

Intake for Child Under 2 Years – Child Care Centers

Use of form: This form is mandatory for certified providers to comply with 202.08(12)(g). Failure to comply may result in issuance of a noncompliance statement. This form is voluntary for licensed family and group child care centers; however, it meets the requirements of DCF 250.09(1)(c)1. and 251.09(1)(am). This form collects information about children under 2 years of age in order to aid child care workers in individualizing the program of care for the child in a family or group child care center. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

Instructions: This form is to be completed by a parent / guardian and must be on file at the center prior to a child's first day of attendance. Regular updates can be noted. This form should be kept in the room where care is provided. If additional space is needed, attach a separate sheet.

First Day of Attendance (mm/dd/yyyy)

PARENT / CHILD NAME AND ADDRESS

Name – Child (Last, First, MI)

Nickname (If any)

Birthdate (mm/dd/yyyy)

Name – Parent(s) (Last, First, MI)

Telephone Number – Home

Address – Parent(s) (Street, City, State, Zip Code)

HEALTH Note: Health conditions that may affect the care of the child must be recorded in the child's health history record. The form should be shared with any person who provides care for the child.

Child has frequent colds, ear infections, colic, etc. – Describe.

UPDATES

MEALS

Current feeding schedule

Length of time on current schedule

Food type

Breast milk Formula Strained Junior Table Milk type – Specify:

New food timetable

When eating, child is

Held in lap In highchair Other – Specify:

Feeds self

Yes No If "Yes", uses: Spoon Fork Hands

Special feeding problems

Yes No If "Yes" – Specify:

Food allergies

Yes No If "Yes" – Specify:

Favorite foods – Specify

Refused foods – Specify.

UPDATES

SLEEP

Current sleep schedule

Length of time on current schedule

Falls asleep easily

Yes No

Mood upon awakening – Describe

Takes favorite toy(s) to bed – **child over age 1 year**

Yes No If "Yes" – list toy(s):

Sleep position – **child under age 1 year**

Note: Children under age 1 year must be placed to sleep on their back unless a written statement from the child's physician is attached.

Back for children under age 1 year Side or stomach (physician statement attached)

Sleep position – **child age 1 year and older**

Back Side or stomach

UPDATES

DIAPERING / TOILETING

Diaper type

Cloth Disposable

Diapers provided by parent

Yes No

Plastic pants used

Always Never Sometimes If "Sometimes" – Specify:

Highly sensitive skin

Yes No

Frequent diaper rash

Yes No

Lotions, powders, or salves used

Yes No If "Yes", product name(s) – Specify:

Toilet training attempted

Yes No If "Yes", describe routine.

Type of toilet seat used at home

Potty chair Special toilet seat Regular toilet seat

Regular bowel movements

Yes No

How often

Time(s) of day

Toileting problems

Yes No If "Yes" – Describe.

UPDATES

VERBAL COMMUNICATION

Family's spoken language.

English Spanish Hmong Other If "Other" – Specify:

Age child began talking

Child speaks in

Words Sentences

Words used to describe special needs – Specify

UPDATES

COMFORTING

Does child have a fussy time?

Yes No If "Yes" – Specify time.

How is fussy time handled?

Child likes to be:

Held Sung to Rocked Read to Other – Specify:

Special things you say or do to comfort child

UPDATES

SELF-EXPRESSION

What causes your child to feel angry or frustrated?

What frightens your child and how is it shown?

How does your child express feelings of happiness, enjoyment, etc.?

Additional comments

UPDATES

PHYSICAL AND SOCIAL DEVELOPMENT

Is your child able to – (Check all that apply)

Sit up alone Pull up Crawl Walk holding on Walk without support

Yes No Is your child used to playmates?

Comments

UPDATES

MISCELLANEOUS

Child's favorite **indoor** toys and activities – Specify

Child's favorite **outdoor** toys and activities – Specify

By providing complete information about your child, you will be assisting staff in creating a positive experience for him / her while in care. List any information about your child's habits, abilities, or personality that you feel will be helpful to the staff while caring for your child.

UPDATES

SIGNATURE – Parent or Guardian

Date Signed