CHILDS 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).

<table>
<thead>
<tr>
<th>Month/Date</th>
<th>Year:</th>
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<tbody>
<tr>
<td>Child's Name:</td>
<td>Age:</td>
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<tr>
<td>Foster Parent(s) Name:</td>
<td>Phone:</td>
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<tr>
<td>DHHR Worker:</td>
<td>Phone:</td>
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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 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 ________

Crawls _____ 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.

<table>
<thead>
<tr>
<th>Time</th>
<th>Misbehavior</th>
<th>Activity Preceding Misbehavior</th>
<th>Results/Comments</th>
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