



Little Builders Learning Center  
*Little Hands. Big Achievements*

## Individual Personal Care Plan for Infants and Toddlers (under 2 years of age):

Date care plan was completed on: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

What would you like us to call your child? \_\_\_\_\_

### **Family Information**

With whom does child reside? \_\_\_\_\_

Who else lives in the home (siblings, extended family, pets)? \_\_\_\_\_

\_\_\_\_\_

Languages spoken at home: \_\_\_\_\_

Are there words/phrases in home language that we should know? \_\_\_\_\_

\_\_\_\_\_

Are there cultural or family customs, rituals, or traditions that will help us make your child's experience more meaningful? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Developmental History and Health/Development**

**Age child began:** sitting \_\_\_\_\_ crawling \_\_\_\_\_ walking \_\_\_\_\_ talking \_\_\_\_\_

Times in which child may be fussy \_\_\_\_\_

How do you handle these fussy times? \_\_\_\_\_

Any history of colic or acid reflux? \_\_\_\_\_

Describe any serious illnesses or hospitalizations \_\_\_\_\_

Describe any special physical conditions, disabilities, or allergies \_\_\_\_\_

Has your child been diagnosed with a special need? \_\_\_\_\_

If so, are they receiving any special services? \_\_\_\_\_

Regular medications? \_\_\_\_\_

**Bottle/Cup routine**

My child uses: (circle)    Bottle    Cup    Both

My child's daily liquid intake consists of: (circle all that apply)

Breastmilk                      Formula                      Water                      Juice                      Milk

Please indicate below the typical **times, the type of feeding (bottle, breastfed, cup) and average amount consumed**, that your child receives while in your care at home throughout the day. Little Builder's will work as closely with families as possible to replicate bottle/cup feeding schedules that are aligned with the schedules that families have created. However, we do understand that children often create their own schedules based off of their level of activity/alertness, napping schedule, general demeanor, planned daily activities within the classroom/center etc. Our staff have been trained on proper feeding guidelines and techniques, which include how to identify hunger signs/symptoms in young children, and they will use their knowledge and experience when planning/implementing children's feedings while in their care at Little Builders Learning Center.

**Time:**

**Type of feeding:**

**Average amount consumed:**

---

---

---

---

---

---

---

---

Special directions for preparing/feeding my child their bottles/cups: \_\_\_\_\_

---

---

---

**Solid foods and eating routine**

We recommend introducing infant cereal at 4-6 months; vegetables and fruits at 5-7 months; proteins such as cheese, yogurt, cooked beans, meat, fish, chicken, and egg yolks at 6-8 months; whole eggs and table foods at 10-12 months; milk at 12 months. We typically start introducing a spoon and cup at 8-10 months.

Any food allergies? \_\_\_\_\_

Food likes and eating preferences: \_\_\_\_\_

---

Food dislikes and/or eating problems: \_\_\_\_\_

---

Special diet/requests: \_\_\_\_\_

---

Please indicate below the typical times, type of food(s), and amount consumed that your child receives while in your care at home throughout the day.

<b>Time:</b>	<b>Type of food(s):</b>	<b>Average amount consumed:</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Special directions for preparing my child's solid foods: \_\_\_\_\_  
\_\_\_\_\_

**Toileting/Diapering**

Does your child have frequent diaper rash? \_\_\_\_\_

How often do you use diaper cream on your child? \_\_\_\_\_

Are you comfortable with your child being changed every 2 hours, or earlier as needed: \_\_\_\_\_

Are your child's bowel movements regular? \_\_\_\_\_ How often? \_\_\_\_\_

Is your child toilet trained: \_\_\_\_\_

**Do you understand and acknowledge that Little Builders can not apply any type of diaper cream/cream to your child if your child has open sores of any kind? \_\_\_\_\_**

**Do you understand and acknowledge that Little Builders can not apply any type of prescription and/or medicated cream to your child without a signed Medication Authorization form from your child's pediatrician? \_\_\_\_\_**

**Sleeping Routine**

**Does your child sleep in:** a) their own crib   b) bed   c) family bed/co-sleep   d) Other: \_\_\_\_\_

Pre-nap routines/rituals: \_\_\_\_\_  
\_\_\_\_\_

How many naps per day (typically at home) does your child take and times of naps: \_\_\_\_\_

Length of naps: \_\_\_\_\_

Do you wake your child up from their nap after a certain amount of time, or do you let them sleep? \_\_\_\_\_

Would you prefer if we keep your child awake after a certain time of day? \_\_\_\_\_

In what position and where does your child like to nap? \_\_\_\_\_

Waking behavior/routine: \_\_\_\_\_

Special concerns: \_\_\_\_\_

What time does your child go to bed at night? \_\_\_\_\_ Awakes in morning at: \_\_\_\_\_

**Comforting/Distress**

Does your child have a security object? \_\_\_\_\_ Name? \_\_\_\_\_

Does your child use a pacifier? \_\_\_\_\_ When? \_\_\_\_\_

What comforting objects/phrases would you like us to use while your child is in our care?

If your child is having a difficult drop-off, are you ok with the teachers assisting you with the drop-off process? Circle all that you are comfortable with: a) Handing your child off to one of the teachers in the classroom b) Teacher helping to redirect your child's attention by finding a toy/activity to get the child involved in c) Teacher acting as a facilitator by telling your child "Give one big hug and one big kiss and then you will see them soon" d) Other: \_\_\_\_\_

**Separation**

Has your child been left in the care of someone other than yourself? \_\_\_\_\_

If so, with whom? \_\_\_\_\_

What difficulty does your child experience separating from you? \_\_\_\_\_

\_\_\_\_\_

What are some ways to calm your child? \_\_\_\_\_

\_\_\_\_\_

What are your feelings about leaving your child in our care? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How can we help you feel more comfortable and involved in the care of your child? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Social Relationships**

Has your child had any experience playing with other children? \_\_\_\_\_

Would you characterize your child as: a) friendly   b) aggressive   c) shy   d) withdrawn

Reaction to strangers? \_\_\_\_\_

Does your child prefer to play alone or in small groups? \_\_\_\_\_

Favorite toys and activities? \_\_\_\_\_

\_\_\_\_\_

Is your child frightened by anything, including but not limited to: rough children, loud noises, darkened rooms, etc? \_\_\_\_\_

\_\_\_\_\_

What is your style of guidance and discipline? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Parenting Philosophy**

Do you have ideas about parenting that would help us to better care for your child?

---

---

---

---

---

---

---

**Communication:**

**What means of communication are you comfortable with when it comes to staff at Little Builders communicating with you about your child?** Please indicate all forms of communication that you are ok with:

- In person verbal communication
- Written notes home
- Reminders/short notes on your child's daily sheet
- Phone call
- Email

**Little Builders and parents are required to update Personal Care Plans every 3 months, in the event of any and all changes, or if requested by staff/parents.**

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_  
Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_