

Ohio Department of Job and Family Services  
**BASIC INFANT INFORMATION**  
**FOR CHILD CARE CENTERS AND TYPE A HOMES**

This information should be completed by the parents prior to the child's first day at the center. This information should be updated periodically as the infant's needs change.					
Child's Name			Nickname		
Child's Date of Birth			Siblings		
What are you feeding your infant? <i>(Check all that apply)</i>					
<input type="checkbox"/> Liquid foods (formula brand)					
<input type="checkbox"/> Breast milk					
Amount of feedings			Frequency of feedings		
My infant likes a bottle warmed: (Check one) <input type="checkbox"/> Room temp <input type="checkbox"/> Warm <input type="checkbox"/> Very warm/NOT HOT					
Juice (type, amount, when?)					
Does child use a cup yet? <input type="checkbox"/> No <input type="checkbox"/> Yes					
Solid foods <i>(baby food, brand, types, amounts, frequency)</i>					
Are foods served room temperature or warmed?					
Table food <i>(types, amounts, frequency, special instructions)</i>					
Formula preparation <i>(if center is to prepare.)</i>					
How frequently should staff check/change your child's diaper?					
Security items <i>(pacifier, blankies, etc.)</i>					
Nap schedule					
Hints for getting baby to sleep.					
Sleeping position <input type="checkbox"/> Back <input type="checkbox"/> Side* <input type="checkbox"/> Tummy* <i>*You must secure a sleep position waiver from your child's physician if your baby is to sleep on their tummy or side. Please contact the center administrator for this form.</i>					
Allergies					
Special precautions					
Any additional information about your child that would be helpful or you would like staff to know.					
Parent Signature				Date	
Primary Caregiver Signature				Date	
Date form last updated					