

## INFANT/TODDLER (BIRTH TO 36 MONTHS) DEVELOPMENT & ROUTINE

We want to provide your child with the best care possible. Please help us to get to know your child by filling out this questionnaire. Thank you!

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Facility \_\_\_\_\_ Room \_\_\_\_\_

### DAILY ROUTINES

#### SLEEPING

Please describe your child's usual bedtime routine (including what *time* and *where* he/she usually sleeps). \_\_\_\_\_

How do you know that your child is sleepy/tired? \_\_\_\_\_

Does your child have any difficulties falling asleep? \_\_\_\_\_ If yes, what is helpful? \_\_\_\_\_

About how many hours of uninterrupted sleep does your child get each night? \_\_\_\_\_

How many times per day does your child nap? \_\_\_\_\_ How many hours on average? \_\_\_\_\_

Does your child sleep with a special blanket, toy, pacifier, song? \_\_\_\_\_

Do you have any concerns about your child's sleep habits? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

#### EATING

Does your child generally enjoy eating? \_\_\_\_\_ Do you consider your child a good eater? \_\_\_\_\_

What are some of your child's favorite foods (temperatures, textures, etc.)? \_\_\_\_\_

Is your child on any special diet? \_\_\_\_\_

If your child has any food allergies, please list here: \_\_\_\_\_

① If child has food allergies, ensure a **Feeding and Nutrition Care Plan** is established and on file.

Are there any other foods you do not want us to offer your child? \_\_\_\_\_

Are there foods from your home/culture that you would like us to offer? \_\_\_\_\_

Do you breastfeed your child?  Yes  No If yes, how often? \_\_\_\_\_

What does your child eat with?  hands  spoon  fork Does your child eat independently?  Yes  No

What does your child use to drink?  bottle (type of nipple: \_\_\_\_\_)  tippy cup  regular cup

Do you have any concerns or questions about your child's eating habits? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

#### TOILETING

Does your child wear diapers? \_\_\_\_\_ If yes, what kind?  disposable  cloth  Pull-ups For naps? \_\_\_\_\_

If no, does your child use the toilet regularly? \_\_\_\_\_ Please explain: \_\_\_\_\_

Families use a variety of words to describe bathroom activities. Indicate the words your family uses for:

urine \_\_\_\_\_ bowel movement \_\_\_\_\_ genital area \_\_\_\_\_

Do you have any questions or concerns about your child's toileting habits? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

#### PLAY

Does your child have a favorite toy/object or song? \_\_\_\_\_

Does your child enjoy playing with others? \_\_\_\_\_ Does your child enjoy playing alone? \_\_\_\_\_

What activities and/or toys does your child enjoy? \_\_\_\_\_

HEALTH

Does your child have any health problems? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Is your child taking any medication(s) regularly? \_\_\_\_\_ If yes, please list: \_\_\_\_\_

① If medications are to be given while in care, ensure a **Medication Administration Form** is utilized and on file for your child.

Does your child have a chronic health condition or specific health needs? (please be specific) \_\_\_\_\_

① If yes, ensure a **Special Health Care Plan** is established and on file for your child.

Does your child have frequent ear infections? \_\_\_\_\_ diarrhea? \_\_\_\_\_

Do you have any concerns about your child's health? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Children in group care may become ill with colds, viruses, etc. several times per year. At times, we are required to ask parents to keep their children out of child care until treatment begins or there are no symptoms. Please see our *Exclusion* policy.

GENERAL DEVELOPMENT

Do you have any concerns about your child's:

- hearing and/or vision? \_\_\_\_\_
- speech and language development? \_\_\_\_\_
- ability to move? \_\_\_\_\_
- overall development? \_\_\_\_\_

What languages are spoken at home? \_\_\_\_\_

What is your family's cultural identification (values, traditions)? \_\_\_\_\_

SOCIAL AND EMOTIONAL DEVELOPMENT

Has your child ever been in group care?  Yes  No If yes, how many different settings? \_\_\_\_\_

How does your child respond in group situations? \_\_\_\_\_

What can we do to help your child adjust to child care? \_\_\_\_\_

How would you describe your child's temperament? \_\_\_\_\_

How does your child communicate his/her needs? \_\_\_\_\_

How do you comfort your child? \_\_\_\_\_

Does your child use a special comforting item (such as a blanket, stuffed animal, doll)? \_\_\_\_\_

Does your child fear certain things? \_\_\_\_\_

How is your child disciplined? \_\_\_\_\_

What works best when you discipline your child? \_\_\_\_\_

Do you have any concerns about your child's social-emotional development or behavior? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

What educational/developmental experiences would you like us to emphasize with your child (for example, language development, social relationships, kindergarten readiness skills, physical or self-help skills, etc.)? \_\_\_\_\_

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_