

Close To My Heart Early Childhood and Development Center

Infant Social Resume

Child's Name: _____

Family

Names of brothers and sisters

Birth Date

_____	_____
_____	_____
_____	_____

Names of others living in the home

Relationship to child

_____	_____
_____	_____

What language is spoken in your home: _____?

Does your child have any pets? Yes No If yes, what are they: _____

FOOD

Describe your child's appetite: _____

What foods does your child like? _____

What foods does your child dislike? _____

Does your child feed himself/herself? Yes No

Does your child have any food sensitivities or allergies? Yes No

If yes, please identify: _____

What time does your child eat: Breakfast _____ Lunch _____ Supper _____?

Self Care

Is your child in diapers? Yes No Comment: _____

Has training begun? Yes No Comment: _____

Is your child trained? Yes No Comment: _____

If yes, please list: _____

Sleep

Describe your child's sleep routine (include naps & lengths of naps): _____

Social/Emotional Development

Does your child separate easily from you? ___ Yes ___ No

Please comment: _____

Is your child afraid of anything? ___ Yes ___ No

Please comment: _____

Does your child have a favorite toy, blanket, or soother? ___ Yes ___ No

Please comment: _____

Does your child spend time with other children? ___ Yes ___ No

Please comment: _____

When your child is upset, what helps COMFORT him/her? _____

How does your child show feelings?

Affection: _____ Fear: _____

Frustration: _____ Anger: _____

Excitement: _____

What activities does your child enjoy? _____

What activities does your child dislike? _____

How do you DISCIPLINE your child? _____

Special FAMILY situations? (Such as custody specifications, problems arising from situations, etc.) _____

Any disorder/developmental (slow/advanced) diagnosed or suspected? _____

What characteristics in your child's development would you like?

Encouraged: _____

Discouraged: _____

Please provide any other information relating to your child that would be helpful in understanding and caring for your child: _____

Health History -Infants/Toddlers

Please circle Y for yes, N for no for each question listed.

A. Health

Y N 1. Does your child seem well most of the time?

Y N 2. Is your child taking any medications now (including aspirin, laxatives, vitamins, etc.)?

If YES, What?

How often?

Y N 3. In a year has your child had as many as three ear infections?

Y N 4. Are you concerned with your child's hearing?

Y N 5. In a year, does your child have more than three colds or sore throat infections with fever?

Y N 6. Are you concerned about your child's eyes or vision?

Y N 7. Has your child been seen by a medical specialist?

If YES, Who?

For What?

Y N 8. Does your child have any disabilities?

Y N 9. Other illness/diseases?

Y N 10. Has your child been hospitalized within the past year?

Y N 11. Has your child had any serious accidents or poisonings?

Y N 12. Does your child chew unusual things, such as pencils, chalk, crib, window ledges, paint chips, plaster, or hair?

Has your child had any of the following:

Y N Premature birth

Y N Birth injury or defect

Y N Trouble breathing at birth

Y N Convulsions/seizures

Y N Allergies: (please circle) Eczema Hives Drug/food intolerance Hay Fever Wheezing Asthma Insect stings Other:

B. Developmental History

14. How do you comfort your child?

15. What are your child's favorite toys?

What are your child's favorite activities?

16. What language is spoken in your home?

Parent's Signature:

Date:

Teacher's
Signature:

Infant Developmental History

Child's name _____ DOB _____

Parent's names _____

Sleeping

- Fill in typical sleeping patterns

Nighttime: From _____ to _____

A.M. Nap: From _____ to _____

P.M. Nap: From _____ to _____

- Preferred sleeping position:

___ Back (This is the recommended position. Your baby's doctor must give written orders if we are to use another position.)

___ Side

___ Stomach

Feeding

- Baby drinks:

___ Breast milk

___ Whole milk

___ Formula, (Type: _____)

___ Other: _____

- Baby uses:

___ Bottle

___ Sippy cup

- Baby prefers bottles:

___ Warm

___ Room temperature

___ Cool

- Baby is fed every _____ hours

- Baby's typical feeding times and amounts (include foods and liquids):

Breakfast _____

Lunch _____

Snacks _____

- Check snack/breakfast items that we may serve your child at the center:

___ None apply

___ Crackers (Examples: graham, saltine, cheese, etc.)

___ Cheerios

___ Cookies (Examples: vanilla wafers, animal crackers, etc.)

___ Nutrigrain bar

___ Cheese

___ Yogurt

___ Fruit (Examples: diced peaches, diced pears, etc.)

___ Pancakes, waffles, French toast, etc.

___ Other foods your baby enjoys _____

• List any dietary restrictions: _____

Health

• Is your baby generally healthy? _____

• Describe any health concerns: _____

• Let us know about any on-going medications your child is taking: _____

• Describe any known allergies:

Diapering

• How frequent are bowel movements? _____
• Describe normal appearance of bowel movements: _____

• Is your baby prone to diaper rashes? ___ Yes ___ No
If yes, tell us the best treatment to use: _____

Getting Acquainted

• Share with us the best ways to comfort your child: _____

• List favorite toys and activities: _____

• Does your baby use a pacifier? ___ Yes ___ No

Other information to note about baby: _____

My signature below indicates that this form has been checked/updated:

January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	

Infant Objectives

Physical Development:

1. Allowing rest times: by individual sleeping (sleeping infants are allowed to sleep)
2. Movement: by encouraging crawling, and walking
3. Balance and sitting: using swings, chairs and infant seats, encouraging rolling over & allowing infant "tummy time"

Intellectual Development

1. Language: by talking to the child, singing and reading books.
2. Cognitive: showing cause and effect. Playing peek a boo
3. Creativity: by stimulating the environment through sounds, music textures, and books

Emotional Development

1. Love: caressing, holding during feeding, changing and play
2. Security: by responding to needs, having reliable caregivers

Social Development

1. Behavioral Skills: separating children during disagreements and over activity.

A. Our goals and objectives for Infants:

1. Physical Development:

Gross Motor:

- a. Control of arms and legs
- b. Moving from place to place by rolling, creeping, crawling, walking.
- c. Climbing on objects such as a slide, etc.
- d. Pulling self up
- e. Kicking and throwing balls or other objects

Fine Motor:

- a. Is able to grasp objects with thumb and forefinger
- b. Is able to hold objects and manipulate them well
- c. Is able to put objects in container
- d. Is able to scribble with crayon
- e. Is able to feed self and drink from a cup

2. Cognitive Development:

- a. Can pick up and manipulate objects
- b. Remembers familiar things
- c. Can use several senses at once
- d. Can solve simple manipulative problems
- e. Explores new approaches to problems
- f. Imitates people and/or noises
- g. Begins to use language

CHILDCARE PROGRAM PLAN

Children in the program will be supervised at all times!

Close To My Heart Infant Program Serves 12 infants age 6 weeks through 15 months

Your baby's first year will be filled with a dramatic transformation from a dependent newborn to an active and responsive infant. Our staff helps your child build a sense of security while developing your child's confidence and trust. We work closely with you to customize a daily routine that will fit your family's needs **we work hand in hand with our parents.**

Close To My Heart has a well-planned, child-oriented curriculum. Our curriculum has no religious, political or philosophical affiliation. We feel that curriculum development is an on-going process to meet the needs of your child.

Each month themes are introduced in your child's classroom and divided into specific weekly programs and daily projects.

Teachers develop lesson plans based upon the following learning objectives: physical, cognitive, emotional, and social development. During the school year months the curriculum focuses on traditional structured academics. And in the summer months, we emphasize recreation and socialization through athletic activities and field trips.

As your child advances through Close To My Heart, the specific skill learned at each level serve as a foundation for learning at the next level. The different levels are as follows:

Close To My Heart offers quality experience to infants through primary care giving and a safe and nurturing environment in which the infants are able to explore and learn at their own pace. Infants will be supervised by a staff member at all times. Parents are encouraged to participate in any part of their child's day and activities during their child's stay in the program.

The Infant program uses the Creative Curriculum. Lesson plans will be posted weekly and each child will receive a written assessment using the Creative Curriculum Assessment tool three times per year.

C. Assessments:

Parents are informed of their child's progress in the areas of physical, cognitive, social and emotional development, through written developmental observations, and teachers are available for conferences.

D. Infant Daily Schedule (approximate):

7:00- 8:00 Staff greet Children and parents, receive Information from parents, interact with babies. Infants may select activities, such as manipulative toys, large muscle toys, etc. Breakfast (satisfy nutritional needs, Encourage feeding skills)

8:00-9:00 Breakfast (satisfy nutritional needs, encourage feeding Skills)

9:00-11:00 Free play (stimulate cognitive, physical, social and **Emotional development**) and naps as needed

11:00-12:00 Lunchtime

12:00-3:00 Snack

3:30-6:00 Free play, naps as needed, departure

Note: This is merely a general description of our day. Infants will be Changed, fed and allowed to nap throughout the day according to their individual needs. Special activities, such as walks, outside play finger painting, coloring, play dough, dancing and singing to music, etc., are offered daily as time allows.

E. List of activities and equipment/materials:

- Quiet: Books, quiet music, stroller rides, song singing, story telling, mobiles to look at
- Active: Large muscle toys, trucks/car for riding, large blocks, climbing stairs, climber/slide, musical instruments for dancing, balls of varying size, and sensory experiences such as water play.
- Teacher Directed: Group activities, dancing to music, using musical Instruments, wagon/stroller rides, gym/outdoor play, coloring, finger- painting and play dough and art activities.
Child Initiated: Manipulative, looking at books, playing with blocks, Playing with blocks, stuffed blocks, stuffed toys, climbing on the climber and slide, playing with trucks and cars

***Activities and equipment are rotated to provide for a variety of learning Experiences. Toys are washed daily and mouthed toys are washed in between use.**

3. Social Development:

- a. Responds differently to different people, may prefer primary Caregiver
- b. Babbles to self and/or others when talked to
- c. Plays games with people (peek-a-boo, pat-a-cake, etc.)
- d. Sensitive to and interested in the moods and activities of others
- e. Asserts independence

4. Emotional Development:

- a. Shows wide variety of feelings/uses voice to express them
- b. Smiles at self in the mirror
- c. Sees difference between self and rest of the world
- d. Encourage self-independence

B. Activities:

1. Physical: Gross Motor:

- a. Variety of washable objects within reach of infant for him/her to each/stretch for
- b. Slide and climbing equipment for climbing
- c. Plastic or wooden cars or trucks for riding on or pushing
- d. Low platform to provide a variety of levels to explore

Fine Motor:

- a. Playing with blocks and manipulatives (grasping toy)
- b. Turning the pages of a book
- c. Dropping or throwing balls or different objects
- d. Shape sorters and cause/effect games

2. Intellectual:

- a. Encourage curiosity by providing a variety of small objects of Different textures, shapes, and sizes
- b. Give plenty of opportunities for child to develop self-help skills
- i.e. move objects out of reach so that he/she has to move to get to them
- c. Easy problem solving games
- d. Large beads for snapping together, building blocks, stacking and nesting toys, etc.
- e. Provide beginning sign language for infants.

3. Social:

- a. Mirrors provide opportunity for infant to develop self-image
- b. Talk to infant, especially during care giving
- c. Encourage and provide opportunity for self-help skills such as using cup and spoon
- c. Allow infant to interact with the other children

4. Emotional:

- a. Provide for attachment needs as infant needs to develop a Primary relationship
- b. Allow opportunities for uninterrupted concentration
- c. Music for dancing or relaxation