

**MESA VERDE
INFANT/TODDLER
NEEDS &
SERVICE PLAN**



Mesa Verde Infant/Toddler Needs and Service Plan

Child's information:

Child's Name: _____

DOB: _____

Parent's name: _____

Date: _____

Feeding Plan:

Liquids –

Child to be fed the following (All food/formula supplied by parent):

- Breast Milk
- Formula – Brand _____
- Milk – Special _____
- Juice

Child now uses:

- Bottle
- Cup
- Spoon
- Fork

What age do you plan to introduce your child to:

- Bottle _____
- Cup _____
- Spoon _____
- Fork _____

Solid Foods-

Child is currently on solid foods? Yes No

Child can feed self? Yes No

At what age (if not currently) did you begin to introduce solid foods?

Feeding Schedule-

How many ounces or cups per day? _____

Breast Milk _____ Formula _____ Milk _____ Juices _____
Approximately what time do you usually offer your child solid foods?

What time of day do you want us to offer solid foods?

Foods child likes:

Foods child dislikes:

Food Allergies:

Allergy special instructions:

Sleeping Schedule

Does your child take a nap in the morning Yes No

Approximately what time? _____

Usually how long? _____

Does your child take a nap in the afternoon? Yes No

Approximately what time? _____

Usually how long? _____

Does your child sleep with any transitional objects (blankets, pacifiers, etc.)?

Yes No

If yes, what objects? _____

Special instructions:

Diaper/Toilet Training:

Infants and toddlers will be checked frequently and will be kept clean and dry.

Child uses:

Disposable diapers – Brand _____

Wipes – Brand _____

Training Pants – Brand _____

Potty chair

Toilet

Any other products which may be used on your child:

Special instructions:

Method of toilet training:

At what age would you like to start the introduction and use appropriate:

Training equipment: _____

Training pants: _____

Schedule for Solid and New Foods

Food Group	Age	Specific Food	Consistency
Bread & Cereals			<input type="checkbox"/> Strained <input type="checkbox"/> Chopped
Fruits			<input type="checkbox"/> Strained <input type="checkbox"/> Chopped
Vegetables			<input type="checkbox"/> Strained <input type="checkbox"/> Chopped
Meats			<input type="checkbox"/> Strained <input type="checkbox"/> Chopped
Dairy Products			<input type="checkbox"/> Strained <input type="checkbox"/> Chopped

Special instructions from child's pediatrician relating to diet:

Individual Schedule of the Infant/Toddler Routine:

Arrival Time: _____ Pick up Time: _____

Morning Feedings: _____ Morning Nap: _____

Mid-day Feedings: _____ Mid-day Nap: _____

Evening Feedings: _____

Active play, diapering and toileting and all other interactions will be provided around your child's routine.

This form is required to be updated four times per year as your child's needs change and reviewed with parent/guardian prior to being signed and approved by persons listed below.

Parent/Guardian's Signature Date

Teacher's Signature Date

Center Director's Signature Date

Mesa Verde Preschool
Diaper Rash Cream/Ointment Release

Parent/guardians requesting diaper rash cream/ointment for their child shall provide the program with cream/ointment. It must be in the original containers and labeled with child's name.

Name of Child _____ Date of
Birth _____ Today's Date _____

Time of Administration _____

Start Date _____ End Date _____

Possible Side Effect:

_____ None Expected

Plan of Management for Side
Effects _____

Parent/Guardian Authorization: I request that diaper rash cream/ointment be administered to my child/student as described and directed above I hereby request that the above diaper rash cream/ointment be administered by childcare personnel. I understand that I must supply the school with the cream/ointment supply of medication (school only.) I have administered at least one dose of the medication to my child/student without adverse effects. (For childcare only)

Parent/Guardian Signature _____ Date _____

Work Phone (____) _____ - _____ Cell Phone (____) _____ - _____



Sunscreen Release Form

Please apply sunscreen to your child every morning before dropping off. As needed throughout the day, your child's teacher will assist with applying sunscreen to bare surfaces including the face, tops of ears and bare shoulders, arms, and legs, 15-30 min before outdoor activity. Sunscreen will not be applied to any broken skin or if a skin reaction has been observed. Any skin reaction observed by staff will be reported promptly to the parent/guardian. If you would like your child's teacher to reapply throughout the day, please send a bottle of sunscreen with your child's name on it.

_____ Yes, please apply sunscreen to my child's body before outside play/activities.

_____ No, for medical or other reasons, please don't apply sunscreen to my child's body.

Parent/Guardian Full Name (Print): _____

Parent/Guardian Signature _____ Date: _____

Child's Name: _____