



Infant / Young Toddler Care Plan

REQUIRED by State to be updated monthly

Child's Name: _____

Date of Birth: ____/____/____

DIET: (check all that apply)

- Breast Milk/ Formula
 Baby Food
 Table Food
 Water
 Juice

FOOD: Bottles must be pre-mixed; labeled with child's full name; dated and ready to be served. *Non-glass containers are preferred.* It is CDSA's policy that bottles be held, not propped, during feeding. *All food is to be provided by the parent, including the Extended Day snack.*

Feeding Schedule:		

DIAPERING: A medication authorization needs to be filled out for prescription medications.

SLEEPING: Regarding infant sleeping practices: CDSA follows the recommendation of the SIDS Alliance and the Minimum Standards of TDFPS. Therefore, infants will be placed on their back to sleep, unless there is written documentation from a doctor. Bibs will be removed while sleeping, as recommended for best practices by TDFPS. **-Yes, my baby does roll independently both ways.**

Additional Information:

- Does child feed self?
 Does child use a pacifier?
 Does child use a "lovie"?

I understand it is my responsibility to keep CDSA updated, in writing as my child's needs change.

_____ ____/____/____
Parent/Guardian Signature **Date**

Please review / update every month. Students will be asked not to come to school if the form is not updated.

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