INFANT / TODDLER DEVELOPMENT PLAN

* Infants: 6 weeks- 17 months

* Toddlers: 18 months- 23 months

	Condition to minimize the sur-	NA SPACE
CHILD	BIRTHDATE	
PARENT	CAREGIVER	100
to an interest decrease contra a marin seas successions and		
	SLEEPING ROUTINE	
		the state of the s
Pre-Nap Routines	"Harteria It	And the part of the second
How many naps per typical day?		a graduation who have
What times?		
Waking behavior/ routine	The state of the s	and a fact that has been
Special Concerns	And the second s	and and a transport of the first
1 BAC	CK TO SLEEP IS REQUII	
provinces again which tended of a province of a county of the services.	ng ing manggang bin ng panggang katalah kanananan panggan nanggang kanan kan ni in dan	The state of the s
	EATING ROUTINE	cath ran out for any be street.
LIQUIDS:	Late of Marketta and American	DE SKAULLANDES SIL GOOD ALL
How does your child receive liquids?	Charles Marine	
Bottle sippy cup		
JUICE:	awahla shina are	
What kind?	V. San J.	
When?	PROCES - Agricultural Company of Agricultural Biological Process (Agricultural Biological Biologica	Je w squ thre "as/ plan (p.o.,)
Amounts:	station of the second s	्री विश्वविद्यालय एकोची तार्थित जी कर्मा
MILK/ FORMULA:	and heard a could be a com-	Bushon all it has seen and a see
What kind?	The state of the state of	
When?	or was a bank a second of the second	annual and the second
Amounts:		
When?		The state of the s

HER:		
the state of the s		
Vhat kind?	THE BUILDING	WEN
when?		
Amounts:	a contrant	
SOLIDS:		months and a property of
The second secon		
When?		
	- ANGUER SHEETS IS	
Does your child eat unassisted?		
Does your child eat unassisted?	Does ney site enjoy	ther?
How is your child fed? Held in lap?	Highchairr	tra to the break of the control of the
Parent suggestions for feeding		
Any special feeding problems	SICHORE THE PARTER	A Seams Volves
Any known FOOD ALLERGIES	and the second	
What kind of food does he/ she like	e?	
Decirios entre tene a "Autor" sena?	The state of the s	Photograph Company
What food does he/ she NOT like?	Bu oou days	
ANY FOOD RESTRICTIONS	S/ALLERGIES MUST BE ACCOM	MPANIED BY A DOCTOR'S
Copies and countries up by bland has said?	STATEMENT	di en coma dell'accessor della
Pall and	DIAPERING ROUTINE	011
White the last transfer wheels sail	DIAI ENIVO NO	e bicyds? Shu
Type of diapers/ pull ups used:	and the state of t	
	Frequ	uent diaper rash?
Please indicate if any of the fol	llowing are used (indicate brand names	A CHARLES
Oil	Powder	Lotion
Ointment	Other	

e bowel movements regular?		How many per day?	
proximate times			
diarrhea			
TO			
Has toilet learning been attended 12	that the staff names to	know should your child?	
Has toilet learning been attempted?			
How is the child doing?			
What is the child's name for bowel move			
What is the child's name for urination?		Every the second second	
Is a potty chair used at home?			
a posty and asca at nome:	A THE ART IN CITY OF	Or toilet seat?	
! IF ANY MEDICATED PROD	UCT IS USED, IT MI	UST BE ACCOMPANIED BY A	
! IF ANY MEDICATED PROD	UCT IS USED, IT MI		
! IF ANY MEDICATED PROD MEDICATION ORDER FORM HEALTH A Does the child have a "fussy" time?	UCT IS USED, IT ME M SIGNED BY THE I	UST BE ACCOMPANIED BY A PARENT AND THE DOCTOR! RMATION When?	
! IF ANY MEDICATED PROD MEDICATION ORDER FORM HEALTH A	UCT IS USED, IT ME M SIGNED BY THE I	UST BE ACCOMPANIED BY A PARENT AND THE DOCTOR! RMATION When?	
! IF ANY MEDICATED PROD MEDICATION ORDER FORM HEALTH A Does the child have a "fussy" time?	UCT IS USED, IT MIN ISIGNED BY THE I	UST BE ACCOMPANIED BY A PARENT AND THE DOCTOR! PRMATION When?	
! IF ANY MEDICATED PROD MEDICATION ORDER FORM HEALTH A Does the child have a "fussy" time? How is this handled?	UCT IS USED, IT ME M SIGNED BY THE I	UST BE ACCOMPANIED BY A PARENT AND THE DOCTOR! RMATION When? Crawl?	
! IF ANY MEDICATED PROD MEDICATION ORDER FORM HEALTH / Does the child have a "fussy" time? How is this handled? Does the child sit up by him/ herself?	UCT IS USED, IT MUM SIGNED BY THE I	PARENT AND THE DOCTOR! PRIMATION When? Crawl? Walk?	

ACTIVITY ROUTINE

	The state of the s
would like my child to learn to do the following activi	ties
	1865 - 1855 - F
Are there any special considerations that the staff nee	eds to know about your child?
THIS CENTER ENSURES THAT, DAILY, EVERY CO. HELD, PLAYED WITH AND TALKED TO. EXCEPT WHEN SLEEPING, GIVEN OF WALK OUTSIDE THE INFANT'S CRIB. EXCEPT IN INCLEMENT WEATHER, TO.	PPORTUNITIES TO SIT, CRAWL, TODDLE, OR
ENROLLMENT DATE	
ENROLLMENT DATE	10 of to vicity and

THIS FORM IS REQUIRED TO BE UPDATED EVERY THREE MONTHS, OR SOONER IF REQUESTED BY THE PARENT/ GUARDIAN OR STAFF.