



**Little Acorn Montessori Academy
Infant Needs and Services Plan**

Child's Name: _____ Date of Birth: _____

Parent's Names: _____

Phone Numbers: _____ Date: _____

This plan is completed at the time of enrollment and updated every 3 months until the child is two years of age. Parent/guardian and teacher initial and date every change and update to the original plan.

Eating

Bottles/Formula

Does your child use a bottle? Yes No If Yes, what type of bottle? _____

What type of formula? _____

How often and at what time of day do you give your child a bottle? _____

How many ounces does your child usually drink at a feeding? _____

How many bottles does your child have each day? _____

What temperature does your child like their bottle? _____

Does your child drink from a cup? If yes, what kind of cup/lid? _____

At Little Acorn Montessori Academy, we practice the following sequence for the introduction of solid foods, as recommended by the state: formula/breast milk (0-12 months); infant cereal (4-6 months); vegetables, fruits and their juices (5-7 months); protein foods (6-8 months); whole egg (10-12 months). NB: Honey or corn syrup should not be fed to any infant under the age of 12 months.

Is your child eating solid food at this time? Yes No

If yes, describe what types of food (type of cereal, types of baby foods or table foods, how it is prepared / consistency?) _____

Does your child use utensils? _____

Can your child feed themselves? _____

How often and at what time of day do you feed your child solids? _____

Any special nutritional fortifiers and/or supplements required? Yes No

If Yes, please list: _____

Does your child have any known food allergies? Yes No

If Yes, please list: _____

Please describe symptoms of a reaction: _____

Sleeping / Napping

How many times per day and when during the day does your child typically nap? _____

For how long does your child usually nap? _____

How do you know when your child needs a nap? _____

How do you help your child to sleep? (Rocking, holding, self soothe, etc.) _____

Any special instructions regarding your sleep routine? (special blanket or a pacifier for example)

It is Little Acorn Montessori Academy policy that infants under 12 months are placed to sleep on their backs to reduce the risk of SIDS. Please ask your teacher for more information if needed.

Children will be introduced to sleep on a cot once he or she is beginning to show signs of climbing.

Diapering/Toileting

Diapers are checked every one hour, and changed every two hours. However, they will be changed immediately when soiled. Most children are not ready to begin toilet learning until 2 years of age. Generally, we will not begin to toilet train a child before 2 years unless requested by the parent/guardian and after consideration of the child's developmental readiness.

If you have begun to toilet train your child, please describe your child's progress: _____

Do you have any special instructions regarding your child's diapering? Yes No

If yes, please describe: _____

Please note that parents/guardians provide diapers and any ointments required each day

Does your child require any special accommodations not covered by this plan? _____

Do you have any additional requests or instructions for the care of your child? _____

I have read and understand the Infant/Toddlers Needs and Service Plan and agree to its implementation.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Teacher Signature: _____ Date: _____

Director Signature: _____ Date: _____

**Little Acorn Montessori Academy
Infant Needs and Services Plan - REVIEW**

THE INFANT NEEDS AND SERVICE PLAN MUST BE REVIEWED AND UPDATED EVERY 90 DAYS. IF THERE ARE SEVERAL UPDATES TO BE MADE TO YOUR CHILD'S NEEDS AND SERVICE PLAN, A NEW PLAN MUST BE COMPLETED IN ITS ENTIRITY.

HOWEVER, YOU MAY OPT TO REVIEW THE INFORMATION WE HOLD ON FILE AND CONFIRM THAT IT IS CORRECT AS FOLLOWS:-

Child's Name: _____ Date of Birth: _____

Parent's Names: _____

Phone Numbers: _____ Date: _____

Date Plan Reviewed / Updated: _____

Please provide comments of any changes to be made to your child's care: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Teacher Signature: _____ Date: _____

Director Signature: _____ Date: _____