

## A Child's World Learning Center Infant Information Form

Child's Information:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Special needs/allergies/fears/fussy times: \_\_\_\_\_

Best way to comfort your child? \_\_\_\_\_

Specify types and amounts of ointments, powders, or other items to be used during diapering, outdoors, or other: \_\_\_\_\_

Diaper Changing: I would prefer that my child be changed:  Every hour  Every two hours

\*Diapers are also changed on an as-needed basis

We follow the recommendation of the American Academy of Pediatrics to place infants to sleep on their backs. Parents who choose to make an exception to this rule must obtain written permission from their child's pediatrician. Please see the Center Director for a waiver form. Infants older than six months may sleep on their stomach with a waiver filled out by a parent/guardian.

Does your child use any of the following:

Blanket  Thumb  Pacifier  Animal  Other \_\_\_\_\_

Infant Feeding Schedule: Please list foods, amount, and approximate mealtimes					
Example:					
9am					
3 oz. fruit					
$\frac{1}{4}$ cup cereal					
6 oz. formula					

**Note:** Infants should be fed the first meal at home prior to arrival at the center. A daily report is provided each day for recording feeding, diapering, and activities and for daily communication between family and the center. Please complete the section that records the infant's most recent feeding time.

Signed: \_\_\_\_\_

Parent/Guardian Signature

Date: \_\_\_\_\_

# A Child's World Learning Center Infant Feeding Schedule

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date: \_\_\_\_\_

### Instructions

1. Food/Bottles brought daily (quantity): \_\_\_\_\_

2. Instructions for feeding:

A. Bottles (breast milk, formula, milk, juice, water) \_\_\_\_\_  
\_\_\_\_\_

B. Food (baby food, cereal, table food) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. I plan to nurse: (approximate times) \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

### Changes in Schedule (must be recorded as eating habits change)

Food:	Date to Introduce:	New Instructions:	Parent or Staff Signature:
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Milk (whole) \_\_\_\_\_

Baby Food \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Juice \_\_\_\_\_

Cereal \_\_\_\_\_

Table Food \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* Must be completed for all children less than 15 months old

North Carolina Department of Health and Human Services  
Division of Public Health  
Women's & Children's Health Section  
Nutrition Services Branch  
Child and Adult Care Food Program  
**Provision of Breastmilk or Infant Formula and Solid Foods**

Institution/Facility Name: \_\_\_\_\_

Please select from the following choice(s):

**I will breastfeed my infant on-site and/or provide expressed breastmilk.**

The Child and Adult Care Food Program (CACFP) encourages and supports breastfeeding. The American Academy of Pediatrics (AAP) recommends exclusively breastfeeding and/or provision of expressed breastmilk for six months; and continued breastfeeding after six months with the introduction of solid foods until at least one year. There is no age limit on breastfeeding or provision of expressed breastmilk. Mothers and infants/children may continue to breastfeed as long as mutually desirable. The North Carolina CACFP aims to help families meet their breastfeeding goals. For breastfeeding support, contact your county's Women, Infant, and Children (WIC) agency or visit [www.zipmilk.org](http://www.zipmilk.org) to find local breastfeeding resources.

**I will accept the iron-fortified formula provided by the institution/facility.**

The facility offers: \_\_\_\_\_  
Enter the name of the Iron-Fortified Infant Formula Provided by this institution/facility

I give permission for this institution/facility to prepare my infant's formula. When breastmilk is not available, infants must receive iron-fortified formula until 12 months of age. It is the parent's or guardian's choice to accept the formula provided by the institution/facility or provide an alternative formula.

*NOTE: Infants receiving formula through the WIC Program are also eligible to receive formula from this center or day care home*

**I decline the iron-fortified formula provided by the institution/facility**

I will provide my infant with the following formula: \_\_\_\_\_

*NOTE: If providing formula, it must be iron-fortified. If the formula provided is a special formula, a medical statement will be requested.*

**My infant is developmentally ready to accept solid foods and is around 6 months of age. I want the institution/facility to provide solid food(s) allowed under 7 § C.F.R. 226.20 (b) and policy memo 17-01.**

It is important to delay the introduction of solid foods until around 6 months of age as most infants are not developmentally ready to safely consume them. There is no single, direct signal to determine when an infant is developmentally ready to accept solid foods. An infant's readiness depends on his or her unique rate of development. Centers and day care homes should be in constant communication with parents/guardians about when and what solid foods should be served while the infants are in their care. The AAP provides the following guidance to help determine if your infant is ready for solid foods.

Check all, if any, that apply to your infant:

- My infant can sit in a high chair, feeding seat, or infant seat with good head control.
- My infant is watching me and others eat, reaching for food, and seems eager to be fed.
- My infant can move food from a spoon into the throat and does not push it out of the mouth and/or dribbles onto his or her chin.
- My infant has doubled his or her birth weight and now weighs around 13 pounds or more.

Infant's Name: \_\_\_\_\_

Infant's Age: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE TO PARENTS:** When a parent or guardian chooses to provide breastmilk (expressed breastmilk or breastfeed on-site) or a creditable infant formula and the infant is consuming solid foods, the center or day care home must supply all other required meal components for the meal to be reimbursable.

**NOTE TO INSTITUTION/FACILITY:** This document is required for all enrolled infants.

## A Child's World Learning Center Infant/Toddler Safe Sleep Policy

Sudden Infant Death Syndrome (SIDS) is the unexpected death of a seemingly healthy baby for whom no cause of death can be determined based on an autopsy, an investigation of the place where the baby died and a review of the baby's clinical history. Child care providers can maintain safe safer sleep environments for babies that help lower the chances of SIDS. North Carolina law requires that child care providers caring for children 12 months of age or younger implement a safe sleep policy, share information, and participate in training. In the belief that proactive steps can be taken to lower the risks of SIDS in child care and that parents and child care providers can work together to keep babies safer while they sleep, this facility will practice the following safe sleep policy.

### Safe Sleep Practices\*

1. All child care staff working in this room, or child care staff who may potentially work in this room, will receive training on our Infant/Toddler Safe Sleep Policy.
2. Infants will always be placed on their backs to sleep.
3. The American Academy of Pediatrics recommends that babies are placed on their back to sleep, but when babies can easily turn over from the back to the stomach, they can be allowed to adopt whatever position they prefer for sleep.
4. We will follow this recommendation by the American Academy of Pediatrics. However, child care staff can further discuss with parents how to address circumstances when the baby turns onto their stomach or side.
5. We will visually check sleeping infants every 15 minutes. The sleep information will be recorded on a Sleep Chart, which will be kept on file for one month after the reporting month. We will check to see if the infant's skin color is normal, watch the rise and fall of the chest to observe breathing, and look to see if the infant is sleeping soundly. We will check the infant for signs of overheating including flushed skin color, body temperature by touch, and restlessness.
6. Steps will be taken to keep babies from getting too warm or overheating by regulating the room temperature and not over-dressing the baby.

### Safe Sleep Environment

7. Room temperature will be kept between 65-75 degrees F and a thermometer kept in the infant room.
8. We will only allow DCDEE-approved sleep sacks to be used in the cribs or infant sleep space.
9. No loose bedding, positioning devices (i.e. wedges), pillows, bumper pads, etc. will be used in cribs/sleep spaces.
10. Toys and stuffed animals are not allowed in the cribs/sleep spaces. Pacifiers will be removed when they fall out of the infant's mouth. Pacifier clips will not be used while the child is in the crib or sleep space.
11. A safety-approved crib with a firm mattress and tight fitting sheet will be used.
12. Only one infant will be in a crib at a time, unless we are evacuating infants in an emergency, or traveling within school premises for outside play.
13. Infants over six months of age may sleep on a mat or cot if developmentally ready. All sleep policies regarding cribs apply to mats/cots for all children under twelve months of age.
14. No smoking is permitted in the infant room or on the premises.
15. All parents/guardians of infants cared for in the infant room will receive a written copy of our Infant/Toddler Safe Sleep Policy before enrollment.
16. To promote healthy development, awake infants will be given supervised "tummy time" for exercise and for play.

### Best Practices

1. All staff will participate in Responding to an Unresponsive Infant practice drills twice each year, in April and October, in conjunction with fire drills.

I, the undersigned parent or guardian of \_\_\_\_\_ (child's full name), do hereby state that I have read and received a copy of the facility's Infant/Toddler Safe Sleep Policy and that a designated staff member from the facility has discussed the safe sleep policy with me.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Child Care Provider: \_\_\_\_\_ Date: \_\_\_\_\_

*\*In very limited cases, an exception may be made to this policy based on the specific medical needs of an individual child, as specified by the child's pediatrician and supported by appropriate documentation.*

Revised 04/2018