



## Developmental History

Does your child:

- Yes  No Crawl?
- Yes  No Walk with support?
- Yes  No Walk without support?
- Yes  No Say audible words?
- Yes  No Speak in 2 or 3 audible sentences?

Do you have developmental concerns about your child?

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How does your child communicate his/her needs?

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## Child's Health

List medications regularly taken and conditions requiring them:

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Describe serious illnesses or hospitalizations:

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Describe special physical conditions, disabilities, allergies, or concerns:

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Does your child have a special need?

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Explain special services and accommodations, which are different from those provided by the center's routine program (i.e. exercises, equipment, materials, or special services personnel):

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### Nutrition Practices and Routines

How is your child fed? Check all that apply:  Breast  Bottle  Cup

List special dietary requests and restrictions:

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Food likes and eating preferences:

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Child eats with:  Spoon  Fork  Fingers  Other: \_\_\_\_\_

Child is fed in:  High chair  At the table  Other: \_\_\_\_\_

Additional Information:

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### Sleeping Routines

Pre-nap/routines/rituals:

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Number of naps daily: \_\_\_\_\_ | From: \_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

What time does your child go to bed at night? \_\_\_\_\_ Wake in the morning? \_\_\_\_\_

At home child sleeps in (Check all that apply):  Crib  Bed  With parents

Child's typical waking behavior/routine/mood:

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Special sleeping concerns:

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### Diapering/Toileting Routines

Is your child toilet trained?  Yes  No  Urination  Bowel  Both

If yes, when did you begin? \_\_\_\_\_

Does your child have accidents?  Yes  No  If yes, how often and when? \_\_\_\_\_

Does your child wear diapers during the day?  Yes  No

Does your child wear diapers while napping?  Yes  No

If yes, what type will you provide?  Cloth  Disposable

Words used for urination:

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Words used for bowel movement:

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Are bowel movements regular?  Yes  No      How often, when?

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Is there a problem with:  Diarrhea  Constipation      Explain:

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What is used at home for toileting?  Potty chair  Special seat  Regular seat      Explain:

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How can we support toilet learning?

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### Comforting Child

Child prefers to be held: \_\_\_\_\_

Security Object (if any): \_\_\_\_\_ Name child uses for object/when needed: \_\_\_\_\_

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Does your child use a pacifier?  Yes  No      If yes, when? \_\_\_\_\_

Describe how adults can comfort your child: \_\_\_\_\_

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### Social Relationships

Has your child had any experience with group care?  Yes  No      If yes, explain:

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Is your child:  Friendly  Aggressive  Shy  Withdrawn      Explain:

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How does your child react to new situations and new children and adults?

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Does your child prefer to play:  Alone  In small groups      Explain:

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Has your child had previous child care experience?:  Yes  No      If yes, explain how it met, or did not meet your expectations:

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Child's favorite toys and activities:

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Does your child have any fears?  Yes  No      Explain:

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### Additional Pertinent Information

To help us care for your child as an individual, please explain your parenting philosophy:

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Is there additional information you feel is important for the staff to know about your child or family?

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What do you as a family hope to get out of this child care experience?

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Sections of this Personal Care Plan will be updated every 3 months or sooner if requested by a parent/guardian.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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