Mesa Verde Preschool

INFANT / TODDLER
NEEDS & SERVICE PLAN

Please complete this form so we can provide individudized care that best meets your child's daily needs.
This form should be updated whenever your child's routine changes.

CHILD INFORMATION

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

Parent/Guardian: _____

Date Completed: _____

FEEDING PLAN

LIQUIDS PROVIDED BY FAMILY

- ☐ Breast Milk
- ☐ Formula Brand: _____
- ☐ Whole Milk
- ☐ Other: _____

CHILD CURRENTLY USES

Drinking	*Eating*
☐ Bottle	☐ Spoon
☐ Cup	☐ Fork

DAILY FEEDING SCHEDULE

TIME	FOOD/BOTTLE	APPROX. AMOUNT

FEEDING INSTRUCTIONS

Bottle warming instructions (if applicable):

_____

_____

Special feeding instructions:

_____

_____

SOLID FOODS

Child currently eats:
- ☐ Purees
- ☐ Soft Foods
- ☐ Table Foods

Child feeds self?
- ☐ Yes
- ☐ No

At approximately what age were solid foods introduced?

_____ months

Preferred meal/snack times:

_____

_____

FOOD INFORMATION

♥ Favorite Foods

_____

_____

♥ Foods Child Dislikes

_____

_____

♥ Food Allergies / Dietary Restrictions

_____

_____

♥ Special Feeding or Allergy Instructions

_____

_____

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SLEEP ROUTINE

MORNING NAP

Does your child take a morning nap?

☐ Yes ☐ No

Approximate time: _____

Typical length: _____

AFTERNOON NAP

Does your child take an afternoon nap?

☐ Yes ☐ No

Approximate time: _____

Typical length: _____

SLEEP POSITION

☐ Back

☐ Side (Doctor Authorization Required)

☐ Stomach (Doctor Authorization Required)

OTHER SLEEP NOTES OR ROUTINES:

_____

_____

_____

HOW DOES YOUR CHILD USUALLY FALL ASLEEP?

☐ Rocking ☐ Pacifier ☐ Bottle ☐ Self-Soothing

☐ Music ☐ Other: _____

COMFORT ITEM USED: _____

DIAPERING / TOILETING

Currently using:

☐ Diapers

☐ Pull-Ups

☐ Beginning Potty Training

Diaper cream/ointment needed?

☐ Yes

☐ No

Typical diaper schedule: _____

Special toileting or diapering instructions:

_____

_____

DEVELOPMENT & COMFORT

How does your child communicate hunger?

_____

How does your child communicate tiredness?

_____

How is your child comforted when upset?

_____

Favorite toys or activities:

_____

Any fears, sensitivities, or special needs?

_____

ADDITIONAL INFORMATION

Please share anything else that will help us provide the best possible care for your child:

_____

_____

_____

_____



PARENT / GUARDIAN ACKNOWLEDGMENT

I certify that the information provided above is accurate and understand that this plan should be updated whenever my child's needs change.

Parent/Guardian Name: _____

Signature: _____

Date: _____

REMINDERS

- Please notify us of any changes to your child's needs or routine.
- Your child's care plan will be reviewed periodically to ensure their needs are being met.
- We are here to partner with you in your child's growth and development.

Thank you for partnering with us!

FOOD PROGRESS & INTRODUCTION

Please help us provide safe and age-appropriate meals by letting us know which foods your child has tried, their current texture, and any foods we should not introduce.

FOOD GROUP	PARENT APPROVAL (May be served)	CURRENT TEXTURE (Check all that apply)	NOTES (Any details or instructions)
 Grains / Bread & Cereals	☐ Yes ☐ No	☐ Pureed ☐ Mashed ☐ Soft Pieces ☐ Table Food	
 Fruits	☐ Yes ☐ No	☐ Pureed ☐ Mashed ☐ Soft Pieces ☐ Table Food	
 Vegetables	☐ Yes ☐ No	☐ Pureed ☐ Mashed ☐ Soft Pieces ☐ Table Food	
 Meats / Poultry	☐ Yes ☐ No	☐ Pureed ☐ Mashed ☐ Soft Pieces ☐ Table Food	
 Dairy Products	☐ Yes ☐ No	☐ Pureed ☐ Mashed ☐ Soft Pieces ☐ Table Food	
 Fish	☐ Yes ☐ No	☐ Pureed ☐ Mashed ☐ Soft Pieces ☐ Table Food	
 Eggs	☐ Yes ☐ No	☐ Scrambled ☐ Chopped ☐ Other: _____	
 Beans / Legumes	☐ Yes ☐ No	☐ Mashed ☐ Soft Pieces ☐ Whole ☐ Other: _____	

♥ FOODS NOT YET INTRODUCED AT HOME

Please list any foods your child has not yet tried:

_____

_____

_____

♥ FOODS THE PROGRAM SHOULD NOT INTRODUCE

Please list any foods you do not want us to introduce without your permission:

_____

_____

♥ ADDITIONAL FEEDING NOTES

Please share anything else we should know about your child's eating habits, sensitivities, or preferences.

_____

_____

♥

Thank you for partnering with us to support your child's health and growth!