

Update every 3 mo.
Licensing Regulations
10/4/19.3

Infant Needs and Services Plan

Child's Name: _____ Child's Birth Date/Age: _____

Parent(s) Name(s): _____

Primary Caregiver: _____

Infant Sleep Plan

Each infant 12 months and under, will have the attached LIC 9227 Infant Sleeping Plan completed prior to enrollment and updated, as needed, to reflect when the child begins to roll from front to back and back to front. Each infant over the age of 12 months will have the Sleeping Routine section completed below.

Sleeping Routine

What is your child's sleeping arrangement at home? _____

Pre-nap Routines: _____

How many naps per day (typical): a.m. _____ to _____ p.m. _____ to _____

Length of nap: _____

What position does your child prefer? _____

Waking behavior/routine: _____

Special considerations: _____

Comforting/Self-soothing

Does your child have a security object? **Yes/No**

If yes, what? _____ What does your family call it? _____

Does your child use a pacifier? **Yes/No** What does your family call it? _____

Other information? _____

Bottle Routine

Shasta Head Start recommends weaning infants from bottle feeding by 1 year of age. Breastfed: **Yes/No**

If yes, will you be providing breast milk for use at the center or feeding your baby on-site?

Formula: Brand: _____ Type: _____

Bottle/Nipple Type: _____

How much does your baby drink per feeding? _____

How often does your baby nurse or have a bottle? _____

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Cup Routine

We will offer water, formula or milk in an open cup to give your baby an opportunity to learn how to drink from an open cup.

Introduction of cup: What age? _____ Type used at home: cup with lid or open cup

Milk: Type: _____

Mealtime Routine

We recommend beginning solid food introduction with rice cereal at 6 months to give your baby additional iron. Other foods will be offered one at a time to watch for potential reactions. Please refer to the Checklist for Solid Food Introduction for more information.

Allergies: _____

Food Likes: _____ Food dislikes: _____

Special diet/requests: _____

Diapering Routine

What size diaper does your child use? _____

Which diaper would you prefer your child use? ___ diapers provided by center **or** ___ supply your own diapers

If your child needs diaper ointment, you must sign the Diaper Ointment permission form.

Please specify ointment brand: _____

Other Information or Services

Does your child have any services that are different from those provided by the center's routine program, i.e., special exercises, materials, accommodation of services?

Other information you would like us to know about your child or family routines:

The Needs and Services Plan will be updated every three months or sooner if requested by parent or guardian.

Parent Signature: _____ Date: _____

Staff Signature: _____ Date: _____

Updates

Date: _____ Change: Yes ___ No ___ Parent Signature: _____

Date: _____ Change: Yes ___ No ___ Parent Signature: _____

Date: _____ Change: Yes ___ No ___ Parent Signature: _____

Date: _____ Change: Yes ___ No ___ Parent Signature: _____