



TODDLER NEEDS AND SERVICE PLAN

Date: \_\_\_\_\_ Child's Name: \_\_\_\_\_ Child's DOB: \_\_\_\_\_

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

**Comfort**

Does your child use a pacifier or special comfort item while awake? Yes No

If yes, what time/please describe: \_\_\_\_\_

Does your child have active, quiet, fussy times? Yes No

If yes, what time/please describe: \_\_\_\_\_

Describe your child's cues when they are tired, hungry, need a diaper change, etc:

\_\_\_\_\_

What are some of your child's likes, dislikes, things to soothe your child when they are having a hard time?

Songs, noises, toys, activities, etc: \_\_\_\_\_

\_\_\_\_\_

**Sleeping/Napping** (school nap time is around 1pm)

Will your child be napping at school? Circle one: **YES** **NO**

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 help your child to sleep? (Rocking, holding, patting back, with a bottle, pacifier, etc.)

\_\_\_\_\_

**Toileting/Diapering** Please note that parents/guardians provide diapers, wipes, gloves, and any creams for their child.

Is your child potty trained? Circle one: **YES** **NO**

Do you have any special instructions regarding your child's diapering or any creams to be used? (Note any prescribed ointments will need a separate state mandated form filled out to authorize us to apply to your child.) Yes No

If yes, please describe: \_\_\_\_\_

**Eating**

Does your child use a bottle? Yes No

Whole milk, Formula (brand), Breast milk, other \_\_\_\_\_

How many ounces does your child usually drink at each feeding? \_\_\_\_\_

Any special nutritional fortifiers and/or supplements, or dietary restrictions? If yes, please list:

\_\_\_\_\_

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

If yes: Please list: \_\_\_\_\_

Please describe symptoms of a reaction: \_\_\_\_\_

Please describe the plan in case of a reaction: \_\_\_\_\_

\_\_\_\_\_

**Other**

What are the names of the caregivers picking up or dropping off? (mommy, mama, daddy, papa, grandma, baba, auntie, etc.): \_\_\_\_\_

Do you have any additional requests or instructions for the care of your child or anything else we should know?

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_