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: _____
  - ⓘ 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 you child enjoy playing alone? _____
- What activities and/or toys does your child enjoy? _____

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HEALTH

- Does your child have any health problems? _____ If yes, please explain: _____

_____

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

_____

ⓘ 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) _____

_____

ⓘ 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:** _____