

**DEPARTMENT OF HUMAN RESOURCES  
Child Care Administration**

**ALL ABOUT MY CHILD**

**INSTRUCTIONS**

This tool was developed to help your child care provider support the growth and development of your child while creating a safe, stable, and healthy environment for all children.

**STEP I: INFORMATION TO BE COMPLETED BY THE PARENT/GUARDIAN**

**IDENTIFYING INFORMATION:** Fill in identifying information including your child's nickname.

**THINGS MY CHILD DOES WELL:** Indicate characteristics of your child's behavior and skills which you consider to be things your child does well in the following areas: physical activity, language, self-care, emotional and social. Examples could include your child's problem solving ability, inquisitiveness, expression of thoughts, sharing ability, climbing skills, ability to use a spoon, fork, or drinking cup. Your child care provider can use these examples to help your child develop new skills.

**WHAT MY CHILD LIKES AND DISLIKES:** Indicate your child's likes and dislikes including toys, objects, people, foods and activities. Indicate if fear is associated with any dislikes and discuss with your provider. Making a note of your child's likes and dislikes will help the provider make your child feel more comfortable.

**THINGS I AM WORKING ON WITH MY CHILD:** Let the child care provider know the skills and activities that you consider important for your child to learn and ones that you are working on at home, through school or with a private practitioner. These could include self help skills, language skills, social skills, coordination, large muscle activities and/or behavior skills. The provider may be able to reinforce these efforts and provide consistency when appropriate.

**MY CHILD ENJOYS THESE PHYSICAL ACTIVITIES:** Describe those activities in which your child most enjoys participating, such as circle games, climbing, running or bike riding. This knowledge will help the child care provider plan activities to include your child.

**MY CHILD HAS DIFFICULTY WITH THESE ACTIVITIES:** Indicate if your child dislikes, has difficulty with, or is physically restricted from performing certain activities. Examples of this may include a dislike of playing games with balls, falling frequently when climbing or a restriction from participating in strenuous exercise.

**MY CHILD WILL NEED THE FOLLOWING EQUIPMENT AND/OR ROUTINES:** Indicate if your child needs equipment to participate fully in the program. Equipment may include such things as: glasses, a wheelchair, braces, crutches or other walking aids, a hearing aid, a helmet, a communication board, a nebulizer, special feeding utensils and/or other adaptive devices. If applicable, include directions and demonstrate how the equipment is to be used. Indicate if the child requires any procedures or treatments. These may include: blood glucose monitoring, catheterization, positioning, special exercises, a plan for emergency care and/or a behavior management program. Directions may be provided by the parents, physician, or other professionals.

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ALL ABOUT MY CHILD

INSTRUCTIONS (continued)

**THINGS MY CHILD MIGHT NEED HELP WITH:** Indicate if the child requires individual attention. This may be required only during certain activities or during the entire time the child is in care. Some examples are: help in tying shoes, help in cutting food, or encouragement to participate in group activities or to sit still, reinforcement of a behavior management program or intermittent catheterization. Any need for additional supervision is determined between the parent/guardian and the provider.

**STEP II: THE PROVIDER'S PART**

**WHAT SPECIAL ADAPTATIONS WILL THE PROGRAM MAKE AT THIS TIME?** (*For the use of the provider when necessary*): In addition to the established provisions of the program, indicate any modification of the program necessary to meet the unique needs of this child. Examples may include: adding activities that this child especially likes or performs well, providing extra supervision when child is performing difficult activities, removing anything to which the child is allergic, rescheduling activities so that they do not interfere with any treatments, moving furniture to accommodate wheelchairs and adapting activities so the child will be included. Decisions may be made in cooperation with the parent/guardian.

**STEP III: USE OF THE INFORMATION GATHERED**

**ONGOING:** The provider should be familiar with the information gathered on this form before working with the child. *All information collected shall be confidential. Written parental permission must be obtained prior to sharing this information with anyone other than the provider(s) and the Child Care Administration's licensing specialist. The information needs to be updated as the child's needs(s) change or at a minimum, annually.* Revision of program plans can occur at any time based on observations of the child or updated evaluations (it may be helpful to make updates in a different color ink). It is important that the parent/guardian and provider devote time to discuss the child's day-to-day behavior and participation in activities. By doing this routinely, problems can be prevented.

**DAILY:** The provider/staff must have daily access to each child's personal information in order to adequately provide for the safety and care of each child. The information may be used to schedule procedures, treatments, program modifications, and/or additional supervision. The provider plans the program of activities to enable each child to participate with the group as much as possible.

**ANNUALLY:** This information must be reviewed and updated *at least once a year* by the parent. The parent/guardian and provider must initial and date the form when it is reviewed each year.

**MARYLAND STATE DEPARTMENT OF EDUCATION  
Office of Child Care**

**ALL ABOUT:** \_\_\_\_\_  
Child's First Name or Nickname

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Provider/Center: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

The information contained herein is for CONFIDENTIAL USE ONLY.

**THINGS MY CHILD DOES WELL**

**WHAT MY CHILD LIKES AND DISLIKES**

**THINGS I AM WORKING ON WITH MY CHILD**

**MY CHILD ENJOYS THESE PHYSICAL ACTIVITIES**

**MY CHILD HAS DIFFICULTY WITH THESE ACTIVITIES**

**MY CHILD WILL NEED THE FOLLOWING EQUIPMENT AND/OR ROUTINES**

**THINGS MY CHILD MIGHT NEED HELP WITH**

**WHAT SPECIAL ADAPTATIONS WILL THE PROGRAM MAKE AT THIS TIME?**

(For the use of the Child Care Facility when needed.)

This information is intended for use by the child care provider, developed in cooperation with the parents. **THIS IS NOT INTENDED TO BE A LEGALLY BINDING CONTRACT.**

Signatures:

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

Provider: \_\_\_\_\_ Date: \_\_\_\_\_

Updates:

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

Provider: \_\_\_\_\_ Provider: \_\_\_\_\_