



Palmer's Heavenly Hearts Early Learning Center LLC

Infant and Toddler Feeding, Care, and Activity Plan

INSTRUCTIONS FOR STAFF AND PARENTS

This form is completed by the childcare staff in conjunction with the child's parents. It is posted in each classroom for easy reference for caregivers. It is updated as necessary, at least every three months.

CHILD'S NAME	DATE OF BIRTH	DATE OF THIS REPORT
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INFANT FEEDING INFORMATION

TYPE OF FOOD	KINDS OF FOOD	FEEDING TIMES	AMOUNT OF FOOD
Bottle Type 1 (Breastmilk or formula)			
Bottle Type 2 (Infants >12 mos. should not have juice.)			
Infant Food			
Table Food			

Please note that all bottles must be prepared at home and labeled with first and last name and date prepared.

Does your child have any problems with feeding, such as choking or spitting up? ☐ No ☐ Yes

Explain:

Does your child use a pacifier? ☐ Yes ☐ No

Note: Pacifiers, if used, cannot be hung around an infant's neck. Pacifier mechanisms or pacifiers that attach to clothing cannot be used with sleeping infants.

INFANT FEEDING PREFERENCE (under 12 months)

MARK YOUR PREFERENCE (CHECK ALL THAT APPLY).

☐ I will provide breast milk for my infant.

If my breast milk is not available, the center should: _____

☐ I will nurse my infant at the center at these times: _____

☐ I will provide infant formula for my infant. Name of formula: _____

☐ I request that the center provide solid food for my infant as s/he is ready for them, and after I have discussed it with the child care staff, **OR**

☐ I will provide solid food for my infant.

TODDLER FEEDING INFORMATION (12 through 24 months)

Check all that apply: ☐ Spoon ☐ Sippy Cup ☐ Regular Cup ☐ Feeds self ☐ Other:

TYPE OF FOOD	KINDS OF FOOD	FEEDING TIMES	AMOUNT OF FOOD
Breast, Whole, or Alternate Milk			
Infant Food			
Table Food			

My child does not eat:



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ARRANGEMENTS FOR SLEEP – Children are placed on their backs to sleep in an empty cot with tight-fitting sheets.

TIME(S) CHILD USUALLY NAPS:	USUAL LENGTH OF NAP
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ADDITIONAL INSTRUCTIONS RELATED TO SLEEPING:

Note: When, in the opinion of the infant's licensed health care provider, an infant requires alternative sleep positions or special sleeping arrangements that differ from those required by regulations, the provider must have on file at the facility written instructions, signed by the infant's licensed health care provider, detailing the alternative sleep positions or special sleeping arrangements for such infant.

The caregiver(s) must put the infant to sleep in accordance with such written instructions.

My child is 12 months or older. I prefer for my child to sleep in a: ☐ Crib ☐ Cot

SIGNATURE OF PARENT/LEGAL GUARDIAN	DATE
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DIAPERING INSTRUCTIONS – Staff change diapers at least every two hours using approved procedures unless the child is sleeping. If the child sleeps through a scheduled change, the child is changed immediately upon waking.

LIST ANY OINTMENTS/LOTIONS THAT YOU HAVE PROVIDED FOR YOUR CHILD. ATTACH FORM OCC 1216E, Topical Basic Care Product Application Form.

SPECIAL INSTRUCTIONS FOR CARE (E.G., RESTRICTIONS, ALLERGIES, ETC.)

SUBMIT OCC 1216A, Asthma Action Plan and Medication Administration Authorization Form if appropriate.

SUBMIT OCC 1216B, Allergy and Anaphylaxis Medication Administration Authorization Form if appropriate.

PLANNED DAILY ACTIVITIES – All activities may not be appropriate for every child.

ACTIVITY	APPROXIMATE AMOUNT OF TIME	ACTIVITY	APPROXIMATE AMOUNT OF TIME
Tummy Time		Songs and Music time	
Hugs and Cuddles		Gross Motor Time	
Sensory Time		Fine Motor Time	
One-on-one Give and Take		Outdoor Time	
Story Time			

PRIMARY CAREGIVERS

STAFF	Primary:	Secondary:
SCHEDULE		
SIGNATURE		

SIGNATURES

PARENT 1	SIGNATURE
PARENT 2	SIGNATURE