

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? *(Check all that apply)*

Liquid foods (formula brand)

Breast milk

Amount of feedings	Frequency of feedings
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My infant likes a bottle warmed: (Check one)     Room temp     Warm     Very warm/NOT HOT

Juice (type, amount, when?)

Does child use a cup yet?     No     Yes

Solid foods *(baby food, brand, types, amounts, frequency)*

Are foods served room temperature or warmed?

Table food *(types, amounts, frequency, special instructions)*

Formula preparation *(if center is to prepare.)*

How frequently should staff check/change your child's diaper?

Security items *(pacifier, blankies, etc.)*

Nap schedule

Hints for getting baby to sleep.

Sleeping position     Back     Side\*     Tummy\*    *\*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.*

Allergies

Special precautions

Any additional information about your child that would be helpful or you would like staff to know.

Parent Signature	Date
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Primary Caregiver Signature	Date
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Date form last updated					
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