

Individual Needs and Service Plan for Infants and Toddlers

PLEASE NOTE: This form must be updated every 2 1/2 months as required by CDSS. No exceptions.

Date of Revision: ____/____/____

Child Name _____ Date of Birth ____/____/____

Parent's Name _____

My child drinks at home from a: Breastfed Bottle Sippy Cup Open Cup

My child drinks: Breast Milk Formula (Type: _____)
 Milk Juice

My child drinks _____ ounces at one serving.

My child drinks _____ bottles/cups per day.

My child is allergic to: _____

My child can have: Cereal Pureed Food Regular Food

Directions for feeding: _____

My child wears: Diapers (Type: _____)

Pull-ups (Type: _____)

Underwear

Any special directions on diapering / potty training? _____

My child uses a pacifier. Yes No

My child's sleeping patterns are as follows (please specify if child needs a pacifier to go to sleep):

I, _____, parent/guardian of _____, have participated in preparing this plan for my baby.

Parent/Guardian Signature

Date

Agency Representative Signature

Date

Agency Representative Printed Name