INDIVIDUALIZED INFANT-TODDLER SCHEDULE

Date Completed: _____________________________________________
Child's Name: _________________________________________________
Primary Caregiver: ____________________________________________

EATING

Bottle Feedings:

☐ Breast milk
☐ Formula (Note: bottles warmed in bottle warmer)

Please comment on foods to which your child has been introduced and any other information about your child's eating habits that would be helpful (e.g. how often child usually eats, what solids child can have):
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

SLEEPING

Infants 12 months and under will sleep in cribs. Infants 12-23 months may sleep on a cot or in a crib.
Please note your preference here by circling one choice:

I would prefer my infant, who is older then 12 months, to sleep in a crib / on a cot. Circle One

All children will be placed on their backs when sleeping unless a physician’s prescription indicates an alternate sleeping position due to a medical condition.

Please comment on any sleeping habits that would be helpful for the teachers to know (e.g. likes to be rocked to sleep, sleeps with a special blanket, etc.):
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

OTHER

Please comment on any special concerns for or needs of your child and provide any other information which will help us take the best care of your infant or toddler:
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Parent Signature_______________________________ Scheduled Update (3 months*) ______________

*COMAR 13A.16.09 Program Requirements
.02 Activity Plans for Infants and Toddlers.
C. For an infant or toddler, the written activity plan required at the time of the child's admission to care shall be:
(1) Posted for reference in the space used by the child's group;
(2) Implemented by each staff member having responsibility for care of the child;
(3) Modified in consultation with the child's parent as necessitated by the child's developmental needs; and
(4) Reevaluated at least every 3 months.

Revised 12/09