

## **Toddler Needs and Services Plan**

(Update Every Three Months – Licensing Regulation 101419.3 & 101417)

Child's Name: \_\_\_\_\_ Birth Date/Age: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

Primary Caregiver: \_\_\_\_\_

### **Sleeping Routine**

What is your child's sleeping arrangement at home? \_\_\_\_\_

Pre-nap Routines/Rituals: \_\_\_\_\_

How many naps per day (typical): \_\_\_\_\_ Time and Length of naps: \_\_\_\_\_

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? \_\_\_\_\_

### **Mealtime Routine**

Allergies: \_\_\_\_\_

Food likes and eating preferences: \_\_\_\_\_

Food dislikes or eating challenges: \_\_\_\_\_

Special diet/requests: \_\_\_\_\_

Special considerations: \_\_\_\_\_

### **Bottle/Cup Routines**

Does your child use a bottle at home? Yes/No If yes, how often? \_\_\_\_\_

Cup Type: cup with lid or open cup

Milk: Yes/No Type: \_\_\_\_\_ Amount per serving: \_\_\_\_\_

Juice: Yes/No Type: \_\_\_\_\_ Amount per serving: \_\_\_\_\_

**Diapering/Toilet Learning Routines**

Will you use the diapers we provide, or do you prefer to supply your own diapers?

What size diaper/pull-up does your child need? \_\_\_\_\_

Which type of under garments for toilet learning? Pull-ups OR Cloth underpants

What cues does your child use to indicate a need to use the toilet? \_\_\_\_\_

Any special routines that your family has during toilet learning (books, songs, words, etc.)? \_\_\_\_\_

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

Please specify the brand of ointment \_\_\_\_\_

**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?

\_\_\_\_\_

By signing the Toddler Needs and Services Plan parent gives permission for the child to be placed in the toddler program. The Needs and Services Plan will be updated every three months or sooner if requested by parent or guardian until the child leaves the toddler program

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Update Notes: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_ Change: Yes \_\_\_ No \_\_\_ Parent Initials: \_\_\_\_\_

Update Notes: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_ Change: Yes \_\_\_ No \_\_\_ Parent Initials: \_\_\_\_\_

Update Notes: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_ Change: Yes \_\_\_ No \_\_\_ Parent Initials: \_\_\_\_\_