

CTK Kids Learning Center Basic Infant Information & Care Plan

Child's Name _____ Nickname: _____

Birthday: _____ 18 month Birthday: _____

What's in the bottle: _____ Breast Milk _____ Formula (Brand: _____)

Baby prefers bottle: _____ Room Temp _____ Warm _____ Cold

****Please note that all bottles must be labeled with the child's name and the date they are brought in on. For breast milk, you must have the date it was pumped labeled as well.****

Please complete the chart below based on your child's meal time needs. Write a time in each box for when the meal should be given.

Meal Times	Food Baby food, table food, Serving size Food cannot be heated up	Drink Bottle, sippy cup (juice/milk/water) Ounces per serving Served before/with/after
Breakfast 7AM - 9AM		
Snack 9AM - 11AM		
Lunch 11AM - 1PM		
Snack 1PM - 4PM		
Dinner 4PM - 6PM		

How often should staff check/change your child's diaper: _____
please note, we do check/change diapers at least every 2 hours or when they are soiled/excessively wet

Security Item(s): _____

How does your child fall asleep: _____

All infants sleep on their back! (a position waiver must be signed by your child's doctor to sleep on tummy, side, or with a sleeping wedge)

Nap Times	Your Child's Nap Time Time child should be put down Approx. length of nap
Morning 7AM - 10AM	
Mid-Day 11AM - 1PM	
Afternoon 1PM - 4PM	
Evening 4PM - 6PM	

Allergies: _____

Additional Information/tips/precautions: _____

Parent/Guardian Signature: _____ Date: _____

Caregiver Signature: _____ Date: _____

Infant Care Plan must be completed before a child's first day and will be updated as needed