DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

dcf.wisconsin.gov

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   ☐ 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 age 1 year and older**

☐ 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's spoken language.

☐ English   ☐ Spanish   ☐ 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 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

SIGNATURE – Parent or Guardian   Date Signed