



Infant Schedule

Date:

Name:

Birth Date:

Diapers will be checked once per hour

Child uses:

☐

Pacifier

☐

Gas Drops

☐

Diaper Cream

☐

Oragel

☐

Baby Oil

** Items such as diaper rash ointments, teething gels, and gas drops are considered medications. A Medical Authorization Form will have to be signed weekly in order to administer these medicines.*

Usual Nap Times

Child Sleeps on

☐

Stomach*

☐

Back

** In accordance with recommendations from the American Academy of pediatrics, unless the infant has a note from a physician specifying otherwise, each infant younger than 12 months, shall be placed on his/her back for sleeping to lower the risks of Sudden Infant Death Syndrome (SIDS).*

Child uses:

☐

Blankets

☐

Stuffed Toys

☐

Other Soft Materials: _____

**In accordance with recommendations from the American Academy of Pediatrics, soft materials are prohibited in the infant's sleeping environment. Soft objects, such as pillows, quilts, comforters, bumper pads, sheepskins, stuffed toys, and other gas trapping objects shall be kept out of the infant's sleeping environment.*

Usual Juice Times				
Usual Milk Times				
	Child Holds Bottles?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Takes Milk	<input type="checkbox"/> Warm** <input type="checkbox"/> Cold <input type="checkbox"/> Room Temperature		
	Heat in Bottle Warmer?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Usual Feeding Times	(Approximate, unless specified differently)			
Breakfast (8:00am)				
AM Snack (9:30am)				
Lunch (11:00am)				
PM Snack (2:00pm)				
Other Feedings**				

Position for feeding:

☐

High Chair

☐

Bouncer

☐

Worker Held

(over)

Child can:

☐

Roll from back to stomach

☐

Pull up

☐

Roll from stomach to back

☐

Walk holding on

☐

Sit alone

☐

Walk alone

Child enjoys:

☐

Swing

☐

Stroller

☐

Bouncer

☐

Jumper

☐

Outside

Current struggles:

Anything that will help us better care for your child:

Additional Comments/Notes:

