

## 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 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 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**

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**SLEEP**

Current sleep schedule	Length of time on current schedule
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Falls asleep easily	Mood upon awakening – Describe.
Yes    No	

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

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**DIAPERING / TOILETING**

Diaper – type	Diapers provided by parent
Cloth    Disposable	Yes    No

Plastic pants used

Always    Never    Sometimes    If "Sometimes" – Specify:

Highly sensitive skin

Yes    No	Frequent diaper rash
Yes    No	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

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**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?

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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**

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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