

Ohio Department of Job and Family Services
FAMILY INFORMATION
FOR STEP UP TO QUALITY PROGRAMS (SUTQ)

By providing complete information about your child, you will be assisting staff in creating a positive experience for him / her while in care. List any information about your child's habits, abilities or personality that you feel will be helpful to the staff who care for your child.

Child's Name (Last)	Child's Name (First)	Nickname (if any)

Who is in the child's family?	
Who lives at home with your child?	
What is the primary language spoken in your child's home?	
Are there any special family arrangements, such as shared parenting, living in two homes, or custody specifications, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No? Additional Details?	
Are there any changes or transitions that your child has recently experienced or is experiencing? (moved from crib to bed, divorce, new home, death of family member, friend or pet) <input type="checkbox"/> Yes <input type="checkbox"/> No? Additional Details?	
Are there any cultural or religious practices of your family of which we should be aware? (dietary restrictions, clothing, head coverings, etc.)	
Do you have any pets at home? If so, what are they and what are their names?	
Has your child had a previous care arrangement? <input type="checkbox"/> Yes <input type="checkbox"/> No? Additional Details? (center based, in home, with family, with parents, etc.)	
How often does your child drink during the day (milk, juice, water, etc.)?	
Does your child have any favorite foods?	

Please explain the process used.

Does your child need assistance when using the toilet? If so, how?

What words, gestures or signs does your child use if he/she needs to use the bathroom?

What time does your child normally go to bed at night and wake up in the morning?

What time(s) and for how long does your child usually nap?

Does your child have trouble sleeping? (Night terrors, trouble going to sleep, etc.)

What might you and/or your child be anxious about as he/she starts in this program?

What are you and/or your child excited about as he/she starts in this program?

What are your expectations of this program?

What other information would be helpful for the staff caring for your child to know?

Parent Signature:	Date:
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