

Distribution	
• Classroom Log	

Infant Care Plan

Child's F	Full Name	e:				٦	oday's D	ate:	_/	/			
Date of Birth:/							Formula type: Formula amount:						
Child's diet includes (check all that apply):						Forn	Formula amount updates: Date:/ Date:/						
Breast N Whole N Formula Water	Milk 1	□ Ba	rained Foods by Foods ble Foods ce							e:/_			
Does child feed self? Yes No							Does child take pacifier? Yes $\hfill\square$ No $\hfill\square$						
	Bottl		oe pre-mi ds `R' Kid	-	led with		-		-	be served ling.	i.		
Feeding Time of Day				of Day	Type and Approximate Amount of Food								
Breakf	ast												
Lunch													
Dinner	'												
Additio	onal com		topical o	-			s or lotion zation for		-				
Sleeping Regarding infant sleeping practices, Kids 'R' Kids follows the recommendations of the SIDS Alliance.													
Additio	onal com	ments:											
Addition	nal Instr	uctions:											
I unders		s my resp	onsibility	·			58 upo	·	writing, a	as my chilo	d's needs		
Parent/Gu	uardian Sig	nature							/_ Date	/			
Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec		
							_						