



## Child Needs and Service Plan

Child's Name: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Age: \_\_\_\_\_ months old

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Child attends (Check all that apply): ☐ M ☐ T ☐ W ☐ TH ☐ F

Estimated Drop Off Time \_\_\_\_ : \_\_\_\_

Estimated Pick Up Time \_\_\_\_ : \_\_\_\_

### Feeding Plan

Which is your child using? (Check all that apply):

☐ Formula ☐ Breast Milk ☐ Whole Milk ☐ Soy Milk ☐ Other \_\_\_\_\_

If Formula, which brand? \_\_\_\_\_

How many ounces per feeding? \_\_\_\_\_

How often is baby fed? \_\_\_\_\_

Do you plan to come to campus to serve any feedings yourself? ☐ Yes / ☐ No

If yes, which days and what time? \_\_\_\_\_

My child eats breakfast at: \_\_\_\_ : \_\_\_\_ or ☐ Not Applicable

My child eats lunch at: \_\_\_\_ : \_\_\_\_ or ☐ Not Applicable

My child eats Dinner at: \_\_\_\_ : \_\_\_\_ or ☐ Not Applicable

My child eats snacks at: \_\_\_\_ : \_\_\_\_ and \_\_\_\_ : \_\_\_\_ and \_\_\_\_ : \_\_\_\_ or ☐ Not Applicable

After my child's first birthday. He/She may eat the age appropriate snacks served by the staff at 9:00AM and 3:00PM daily. \_\_\_\_ (Initial)

When do you plan to introduce

Solid foods? (Check one) ☐ 6 mo / ☐ 8 mo / ☐ 10 mo / ☐ 12 mo / ☐ Other \_\_\_\_

Sippy cups? (Check one) ☐ 6 mo / ☐ 8 mo / ☐ 10 mo / ☐ 12 mo / ☐ Other \_\_\_\_

100% Fruit Juice? (Check one) ☐ 6 mo / ☐ 8 mo / ☐ 10 mo / ☐ 12 mo / ☐ Other \_\_\_\_

I understand that additional feedings/portions may be offered to my child at times other than planned to ensure that my growing child is not hungry. However, any major changes to the feeding plan will be discussed with me before a change is implemented. \_\_\_\_ (Initial)

Please describe any additional feeding instructions: \_\_\_\_\_

## Sleep Routine

Describe your baby's sleeping pattern. \_\_\_\_\_

Special Instructions for putting baby to sleep (i.e. rocking, pacifier, story, song etc.) \_\_\_\_\_

## Other

After reviewing our Diapering Procedure, are there any additional instructions for your baby? \_\_\_\_\_

Are there any health or developmental concerns the staff needs to be aware of? ☐ Yes / ☐ No

If yes, what special care routine needs to be followed? \_\_\_\_\_

Are there any culture/family specific child rearing practices we should plan for? (Please Explain) \_\_\_\_\_

Other Special Instructions: \_\_\_\_\_

## Grooming Release

I give permission for the staff to:

Bathe my baby when necessary. ☐ Yes / ☐ No \_\_\_\_\_ (Initial)

Clip his/her nails when necessary to protect him/her and others. ☐ Yes / ☐ No \_\_\_\_\_ (Initial)

Suction his/her nose when necessary. ☐ Yes / ☐ No \_\_\_\_\_ (Initial)

Other: \_\_\_\_\_ (Initial)

## Amendments to the Plan (Please initial each one)

1. \_\_\_\_\_ (Initial)
2. \_\_\_\_\_ (Initial)
3. \_\_\_\_\_ (Initial)
4. \_\_\_\_\_ (Initial)

## Medications

Please fill out form LIC 9221 (Parent consent for administration of medications and medication chart) per licensing requirements.

Prepared by:

_____	_____	Date: ____ / ____ / ____
Child's Authorized Representative (Print)	Child's Authorized Representative (Signature)	

_____	_____	Date: ____ / ____ / ____
Refinery Staff Member (Print)	Refinery Staff Member (Signature)	

Next Review Planned for: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Approx. 3 months from today)