



an early childhood enrichment program

Toddler Needs and Services Plan

Child's Name: _____ Date of Birth: _____

Date: _____ Center/Classroom Name: _____

This plan is completed at the time of enrollment and updated every 3 months until the child is two years of age. Parent/guardian and teacher initial and date every change and update to the original plan.

Eating

Bottles/Formula

Does your child use a bottle? Yes or No

If Yes, what type of bottle/nipple? _____ What type of formula? (Iron or low?) _____

How many ounces does your child usually drink at a feeding? _____

Does your child drink from a cup? If yes, what kind of cup/lid: _____

Solid Foods

Is your child eating solid food at this time? Yes or No

If yes, describe what types of food (type of cereal, types of baby foods or table foods): _____

How often and at what time of day do you feed your child solids? _____

Any special nutritional fortifiers and/or supplements required? If yes, please list: _____

Does your child have any known food allergies? Yes or No

If yes: Please list: _____

Please describe symptoms of a reaction: _____

Grandview House follows the guidelines of the USDA Child Care Food Program. Monthly menus, reflecting food served each day, are always posted and available to parents/guardians. No exceptions to the menu or changes to the food provided will be made unless requested and prescribed, in writing, by your child's health care professional.

Sleeping/Napping

How many times per day and when during the day does your child typically nap? _____

For how long does your child usually nap? _____

How do you know when your child needs a nap? _____

How do you help your child to sleep (rocking, holding, with a bottle, etc.)? _____

Any special instructions regarding your child's sleep routine (special blanket or a pacifier for example)? _____

Toileting/Diapering

Most children are not ready to begin toilet training until 2 years of age. Generally, we will not begin to toilet train a child before 2 years unless requested by the parent/guardian and after consideration of the child's developmental readiness.

If you have begun to toilet train your child, please describe your child's progress: _____

Diapering:

Do you have any special instructions regarding your child's diapering? Yes or No

If yes, please describe: _____

Please note that parents/guardians provide diapers and any ointments required each day.

Other

Does your child require any special accommodations not covered by this plan? _____

Do you have any additional requests or instructions for the care of your child? _____

Parent/Guardian Signature: _____ Date: _____

Teacher Signature: _____ Date: _____

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Date plan reviewed/updated: _____ Parent/Guardian initials: _____ Teacher initials: _____

Comments: _____

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