

## 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

**CHILD AND ADULT CARE FOOD PROGRAM  
PROVISION OF BREASTMILK OR  
INFANT FORMULA AND PROVISION OF BABY FOOD**

Name of child care provider or center \_\_\_\_\_

This institution/facility offers \_\_\_\_\_ formula for infants  
(Iron-Fortified Formula name must be filled in by institution/facility)  
through the Child and Adult Care Food Program. It is a parental choice whether or not  
to use this formula based on you and your infant's needs.\*

Please select from (√) the following choice(s):

\_\_\_\_\_ I will provide breastmilk for my infant.

\_\_\_\_\_ I will use the iron-fortified formula offered by this facility. I give permission for the  
formula to be mixed and/or bottles to be prepared for my infant by this facility's  
staff.

\_\_\_\_\_ I will not use the iron-fortified formula offered by this facility.  
If not, which formula will you send for your infant? \_\_\_\_\_  
If the formula you provide is a special formula, a medical statement will be  
requested.

\_\_\_\_\_ My infant is four (4) months old or older and is developmentally ready for baby  
foods. I want the institution/facility to provide the following baby food(s) for my  
infant, which are allowed under 7CFR §226.20 (b) (2) (3) (4).

Allowable foods for infants are: iron-fortified infant cereal, fruit, vegetable, meats  
or meat alternates, enriched or whole grain bread and crackers. Foods shall be  
of appropriate texture and consistency to meet developmental needs.  
Baby foods provided by institution/facility must be in compliance with the infant  
meal pattern as required by 7CFR §226.20.

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

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

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

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*\*Note to parents who are getting formula through the WIC Program: Your baby is eligible to get formula from this child  
care institution/facility as well as from the WIC Program. It is your decision which formula you want your baby to use when  
she/he is at child care. If you find that you are getting more formula than your baby needs, you may wish to talk with your  
WIC nutritionist or your child care institution/facility.*

## **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 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 15-20 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, avoiding excess bedding, and not over-dressing or over-wrapping the baby.

### **Safe Sleep Environment**

7. Room temperature will be kept between 68-75 degrees F and a thermometer kept in the infant room.
8. We will only allow sleep sacks to be used in the cribs.
9. No loose bedding, positioning devices (i.e. wedges), pillows, bumper pads, etc. will be used in cribs.
10. Toys and stuffed animals are not allowed in the cribs. Pacifiers will be removed when they fall out of the infant's mouth. Pacifier clips will not be used while the child is sleeping.
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. No smoking is permitted in the infant room or on the premises.
14. 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.
15. 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: \_\_\_\_\_