

# CHILD'S DAILY SCHEDULE

Foster/pre-adoptive parents complete this form when a child is 18 months of age or younger or is functioning within that age range. This information may come from the child's social worker, parents or other caretakers. This information may be included on the Child Summary. As the person providing 24-hour care and supervision, your input is essential. This information may be incorporated into the child's Social Summary (Child Summary).

Month/Date _____	Year: _____
Child's Name: _____	Age: _____
Foster Parent(s) Name: _____	Phone: _____
DHHR Worker: _____	Phone: _____

A. Birth: Full term or premature: \_\_\_\_\_ If premature, number of weeks gestation: \_\_\_\_\_

B. Nutrition: Bottles given: \_\_\_\_\_ A.M. \_\_\_\_\_ P.M. \_\_\_\_\_  
 Child breastfed prior to placement? Yes \_\_\_\_\_ No \_\_\_\_\_

Formula: Brand \_\_\_\_\_ Homogenized Milk \_\_\_\_\_ Other \_\_\_\_\_  
 Type: Powder \_\_\_\_\_ Concentrated \_\_\_\_\_ Ready Mix \_\_\_\_\_

Preparation of formula: \_\_\_\_\_

Demand Feeding: No \_\_\_ Yes \_\_\_ Approximate hours \_\_\_\_\_

Schedule Feeding: No \_\_\_ Yes \_\_\_ When \_\_\_\_\_

Other foods given:

	<u>Brand</u>	<u>Time</u>	<u>Amount</u>	<u>Varieties</u>
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Cereals: \_\_\_\_\_

Fruits: \_\_\_\_\_

Meats: \_\_\_\_\_

Vegetables: \_\_\_\_\_

Vitamins: Type \_\_\_\_\_ Amount \_\_\_\_\_

When and how it is given: \_\_\_\_\_

How is child fed: Spoon fed \_\_\_ Uses cup for \_\_\_\_\_

C. Teething: (If yes, are there any problems?) \_\_\_\_\_

D. Bathing: When \_\_\_\_\_ A.M. \_\_\_\_\_ P.M. \_\_\_\_\_  
How \_\_\_\_\_  
Soap used \_\_\_\_\_ Powder \_\_\_\_\_ Oil or Lotion \_\_\_\_\_  
Problems \_\_\_\_\_

E. Bedtime: Usual Time: \_\_\_\_\_  
Awakens: \_\_\_\_\_  
Sleeps: On back \_\_\_\_\_ On side \_\_\_\_\_ On stomach \_\_\_\_\_  
Preparation: \_\_\_\_\_  
Sleeping Patterns: \_\_\_\_\_  
Naps: When \_\_\_\_\_ Where \_\_\_\_\_

F. Elimination: Diapers: Cloth \_\_\_\_\_ Disposable \_\_\_\_\_  
Toilet trained: Yes \_\_\_\_\_ No \_\_\_\_\_ In process \_\_\_\_\_  
Describe toilet training (if in process or child has regressed): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

G. Development: Turns over \_\_\_\_\_ Sits: Alone \_\_\_\_\_ With support \_\_\_\_\_  
Uses: Highchair \_\_\_\_\_ Walker \_\_\_\_\_ Playpen \_\_\_\_\_ Other \_\_\_\_\_  
Creeps \_\_\_\_\_ Stands: Alone \_\_\_\_\_ With support \_\_\_\_\_  
Talks \_\_\_\_\_ Walks: Alone \_\_\_\_\_ With support \_\_\_\_\_  
Other \_\_\_\_\_

H. Relationship: Is baby used to children? Yes \_\_\_\_\_ No \_\_\_\_\_ What ages? \_\_\_\_\_  
Response to others \_\_\_\_\_

I. Allergic to any fabrics, detergents/softeners, medicines, foods, etc.  
Describe: \_\_\_\_\_  
\_\_\_\_\_

### Child's Daily Behavior Observation Chart

Use this form to record a child's behavior.

Time	Misbehavior	Activity Preceding Misbehavior	Results/Comments