

Trinity Lutheran School and Infant Care Center

Infant and Toddler Needs and Services Plan

Child's Name: _____ **Date of Birth:** _____

This "Infant and Toddler Needs and Services Plan" for _____ has been devised and agreed upon by this child's parent (guardian), and/or the Director and Infant and Toddler department staff of Trinity Lutheran Preschool & Infant Care Center, as an approved plan of action in feeding, sleeping, and toilet training of the child.

Regulation #101419.30 in the Manual for California Day Care Facilities requires that the "Infant and Toddler Needs and Service Plan" is to be updated at least quarterly, every three (3) months, or as frequently needed to assure accuracy. **It is imperative that all allergies be listed.

Does your child have allergies? Yes No If yes, please list them: _____

Feeding Schedule:

| Time | Type of Food | Preparation |
|-------|--------------|-------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Sleeping and Napping Times: _____ a.m./p.m. _____ a.m./p.m. _____ a.m./p.m.

Method of Diapering/Pull-Ups:

Type of diapers/Pull-up _____ What kind of diaper rash preventative topical solutions and/or wipes will you provide for your child? _____

Toilet Training Plan:

What words do you use with your child for urinating? _____

What words do you use with your child for bowel movements? _____

What words do you use for going to the bathroom to sit of the toilet/potty? _____

Does your child sit on the adult toilet? Yes No

Does your child sit on his/her own potty chair? Yes No

Method of Toilet Training: _____

Signatures:

Parent/Guardian

Date

Director

Date