

My Care Plan



When I am feeling well, my _____ (mom/dad) comes in and . . .

- | | |
|--|---|
| <input type="checkbox"/> changes my diaper | <input type="checkbox"/> does NNS (non-nutritive sucking) |
| <input type="checkbox"/> takes my temperature | <input type="checkbox"/> breastfeeds me |
| <input type="checkbox"/> holds my feed | <input type="checkbox"/> bottle feeds me |
| <input type="checkbox"/> holds me (kangaroo style) | <input type="checkbox"/> I like to suck on my pacifier |
| <input type="checkbox"/> bathes me | |

Other:

My Feeding plan: _____

My mom/dad come in: _____

I really like it when: _____

My favorite position is: _____

Thanks for taking great care of me,

Baby's Name: _____



Date: _____