

Infant/Toddler Needs and Services Plan

Child's Name _____ Nickname _____

Family and Home: There is no one more important to the child than the people in their family. Letting us know about these special people in your child's life and what is important at home to make them more comfortable here will help us be more responsive to your child.

_____ ****Since last update no changes for all information below****

If either parent does not live with your child, can you describe your child's relationship with that parent?

Are there other significant people in your child's life that you would like for us to be aware of?

Is there more than one language spoken in your home? _____

a. What language? _____

b. Spoken by whom? _____

Child's Feeding Pattern:

1. How often? _____

2. How does child tell you they are hungry? _____

3. Type/Brand of baby formula used? _____

Kinder World serves Kirkland brand (regular or soy):

A. _____ Kinder World may use their formula _____ regular _____ soy

B. _____ I prefer to supply my own formula

C. _____ My child is breast fed _____ I will bring breast milk _____ I will nurse at KW

4. Child drinks from a bottle _____ Drinks from a cup _____ How Often? _____

a. Warm/Cold/Room Temperature Liquids _____

5. Infants: What baby foods/solids does your child eat? _____

Child's Sleeping Pattern:

1. Usual Nap Times _____

2. Does your child use a comfort object at naptime? _____. If so what? _____

a. What is your child's word for: Bottle _____, Blanket _____,

Pacifier _____, Stuff animal _____

3. How do you help your child go to sleep? Rocking _____, Back Rub _____

a. Child lays down by themselves _____, Other _____

4. Child sleeps on: Back _____, Side _____

Any Additional Information that may be helpful to the staff:

Parent's/Guardian Signature: _____ Date _____

Kinder World Signature: _____ Date _____