INTAKE FOR CHILD UNDER 2 YEARS – CHILD CARE CENTERS

Use of form: This form is mandatory for family child care centers to comply with HFS 45.09(1)(c)1. 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 HFS 46.09(1)(a). 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. Personally identifiable information is collected to assist in providing quality child care services and will be used only for this purpose.

Instructions: This form is to be completed by a parent 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 CFS-2345, Health History and Emergency Care Plan. The CFS-2345 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
☐ 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. See HFS 45.09(2)(c) and HFS 46.09(2)(bm).
☐ 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
☐ Cloth ☐ Disposable

Diapers provided by parent
☐ Yes ☐ No

Plastic pants used
☐ Always ☐ Never ☐ Sometimes If "Sometimes" – Specify:

Highly sensitive skin
☐ Yes ☐ No

Frequent diaper rash
☐ Yes ☐ No

Oil, powder or lotion 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

MISCELLANEOUS

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

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

UPDATES

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.

SIGNATURE – Parent

Date Signed