

Individualized Infant Care Plan

Child's Name: \_\_\_\_\_ DOB/Age: \_\_\_\_\_

Enrollment Date: \_\_\_\_\_ Days & Hours of Attendance: \_\_\_\_\_

Allergies/Medical Conditions: \_\_\_\_\_

Breast Milk or Formula- Brand of Formula: \_\_\_\_\_

Heated by: \_\_\_\_\_

Eating Schedule/Preferences:

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Napping Schedule/Preferences:

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Diapering Preferences:

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Activity Schedule (Includes twice daily outside time):

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Likes/Dislikes:

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Special Needs/Instructions:

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Primary Staff Member Name Printed:

Signature and Date:

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Parent(s) Name Printed:

Signature(s) and Date:

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