**INTAKE FOR CHILD UNDER 2 YEARS – CHILD CARE CENTERS**

**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)(g). 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 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 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      |
| 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 [ ]  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 |  |