Distribution
• Classroom Log

Infant Care Plan

Child's Full Name: _____ Today's Date: _____/_____/_____

Date of Birth: _____/_____/_____

Formula type: _____
Formula amount: _____
Formula amount updates:
Date: ____/____/_____ Date: ____/____/____

Date: ____/____/_____ Date: ____/____/____

Child's diet includes (check all that apply):

Breast Milk	□	Strained Foods	□
Whole Milk	□	Baby Foods	□
Formula	□	Table Foods	□
Water	□	Juice	□

Does child feed self? Yes □ No □ Does child take pacifier? Yes □ No □

Feeding

Bottles must be pre-mixed, labeled with child's full name, dated and ready to be served.
It is Kids 'R' Kids policy that bottles be held, not propped, during feeding.

Feeding	Time of Day	Type and Approximate Amount of Food
Breakfast		
Lunch		
Dinner		

Diapering

If any creams, ointments, powders or lotions are needed,
a topical ointment and cream authorization form must be signed.

Additional comments:

Sleeping

Regarding infant sleeping practices, Kids 'R' Kids follows the recommendations of the SIDS Alliance.

Additional comments:

Additional Instructions:

_____

_____

I understand it is my responsibility to keep Kids 'R' Kids # **58** updated, in writing, as my child's needs change.

Please review/update every 30 days.

_____ ____/____/____
Parent/Guardian Signature Date

Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec