



**UnityPoint Health Child Development Center
Child's Care Plan for Toddlers (2, 3 and 4 year olds)**

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 & 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? _____

Is your child potty training? Yes No Potty Trained
How does your child indicate the need to go to the bathroom? _____

SLEEPING

Usual length of night 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.) _____

How does your child typically react to nap? _____

Do you want nap limited? Yes No How Long?
How does your child wake up? Does he or she wake up quickly or slowly? _____

EATING (Toddlers Only)

Has your child been introduced to using a spoon and fork? _____
Does your child still take a bottle during the day? _____

What time of day does your child usually take his/her bottle? _____

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? _____

Any special instructions? _____

DRESSING

Can your child dress themselves? _____

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

AWAKE TIME

Does your child prefer active or quiet play? _____

What types of toys or activities does your child prefer? _____

Has your child shown a preference for either hand in eating or coloring? _____

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? _____

How does your child express anger? _____

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 expectations or concerns about your child being in the center? _____