



## Infant Needs and Service Update Plan

My child drinks \_\_\_\_\_ ounces of formula every \_\_\_\_\_ hours. I will provide pre-made bottles to accommodate these needs.

My child's bottle should be \_\_\_\_\_ warm \_\_\_\_\_ cold \_\_\_\_\_ room temperature.

My child drinks \_\_\_\_\_ milk. He/she drinks it in a \_\_\_\_\_ bottle \_\_\_\_\_ cup every \_\_\_\_\_ hours.

My child eats jar baby food. He/she eats \_\_\_\_\_ at \_\_\_\_\_ am/pm.

\_\_\_\_\_ at \_\_\_\_\_ am/pm. \_\_\_\_\_ at \_\_\_\_\_ am/pm.

My child eats table food. My child has the following food allergies:

\_\_\_\_\_.

My child sleeps \_\_\_\_\_ minutes/hours every \_\_\_\_\_ hours.

When my child is tired he/she \_\_\_\_\_

\_\_\_\_\_.

My child is/is not potty trained.

My child goes potty every \_\_\_\_\_ hours. When my child has to go potty

he/she will \_\_\_\_\_.

During nap time do/do not put a pull-up type training pants on him/her.

My child has the following special needs \_\_\_\_\_

\_\_\_\_\_.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date