



## 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:** \_\_\_\_\_