

Little Acorns Learning Center

Infant Care Plan

Child's Name: _____ Date of Birth: _____

Completed by: _____ Date: _____

Arrival:

What strategies and routines make you and your child most comfortable during the transition from home to center? How can we work together to support each other and your child during this time of day?

Feedings:

Do you use formula or breastmilk with your infant? _____

- a. Formula type: _____
 - i. How much do you offer at each feeding? _____
 - ii. How often? _____
 - iii. How do you prepare your child's formula?

What, if any, solid foods is your child eating? How do you prepare them? (amount, consistency, temperature)

How does your child eat solid foods (spoon, fingers, fast, slow) Where does your child prefer to sit when eating?

What are some of your child's favorite foods? Dislikes? Allergies?

Sleeping:

We are required to place infants to sleep in a crib without any blankets or toys. We understand that this practice may be different than what your infant is accustomed to at home and will work to transition your infant to a crib. We would like some background information to help us with this.

How does your child indicate sleepiness?

What helps your child fall asleep?

What position does your child sleep in? Is your child used to sleeping in a quiet setting or with some noise?

How does your child wake up? How can we support your child in the transition from sleeping to waking?

How long does your child typically nap for? _____

How often does your child take naps? _____

Does your child use a pacifier? _____

Bodily Care:

What kind of diapers does your child prefer? _____

Do you use diaper cream? If so, how often? _____

Playing:

Where does your child prefer to play? _____

What kinds of things is your child most interested in exploring at this time?

How does your child like you to play with him or her?

Departure:

What strategies and routines make you and your child most comfortable during the transition from center to home? How can we work together to support each other and your child during this time of the day?

Daily Routine:

On a typical day at home, what is your child's schedule? Please write it in the space below. For example, when does your child typically wake up, eat, nap, and play? Knowing this will help us anticipate your child's schedule at our center.

Any other information you would like to share:
