



Written Plan for Infants (Daily Routine)

INFANT'S NAME _____ DATE OF BIRTH _____

ACTIVITY	USUAL ORDER OF ACTIVITIES
Arrival Time	
1st Feeding	
Diaper Check *	
1st Nap **	
Floor Time	
2nd Feeding	
2nd Nap **	
Outside Time ***	
3rd Feeding	
3rd Nap **	
Individual Time with Caregiver	
Pick-Up Time	

- * Diapering occurs as needed throughout the day.
Handwashing is done following diapering and outdoor play.
- ** Infants are placed on their backs to sleep unless otherwise directed by a physician.
- *** Infants must be taken outdoors daily if weather permits.

Specific Instructions from Parent(s): _____

NOTE: This form should be completed initially with assistance from the child's parent(s), and changed by the caregiver as needed to reflect the changing needs of the infant.

TEACHER'S NAME: _____ DATE: _____