TUTOR TIME®
CHILD CARE / LEARNING CENTERS

Infant and Toddler Care Plan

This form is required to be completed/updated four times per year or as your child's needs change.
Changes must be reviewed with your child's teacher.
Revision dates must be initialed by the teacher and you must sign the form with the date of revision.

Date of Initial Completion: _____/_____/_____ Arrival Time: ____________ Pick-Up Time: ___________

Child's Name: ____ D.O.B: _____/_____/_____

Parent/Guardian's Name: ____

Revision Dates: _____/_____/_____ _____ (Initials) _____/_____/_____ _____ (Initials) _____/_____/_____ _____ (Initials)

FEEDING PLAN

Child is to be fed the following: ☐ Breast Milk ☐ Formula—Brand: ____________ ☐ Milk—Whole ☐ Milk—Other: _______________ ☐ Juice: ______________________	Child now uses: ☐ Bottle ☐ Cup ☐ Spoon ☐ Fork	What age do you plan to introduce your child to: Bottle: _________________________ Cup: __________________________ Spoon: ________________________ Fork: __________________________
Child is currently eating solids? ☐ Yes ☐ No	Child can feed him or herself? ☐ Yes ☐ No	What age (if applicable) will you begin to introduce solids foods? _______________________________
How many ounces or cups per day? ☐ Breast Milk: _______________ ☐ Formula:__________________ ☐ Milk: ____________________ ☐ Juice: ____________________	Approximate what time do you offer solids foods at home? ________________________________ ________________________________ ________________________________ ________________________________	What time do you want us to offer solids foods? ________________________________ ________________________________ ________________________________ ________________________________
Foods your child likes: ________________________________ ________________________________ ________________________________ ________________________________	Food your child dislikes: ________________________________ ________________________________ ________________________________ ________________________________	Is your physician's medical statement regarding any dietary needs on file? ☐ Yes ☐ No

Food allergy instructions:
____
____

Special dietary instruction from your child's pediatrician relating to diet:
____
____

SLEEPING PATTERNS

Does your child nap in the morning?	Does your child nap in the afternoon?	Does your child use a transitional object?
☐ Yes ☐ No What time? ______________________ How long? _______________________	☐ Yes ☐ No What time? ______________________ How long? _______________________	☐ Blanket: ________________________ ☐ Pacifier:________________________ ☐ Other: _________________________
Special sleep instructions: ____ ____ *NOTE: As recommended by the American Academy of Pediatrics, infants must be placed on their backs to sleep and with no items in the crib, including blankets. A child may then move to their preferred sleeping position. Any request for an alternate sleeping position must be accompanied by documentation from your child's physician. Sleep sacks are recommended in place of a blanket.*		

DIAPERING AND TOILETING

Diapering	When did your child begin toilet learning?	What items are utilized in toilet learning at home?
☐ Cloth Diapers: __________________ ☐ Disposable Diapers: _____________ ☐ Wipes: ________________________	_________________________________ How does your child alert you that he or she wants to use the toilet? _________________________________	☐ Training Pants: _________________ ☐ Potty Chair ☐ Toilet ☐ Other: ________________________
Other products or special instruction: ____ ____ *NOTE:* 1) The use of powder is not authorized in our schools. *2)* The company must have a current completed ***Non-Prescription Medical Treatment Instructions, Consent and Waiver*** form on file for the use of all topical ointments (diaper cream, sunscreen, etc.).		

CARE NOTES

Please share any additional information or services needed that will aid in the care of your child:

All parties below have reviewed and discussed the information contained on this Infant/Toddler Care Plan.

____
Parent/Guardian's Signature Initial Completion Date

____
Parent/Guardian's Signature First Revision Date

____
Parent/Guardian's Signature Second Revision Date

____
Parent/Guardian's Signature Third Revision Date

____
Teacher's Signature Date

____
Director's Signature Date