

CARE PLAN

Child's Name: _____ Date of birth: _____

FEEDING INSTRUCTIONS

My child currently drinks: Breast Milk Formula Milk Juice Water
My child takes his/her bottle: Warm Cold Room Temperature
My child currently eats: Cereal Baby Food Finger Foods
Foods my child currently likes are: _____
Foods my child currently dislikes are: _____

APPROXIMATE FEEDING SCHEDULE

Food/Drink	Amount	Time

NAPPING INSTRUCTIONS

My child usually: Wakes at _____ Goes to bed at _____ Naps at _____
What is your routine when putting your child to sleep? _____
Does your child use a pacifier? Yes No When? _____
Does your child have a special comfort item? Yes No What? _____
Is there much change from day to day in your child's schedule? _____

DIAPERING INSTRUCTIONS

My Child wears: Disposable Diapers Cloth Diapers
Please apply diaper cream: As Needed At Every Change
Do you have any concerns regarding your child's eating habits or sleeping routine? Yes No
If so, what are they? _____