

## 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

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When eating, child is

Held in lap  In highchair  Other – Specify:

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Feeds self

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

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Special feeding problems

Yes  No If "Yes" – Specify:

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Food allergies

Yes  No If "Yes" – Specify:

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Favorite foods – Specify

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Refused foods – Specify.

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UPDATES

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**SLEEP**

Current sleep schedule

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Length of time on current schedule

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Falls asleep easily

Yes  No

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Mood upon awakening – Describe

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

Yes  No If "Yes" – list toy(s):

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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)

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

Back  Side or stomach

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UPDATES

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**DIAPERING / TOILETING**

Diaper type

Cloth  Disposable

Diapers provided by parent

Yes  No

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Plastic pants used

Always  Never  Sometimes If "Sometimes" – Specify:

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Highly sensitive skin

Yes  No

Frequent diaper rash

Yes  No

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Lotions, powders, or salves used

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

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Toilet training attempted

Yes  No If "Yes", describe routine.

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Type of toilet seat used at home

Potty chair  Special toilet seat  Regular toilet seat

Regular bowel movements

Yes  No

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How often

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Time(s) of day

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Toileting problems

Yes  No If "Yes" – Describe.

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UPDATES

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**VERBAL COMMUNICATION**

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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

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UPDATES

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**COMFORTING**

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Does child have a fussy time?

Yes  No If "Yes" – Specify time.

How is fussy time handled?

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Child likes to be:

Held  Sung to  Rocked  Read to  Other – Specify:

Special things you say or do to comfort child

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UPDATES

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**SELF-EXPRESSION**

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What causes your child to feel angry or frustrated?

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What frightens your child and how is it shown?

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

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Additional comments

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UPDATES

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**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

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UPDATES

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**MISCELLANEOUS**

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

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

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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.

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UPDATES

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**SIGNATURE** – Parent or Guardian

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Date Signed