

Ohio Department of Children and Youth
BASIC INFANT INFORMATION FOR CHILD CARE

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.					
Child's Name			Nickname		
Child's Date of Birth			Siblings		
What are you feeding your infant? <i>(Check all that apply)</i>					
☐ Formula (include brand)			☐ Breast milk		
Formula preparation <i>(if center/provider is to prepare.)</i>					
Amount for each feeding			Frequency of feedings		
My infant likes a bottle warmed: <i>(Check one)</i> ☐ Room temp ☐ Warm ☐ Very warm/NOT HOT					
Juice <i>(type, amount, when?)</i>					
Does child use a cup yet? ☐ No ☐ Yes					
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>					
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					
Sleeping Position ☐ Back ☐ Side* ☐ 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/provider for a DCY 01235.</i>					
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					