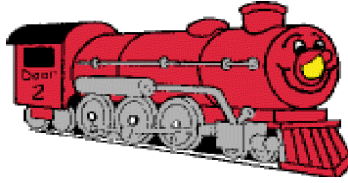


Freight House Early Learning and Care Inc.

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INDIVIDUAL PERSONAL-CARE PLAN FOR INFANTS AND TODDLERS

Child's Name _____

Date of Birth _____

What would you like us to call your child? _____

Times child may be fussy: _____

How do you handle these fussy times? _____

Family Information

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

What does the child call family members? _____

Language(s) spoken at home: _____

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

Are there other matters or concerns you feel are important? _____

Health/Development

Describe any special physical conditions, disabilities, or allergies: _____

Regular medications? _____

Bottle/Cup Routine

FHELC requires parents to supply 1 or 2 ready made bottles each day as well as extra formula if needed. Please label bottles with child's name.

Circle: Bottle Cup

Breast Milk: _____ Amount _____ Time of day you want given _____

Formula: _____ Brand _____ Amount _____

Time of day you want given _____

Milk: _____ Type _____ Amount _____

Time of day you want given _____

Introducing Solid Foods

We recommend introducing infant cereal at 4–6 months; pureed vegetables and fruits at 6-9 months; proteins such as, pureed cooked beans, meat, chicken and dairy such as yogurt and cheese at 9-12 months; and whole eggs and milk at 12 months. We can introduce the use of a cup and spoon at 8–10 months.

If you do not wish to follow our recommendations, please sign and comment on your preferences: _____

FHELC requires parents to supply infant cereal (a box labeled with your child's name) and any baby food supplements other than what our menu supplies. We will puree fruit, (bananas, pears, peaches) and applesauce, vegetables (carrots, peas, yams) and protein in form of soups M-W-F. We offer whole milk for children over 12 months. Check our other menu options. A copy of our menu will be provided and we can discuss alternatives.

(The Manitoba Food Guide recommends trying new vegetables, fruit, meat and alternatives one at a time over a few days before trying another or mixed)

Eating Routine

Any food allergies? _____

Solid Food: _____ Time of day you want given: _____

Food likes and eating preferences: _____

Food dislikes or eating problems: _____

Special diet/requests: _____

Special characteristics or difficulties? _____

Child eats: on lap in high chair other _____

Child eats with: spoon fork hands other _____

Toilet/Diapering Habits

FHELC requires parents to provide a minimum of 5 diapers daily. Parents must supply lotions, powders and wipes, labeled with the child's name if desired. Staff will use warm, wet paper towels for diaper changes and wash clothes for face and hand washing.

Does your child have frequent diaper rash? _____

Do you use: oil powder lotion _____ other _____

Does child wear: disposable diapers cloth diapers

Cloth diapers must be labeled and provided by parents. Options for soiled diaper storage can be discussed further.

Are bowel movements: regular How often: _____

Is there a problem with: diarrhea constipation

Is your child toilet trained: urination bowels

What is used at home: potty chair special seat regular seat

Word used for urination: _____ bowel movement: _____

Does the child have accidents? _____

Comforting/Distress

Does your child have a security object? _____ Name? _____

Does your child use a pacifier? _____ When? _____

Other information? _____

What comforting objects would you like your child to have at the program?

Sleeping Routine

Does child sleep in: crib bed family bed

Pre-nap routines/rituals: _____

How many naps per day (typical): AM _____ to _____ PM _____ to _____

Length of nap: _____

In what position does your child prefer to nap: _____

Waking behavior/routine: _____

Special concerns: _____

What time does child go to bed at night: _____ awake in morning: _____

Are there any sleeptime rituals? _____

Separation

Has your child been left in the care of someone other than yourself? Yes No

If so, with whom? _____

What difficulty does your child experience separating from you? _____

What are some ways to calm your child? _____

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

Daily Schedule

Please describe by approximate time your child's current daily activities (that is, awakening, eating, time out of crib, napping, toilet habits, fussy time, evening bedtime):

Morning

Afternoon

Evening

Parenting Philosophy

What do you as a family hope to get out of this child care experience?

We will update the personal care plan every 3 months or sooner if requested by a parent/guardian or as needed by the staff.

Parent Signature _____ Date _____

Staff Signature _____ Date _____

Date of change _____ Parent Initials _____ Staff Initials _____

Date of change _____ Parent Initials _____ Staff Initials _____

Date of change _____ Parent Initials _____ Staff Initials _____