Individual Care Schedule for Infants and Toddlers

**APPROACH:**

To ensure that individualized care giving information is up to date for each infant and toddler. Individual care schedules must be in place prior to a child attending services without their parent.

**HEAD START PROGRAM PERFORMANCE STANDARD:**

*Performance Standard 1302.31-Teaching and the Learning Environment*
*Child Care Division rule 414-300-0040 (5)(a)(b)(c)(d)-Individual Care Schedule*

Also refer to the Health History Questionnaire.

**PROCEDURE:**

An individual care schedule must be completed prior to a child attending the part-day or toddler classroom. Completed with the child’s parent/guardian, this document includes:

- Schedule of feeding and types of breast milk/formula and/or foods eaten and new foods to be introduced
- Toileting and diapering schedules
- Sleep schedule
- Child’s way of communicating and being comforted

On a quarterly basis, each child’s individual care schedule will be reviewed with the parent/guardian, updated as needed, and signed by the parent/guardian.
Southern Oregon Early Head Start

Individual Care Schedule 0-23 Months

Child’s Name: ____________________________
Child’s Date of Birth: ___________ Specialist: _______________________

Sleeping Schedule:
Approximate Wake-up time: _______ Approximate Bedtime: _______
My child lets me know they are tired by: __________________________
It helps my child fall asleep if I:

______________________________

My child usually naps (what time, how long): ______________________
We put babies to sleep on their backs. Is your child used to sleeping on their back? Y N

Diapering Schedule:
During diapering, my child is (fussy/cooperative):__________________

Feeding Schedule:
Are you: [ ] Breast Feeding [ ] Bottle Feeding
Will you bring expressed milk? Y N
What formula do you use? ________________________________
How much milk does your baby drink at one time? ________________

Parent Signature: __________________________ Date: ________________
Update #2: __________________________ Date: __________________
Update #3: __________________________ Date: __________________
Update #4: __________________________ Date: __________________
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Individual Care Schedule 24-36 Months

Child’s Name: ____________________________
Child’s Date of Birth: ______________ Specialist: ____________________________

Toileting Schedule:
Is your child beginning to use the toilet? Y N
How does your child let you know when they need to go potty?

________________________________________
Any special instructions that would make your child’s toileting successful?

________________________________________

Feeding Schedule:
Does your family practice Family-Style Meals? Y N
Is your child drinking from an open cup? Y N
Is your child using utensils? Y N
Is your child eating finger foods? Y N
What foods does your child eat?

________________________________________
When do you normally feed your child? (Meals and snacktimes)________________________
Is your child sensitive or allergic to any foods?

________________________________________

Communication and Comforting:
My child communicates with me by: __________________________
When my child needs comforting I: __________________________

Parent Signature: ________________________ Date: ________________________
Update #2: ____________________________ Date: ________________________
Update #3: ____________________________ Date: ________________________
Update #4: ____________________________ Date: ________________________