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 Ta	ble Milk type – Speci	fy:		
New food timetable				
When eating, child is –				
Held in lap In highchair Other – Specify:				
Feeds self ☐ Yes ☐ No				
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	9		Length of time on current schedule
Falls asleep easily 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			
	age 1 year must be placed to sleep on their ba	ack unless a written statement from	the child's physician is attached.
Back for children u	nder age 1 year Side or stomach (phy	sician statement attached)	
Sleep position – child		,	
☐ Back ☐ Side o	or stomach		
UPDATES			
DIAPERING / TOILET	ING		
Diaper – type		Diapers provided by parent	
☐ Cloth ☐ Dispos	sable	Yes No	
Plastic pants used			
☐ Always ☐ Never	☐ Sometimes If "Sometimes" – Specify:		
Highly sensitive skin		Frequent diaper rash	
☐ Yes ☐ No		Yes No	
Lotions, powders, or s	alves used		
Yes No If "	Yes", product name(s) – Specify:		
Toilet training attempte	ed		
Yes No If "	Yes", describe routine.		
Type of toilet seat use			
Potty chair	Special toilet seat Regular toilet seat		
Regular bowel movem			
	w often:	Time(s) of day:	
Toileting problems		.,,	
	Yes" – Describe.		
UPDATES			
VEDDAL COMMUNIC	ATION		
VERBAL COMMUNIC Family's spoken langu			
☐ English ☐ Spar			
<u> </u>		Child an aglic in	
Age child began talkin	9	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.
Special tillings you say of do to comfort crilia.
UPDATES
SELF-EXPRESSION (1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.
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
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
OF DATES
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
OI DATEO
SIGNATURE – Parent or Guardian Date Signed