

Iowa Health Child Development Center  
Child's Care Plan  
Infants

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Today's Date \_\_\_\_\_

**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**

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? \_\_\_\_\_

\_\_\_\_\_

**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? (Typical nap schedule) \_\_\_\_\_

What helps your child to fall asleep? (Pacifier etc.) \_\_\_\_\_

We put babies to sleep on their backs. Is your baby used to sleeping, on his/her back?

Is your baby used to sleeping in a crib? \_\_\_\_\_

We do not sleep babies with blankets in the cribs. Does your baby have a blanket or comfort item he/she uses at home? Your suggestions for us? \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Eating**

Are you breast-feeding or bottle-feeding your baby? \_\_\_\_\_

## Eating Cont.

If breast-feeding, will you come to the center to breast-feed? \_\_\_\_\_

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

Do you want us to call you? \_\_\_\_\_

Will you send expressed breast milk? \_\_\_\_\_

## Bottle Feeding,

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

Do you want to use the formula provided by the center? (Similac with iron) \_\_\_\_\_

What type of bottle? \_\_\_\_\_ Type of nipple? \_\_\_\_\_

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

Schedule for bottles? \_\_\_\_\_

Does your baby spit up? \_\_\_\_\_

Does your baby drink bottles of water during the day? \_\_\_\_\_

If so, when and how much? \_\_\_\_\_

Is your baby eating solid foods? \_\_\_\_\_

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

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

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

Does your baby eat any finger foods? If so, which ones? \_\_\_\_\_

What are some of your child's favorite foods? \_\_\_\_\_

What foods does your child dislike? \_\_\_\_\_

Is your child sensitive or allergic to any foods? If so, 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 awake?

\_\_\_\_\_  
\_\_\_\_\_

What does your child like to do when awake? \_\_\_\_\_

How do you play with your child? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Departure

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

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

\_\_\_\_\_

## General Information

Has your child been in group care before? \_\_\_\_\_

Does your child sit up crawl walk? (circle those that apply)

Does your child prefer quiet or active play? \_\_\_\_\_

Does the noise level of the environment affect your child? \_\_\_\_\_

Does your child have any specific fears? \_\_\_\_\_

\_\_\_\_\_

How do you expect your child to react to the first time they come to the center?

\_\_\_\_\_

Do you have any special expectation or concerns about your child being in the center?

\_\_\_\_\_

\_\_\_\_\_