

## CHILD'S DAILY SCHEDULE

Foster/resource 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, parent(s), or other caretaker(s). 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 Social Summary (Child Summary).

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

- 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:      Brand      Time      Amount      Varieties  
Cereals: \_\_\_\_\_  
Fruits: \_\_\_\_\_  
Meats: \_\_\_\_\_  
Vegetables: \_\_\_\_\_  
Vitamins: Type: \_\_\_\_\_ Amount \_\_\_\_\_  
When and how often 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