

**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

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 _____

Approximate 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, pacifier, 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: _____

Notes:

- 1) M.V.P. does not authorize the use of powder in our centers.
- 2) M.V.P. must have a completed Non-Prescription Medical Instruction, Consent and Waiver form on file for the use of all topical ointments (diaper ointments, sunscreen, etc.)

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 Medication Release

Parent/guardians requesting medication to their child shall provide the program with appropriate written authorization(s) and the medication before any medications are administered. Medication's must be in the original containers and labeled with child's name, name of medication, directions for medication's administration, and date of the prescription.

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

Medication Name/Generic Name of Drug _____ Controlled Drug YES/NO

Condition for which drug is being administered: _____

Dosage _____ Method/Route _____ Time of Administration _____

Start Date _____ End Date _____

Relevant Side Effects of Medication _____ None Expected

Plan of Management for Side Effects _____

Prescriber's Name/Title _____ Phone Number (____) _____

Prescriber's Address _____

Parent/Guardian Authorization: I request that medication be administered to my child/student as described and directed above I hereby request that the above ordered medication be administered by child care personnel and I give permission for the exchange of the information between the prescriber and child care director necessary to ensure the safe administration of this medication. I understand that I must supply the school with no more than a three (3) month supply of medication (school only.) I have administered at least one dose of the medication to my child/student without adverse effects. (For child care only)

Parent/Guardian Signature _____ Date _____

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

DATE	TIME	DOSAGE	TEACHER'S SIGNATURE