

Ohio Department of Job and Family Services
BASIC INFANT INFORMATION FOR CHILD CARE

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|--|--|--|-----------------------|------|--|
| <p>This information should be completed by the parents prior to the child's first day. This information should be updated periodically as the infant's needs change.</p> | | | | | |
| Child's Name | | | Nickname | | |
| Child's Date of Birth | | | Siblings | | |
| <p>What are you feeding your infant? <i>(Check all that apply)</i></p> <p> <input type="checkbox"/> Formula (include brand) <input type="checkbox"/> Breast milk </p> | | | | | |
| Formula preparation <i>(if center/provider is to prepare.)</i> | | | | | |
| Amount for each feeding | | | Frequency of feedings | | |
| <p>My infant likes a bottle warmed: <i>(Check one)</i></p> <p style="text-align: center;"> <input type="checkbox"/> Room temp <input type="checkbox"/> Warm <input type="checkbox"/> Very warm/NOT HOT </p> | | | | | |
| Juice <i>(type, amount, when?)</i> | | | | | |
| <p>Does child use a cup yet? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> | | | | | |
| <p>Solid foods <i>(baby food, brand, types, amounts, frequency)</i></p> <p><i>*you must have written permission from your child's physician if your child is under 4 months and given solid foods.</i></p> | | | | | |
| Are foods served room temperature or warmed? | | | | | |
| Table food <i>(types, amounts, frequency, special instructions)</i> | | | | | |
| Security items <i>(pacifier, blankies, etc.)</i> | | | | | |
| Nap schedule | | | | | |
| Hints for getting baby to sleep | | | | | |
| <p>Sleeping Position <input type="checkbox"/> Back <input type="checkbox"/> Side* <input type="checkbox"/> Tummy*</p> <p><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/provider for a JFS 01235.</i></p> | | | | | |
| 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 | | | | | |