



Needs and Services Plan

Child's Name _____

Date _____

Daily Routine

Approximate arrival time: _____

Breakfast _____

Time _____

Lunch _____

Time _____

Dinner _____

Time _____

Number of Bottles or Cups Daily _____ as indicated below:

_____ oz of (circle one) Formula / Milk / Juice by (circle one) Bottle / Cup at _____ (time)

_____ oz of (circle one) Formula / Milk / Juice by (circle one) Bottle / Cup at _____ (time)

_____ oz of (circle one) Formula / Milk / Juice by (circle one) Bottle / Cup at _____ (time)

Sleeping Habits at Night _____

Bed Time at Night _____ Daily Nap Times _____

Special Instructions: (Blanket, Baby Doll, etc.) _____

Pacifier: Yes No When _____

Allergies for Diapering: (Desitin, A&D Ointment, Powder, Wipes, etc.) _____

Please list all other Allergies: (Food, Medications, etc.) _____

Approximate Departure Time _____

It is very important to us that we provide the best care possible for your child on an ongoing basis. To facilitate that goal, we will meet informally to discuss aspects of your child's care as needed, and this form will be updated quarterly.

Parent's Signature _____ Date _____

Facility Representative _____ Date _____