Little Miracles Daycare

# Infant Care Plan

## Welcome to Little Miracles Daycare!

At Little Miracles Daycare, we understand that each infant has unique needs and routines. To ensure we provide the best possible care, please complete this form in detail and update it as necessary

## CHILD'S INFORMATION

| | | |
|---|---|---|
| First Name | Middle | Last Name |
| Date of Birth | Gender | Parent / Guardian Name(s): |
| Primary Phone # | | Secondary Phone # |
| Child's Home Address | | |

At Little Miracles Daycare,

## FEEDING PLAN

- ☐ Breast Milk
- ☐ Formula
  - ☐ Brand:_____
- ☐ Combination
- ☐ Solid Foods
  - ☐ Specify:_____

## FEEDING SCHEDULE

| Time | Amount | Bottle Instructions (Temperature, Preparation, Storage) |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

## FEEDING DIFFICULTIES OR ALLERGIES

- ☐ Yes
  - ☐ Please Specify:
- ☐ No

## SLEEP ROUTINE

Preferred Sleeping Position: ☐ Back (Required per Safe Sleep Guidelines) ☐ Other (Medical Documentation Required

Sleep Aid (e.g., Pacifier, Swaddle, Blanket): ☐ **Yes** (Specify):_____ ☐ **No**

Special Instructions for Sleep Time:_____

## PARENT / GUARDIAN AGREEMENT

| Parent / Guardian Signature: | Date |
|---|---|

## OFFICIAL USE ONLY

| Staff Notes: |
|---|

| Reviewed By: | Date Received: |
|---|---|