

Intake for Child Under 2 Years

Use of form: This form is mandatory for family child care centers to comply with DCF 250.09(1)(c)1. and for certified providers to comply with 202.08(12)(a). Failure to comply may result in issuance of a noncompliance statement. This form is voluntary for group child care centers; however, it meets the requirements of DCF 251.09(1)(am). This form collects information about children under age 2 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 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/yy) + +	Child ID (Required)
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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)		

Health Note: Health conditions that may affect the care of the child must be recorded on the department's form, Health History and Emergency Care Plan. 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
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Food Type
 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", uses:

Food allergies
 Yes No If "Yes", uses:

Favorite foods - Specify.

Refused foods - Specify.

UPDATES



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Sleep

Current sleep schedule Length of time on current schedule

Falls asleep easily Yes No Mood upon awaking - 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 over age 1 year**
 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 speaks what language - Specify.
 English Other If "Other" - Specify:

Age child began talking Child speaks in
 Words Sentences

Words used to describe special needs - Specify:

UPDATES

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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

Is your child used to playmates?

Yes No

Comments

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Miscellaneous

Childs favorite **indoor** toys and activities - Specify:

Childs 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