**DEPARTMENT OF CHILDREN AND FAMILIES**
Division of Early Care and Education

# 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

**SLEEP**

| Current sleep schedule | Length of time on current schedule |
|---|---|
| | |

| 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

**DIAPERING / TOILETING**

| Diaper – type | Diapers provided by parent |
|---|---|
| ☐ Cloth ☐ Disposable | ☐ Yes ☐ No |

Plastic pants used

☐ Always ☐ Never ☐ Sometimes If "Sometimes" – Specify:

| Highly sensitive skin | 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

**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:

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 **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.

UPDATES

**SIGNATURE** – Parent or Guardian

Date Signed