



### Individual Care Plan

Child: _____ D.O.B. _____ Date Completed: _____ Caregiver: _____	As the care plan is updated, a parent must review, date and initial in the space provided here. rev.date _____ initials ____ rev.date _____ initials ____ rev.date _____ initials ____ rev.date _____ initials ____ rev.date _____ initials ____ rev.date _____ initials ____
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Arrival	Departure
Eating	Diapering / Sleeping
Special Instructions	

Parent must sign and date upon completion: \_\_\_\_\_ Date: \_\_\_\_\_  
(Updates will be made as needed-parent can date and initial at the top of this form for updates)