

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, allergies or diet specifications, etc. – Describe.

UPDATES

MEALS

Current feeding schedule	Length of time on current schedule
Food type <input type="checkbox"/> Formula <input type="checkbox"/> Breastmilk <input type="checkbox"/> Hormone-free whole cow milk (Casa provides) <input type="checkbox"/> Table <input type="checkbox"/> Milk other 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 <input type="checkbox"/> BPA Free Bottle (Casa provides) <input type="checkbox"/> BPA Free Sippy cup (Casa provides)	
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.	

Approved foods – Please initial and date:

Breakfast (Casa provides):

_____ Infant multigrain cereal
_____ Infant oatmeal cereal
_____ Prunes
_____ Pears
_____ Applesauce

Lunch Purees (Casa provides):

_____ Carrots & apricots
_____ Yellow Squash
_____ Sweet potatoes
_____ Zucchini
_____ Pumpkin (seasonal)
_____ Butternut squash
_____ Mixed veggies

Snack (Casa provides):

_____ Cheese
_____ Bread
_____ Bananas
_____ Yogurt
_____ Organic O's Cereal

Toddler lunch (Casa provides):

_____ My child is 12 months old or older
_____ Except for any allergies or diet specification listed above and documented in my child's file
my child may eat ALL of the foods served in the toddler lunch monthly meal plans.

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 over age 1 year**

Back Side or stomach

UPDATES

Please note: In preparation for the Toddler classrooms, children over the age of 12 months may be transitioned from napping in a crib to napping on a cot. Your signature below authorizes this transition.

DIAPERING / TOILETING

Diaper – type

Cloth (Casa provides) Disposable (Parents provides) Pull-Ups (Parents provides)

Diapers provided by parent

Yes No

Wipes – natural baby wipes

Yes No (Casa provides)

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

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:

May use pacifier? (parents provide)

Yes No Only at nap time

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

Child's **indoor** favorite toys and activities – Specify.

Child's **outdoor** favorite 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. Describe anything you would like us to know about your family's values, beliefs, experiences or language that may influence your child's care:

SIGNATURE – Parent or Guardian

Date Signed