

DEVELOPMENTAL HISTORY AND BACKGROUND INFORMATION

Regulations for licensed childcare facilities require this information to be on file to address the needs of children while in care.

Child's Name: _____ Date of Birth: _____

Please provide information for Infants and Toddlers (marked*) as appropriate to the age of your child.

Developmental History

Age began sitting: _____ crawling: _____ walking: _____ talking: _____

*Does your child pull up? _____ *crawl? _____ *walk with support? _____

Any speech difficulties: _____

Special words to describe needs: _____

Language spoken at home: _____ *Any history of colic: _____

*Does your child use a pacifier or suck thumb? _____ *When? _____

*Does your child have a fussy time? _____ *When? _____

*How do you handle this time? _____

Health

Any known complications at birth? _____

Serious illnesses and/or hospitalizations: _____

Special physical conditions, disabilities: _____

Allergies i.e. asthma, hay fever, insect bites, medicine, food reactions: _____

Regular medications: _____

Eating Habits

Special characteristics or difficulties: _____

*If infant is on a special formula, describe its preparation in detail: _____

Favorite foods: _____

Foods refused: _____

*Is your child fed held in lap? _____ High chair? _____

*Does your child eat with spoon? _____ Fork? _____ Hands? _____

Toilet Habits

*Are disposable or cloth diapers used? _____ *How often is child's diaper changed? _____

*Is there a frequent occurrence of diaper rash? _____

*Are bowel movements regular? _____ *How many per day? _____

*Is there a problem with diarrhea? _____ Constipation? _____

*Has toilet training been attempted? _____

*Please describe any particular procedure to be used for your child at the center:

*What is used at home? Potty chair: _____ Special child seat: _____ Regular Seat: _____

*How does your child indicate bathroom needs (include special words child is familiar with)

Is your child ever reluctant to use the bathroom? _____

Does your child have accidents? _____

Sleeping Habits

*Does your child sleep in a crib? _____ Bed? _____

Does your child become tired or nap during the day (include when and how long)? _____

Please note: The American Academy of Pediatrics has determined that placing a baby on his/her back to sleep reduces the risk of Sudden Infant Death Syndrome (SIDS). SIDS is the sudden and unexplained death of a baby under one year of age. If your child does not usually sleep on his/her back, please contact your pediatrician immediately to discuss the best sleeping position for your baby. Please take the time to discuss your child's sleeping position with your caregiver.

When does your child go to bed at night? _____ and get up in the morning? _____

Describe any special characteristics or needs (stuffed animal, story, mood on waking, etc.)

When children are in care for longer than four hours, an opportunity for children to rest or engage in quiet activities will be provided after lunch time. All children are required to rest on a mat for fifteen minutes. When children choose not to sleep or awaken early, they will be offered a quiet activity for the remainder of the sleep/quiet activity period. Parents must provide labeled sleep material such as a crib sheet, small pillow and small blanket that will be stored at the center for the week and sent home at the end of the week to be laundered. The center will provide a resting mat for children ages 12 months and up that will be cleaned and disinfected each day.

Social Relationships

How would you describe your child? _____

Previous experience with other children/daycare: _____

Reactions to strangers: _____ Able to play alone? _____

Favorite toys and activities: _____

Fears (the dark, animals, etc.): _____

How do you comfort your child? _____

What is the method of behavior management/discipline at home?

What would you like your child to gain from this childcare experience?

DAILY SCHEDULE

Please describe your child's schedule on a typical day. For infants, please include awakening, eating, time out of crib/bed, napping, toilet habits, fussy time, night bedtime, etc.

Is there anything else we should know about your child?

Parent Signature

Date