solid foods? Y / N

If so, which ones? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How do you prepare your baby’s solid foods? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How much does your baby eat at one time? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What position does your baby prefer to be in when fed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your baby eat finger foods? Y / N

If so, which ones?

**All Children:**

What are some of your child’s favorite foods?

What foods does your child dislike?

Is your child sensitive or allergic to any foods? Y / N If yes, please list them:

Are there any foods that you don’t want your child to eat?

**DRESSING**

Is there anything special that we should know about dressing and undressing your child?

**AWAKE TIME**

How does your baby like to be held? What position does your baby prefer when they wake up?

In what language do you speak and sing with your child at home?

What language does your child use when talking and singing with family members?

What does your child like to do when awake?

How do you play with your child?

**DEPARTURE**

What time will you typically come to pick your child up? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What will help you and your child say hello to each other at the end of the day?