NEEDS & SERVICES PLAN
Studio City Child Care, Inc.

11544 Ventura Blvd.
Studio City, CA 91604

Dear Parents: ► We will do our best to follow the schedule below, but we cannot guarantee it. Most kids change habits in group setting and/or as they get older ► It is the parent's responsibility to update this form if they feel the need, so keep a blank copy or ask us for one ► For times, please approximate to the hour or half hour only.

Child's name _____ Child's age _____ *(months)*

►Child eats *(check all that apply)*:

☐Formula ☐Breast milk ☐Whole milk ☐Baby foods ☐Puree ☐Solid foods

►Milk: Child drink milk? ☐Yes ☐No *(if No, skip to next section)*

Is the bottle warmed? ☐Yes ☐No Holds his/her own bottle? ☐Yes ☐No

If formula, brand? _____ If formula, # of scoops per bottle? _____

►Food: Child eats solid food or Puree? ☐Yes ☐No *(if No, skip to next section)*

Temperature ☐Warm ☐Room ☐Cold Usual amount of intake? _____

Child can be served meat? ☐Yes ☐No

Allergies? ☐No ☐Yes *(explain)* _____

Any food restrictions? ☐No ☐Yes *(explain)* _____

Liquid served with meals? ☐No ☐Yes *(list)* _____

►Can self-feed? ☐Yes ☐No ►Takes pacifier? ☐Yes ☐No ►Position while feeding _____

►Current bowel movements: Regular? ☐Yes ☐No

Times of day? _____ # per day? _____ Type? _____

Word used for BM? _____ Word used for urination? _____

►Sleep: Has nightmares? ☐No ☐Yes Has breathing problems ☐No ☐Yes

Takes to bed: Pacifier ☐No ☐Yes

Other sleeping notes _____

►Breakfast: ☐ Always has BF at home before dropoff ☐ Always has BF at SCCC (till 930 am only).

► Feeding:

	TYPE *(Check all that apply)*	**Start Time**	**Amount Served**
First	☐ Milk ☐ Solid ☐ Puree ☐ Baby Food		
Second	☐ Milk ☐ Solid ☐ Puree ☐ Baby Food		
Third	☐ Milk ☐ Solid ☐ Puree ☐ Baby Food		
Fourth	☐ Milk ☐ Solid ☐ Puree ☐ Baby Food		

☐

►Napping:

	Start Time	**Nap Duration**
First		
Second		
Third		
Fourth		

Parent Signature_____ Date_____

SCCC Signature_____ Date_____