

Embracing Equality and Diversity

## Infant/Toddler Individual Activity Plan and Feeding Schedule

## (UPDATE WITH CHANGES OR EVERY THREE MONTHS)

Child's Full Name:	Date of Birth:
Primary Childcare Staff Assigned:	Shift/ Time:
Circle the types of liquids you are currently offering your child: *Breast Milk *Formula *Juice *Water	
*Other Milk: (Type) How much/ How	often:
Do you offer cereal with formula? YES or NO How much/ often:	
Do you mix cereal with fruit/vegetables? YES or NO How much/often:	

List below any food other than milk/ formula that you are offering to your infant/toddler:

Circle how your child usually eats food: \*Spoon-fed \*Uses Fingers \*Self-spooned \*Other: \_\_\_\_\_

Does your child have difficulty eating? YES or NO (I.e. Spits up, chokes easily) Other: \_\_\_\_\_

Does your child have any food or liquid allergies? YES or NO Please list the allergies/ special instructions:

Does your child have any food restrictions? YES or NO Please list any food restrictions/ special instructions:

Circle methods to assist in your child's nap/sleeping times: \*Rocked \*Rubbed \*Sleep Sack

The safest sleeping position for an infant is on their back. We require all staff to place Other: your infant on their back to sleep and not on their stomach or side for naptime. Any use of restrictive devices, such as wedges, rolls, etc., requires a physician's note.]

What are some things your child likes to do?

Please list a daily schedule of what your child does during the day:

Please list any other information we need to know about your infant/toddler:

Parent/ Guardian Name:

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

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

## **Updates:**

## Initials and Date: \_\_\_\_\_

Hope Grows at Lost Knife Location 1 9845 Lost Knife Road Gaithersburg, MD 20886 301-990-3170

Location 2 20111 Century BLVD- A. Germantown, MD 20874 240-246-7835

Hope Grows at Century Hope Grows at Frederick Rd Location 3 19757 Frederick Road Germantown, MD 20876 240-912-4294