

## 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)(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/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 <input type="checkbox"/> Formula <input type="checkbox"/> Strained <input type="checkbox"/> Junior <input type="checkbox"/> Table <input type="checkbox"/> Milk type – Specify:	
New food timetable	
When eating, child is – <input type="checkbox"/> Held in lap <input type="checkbox"/> In highchair <input type="checkbox"/> Other – Specify:	
Feeds self <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", uses: <input type="checkbox"/> Spoon <input type="checkbox"/> Fork <input type="checkbox"/> Hands	
Special feeding problems <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" – Specify:	
Food allergies <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" – Specify:	
Favorite foods – Specify.	
Refused foods – Specify.	

UPDATES

**SLEEP**

Current sleep schedule	Length of time on current schedule
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Falls asleep easily <input type="checkbox"/> Yes <input type="checkbox"/> No	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):

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 <input type="checkbox"/> Cloth <input type="checkbox"/> Disposable	Diapers provided by parent <input type="checkbox"/> Yes <input type="checkbox"/> No
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Plastic pants used  
 Always  Never  Sometimes If "Sometimes" – Specify:

Highly sensitive skin <input type="checkbox"/> Yes <input type="checkbox"/> No	Frequent diaper rash <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 <input type="checkbox"/> Words <input type="checkbox"/> Sentences
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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?

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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**

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 **indoor** favorite toys and activities – Specify.

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Child's **outdoor** favorite 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