

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

<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) <span style="float: right;"><input type="checkbox"/> Breast milk</span></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>      <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>  <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					