



Infant Room Nursery Procedures

1. All bottles must have lids. All bottles must be labeled with the current date and your child's first name or initials.
2. You must keep 3 complete changes of clothing (weather appropriate) in their cubby. AT ALL TIMES. Do not forget socks and extra pacifiers.
3. We ask that you keep extra wipes and diapers in the classroom.
4. Please inform the teachers when your baby transitions from milk to table food/Step 2 foods.
5. Diaper bags and car seats are not permitted in the infant room.
6. Permission forms must be completed for medications and diaper creams. Medications and diaper creams must be current
7. We provide all blankets, bibs, sheets, and table food.
8. SFQCC uses Sam's Club/Enfamil with Iron formula. *(If you would like to provide different formula it needs to be prepared before it is brought in)*
9. We ask that you do not put hair in barrettes. This is a choking hazard.
10. If your child shows signs of illness (including fever of 100.4 or higher), a parent/guardian would be asked to pick up.
11. If your child reaches the age where they are pulling up and trying to walk, we ask that you put shoes on them.
12. Daily reports will be sent home every afternoon. **Please read them**, we put reminders on them of things your child may need and to let you know about their day.
13. Please knock on the door before entering the Nursery.

Nursery room closes at 5:30 pm
(There is a \$3.00 per minute late charge after 5:30pm)

I have read and understand the above Nursery Procedures.

Parent/Guardian Signature: _____

Date: _____

Infant Feeding Plan

As your child's caregivers, an important part of our job is feeding your baby. The information you provide below will help us to do our very best to help your baby grow and thrive. **Page two of this form must be completed and posted for quick reference for all children under 15 months of age.**

Child's name: _____

Birthday: _____

m m / d d / y y y y

Parent/Guardian's name(s): _____

Did you receive a copy of our "Infant Feeding Guide?" Yes No

If you are breastfeeding, did you receive a copy of:

"Breastfeeding: Making It Work?" Yes No

"Breastfeeding and Child Care: What Moms Can Do?" Yes No

TO BE COMPLETED BY PARENT

At home, my baby drinks (check all that apply):

- Mother's milk from (circle)
Mother bottle cup other
- Formula from (circle)
bottle cup other
- Cow's milk from (circle)
bottle cup other
- Other: _____ from (circle)
bottle cup other

How does your child show you that s/he is hungry?

How often does your child usually feed?

How much milk/formula does your child usually drink in one feeding?

Has your child started eating solid foods?

If so, what foods is s/he eating?

How often does s/he eat solid food, and how much?

TO BE COMPLETED BY TEACHER

Clarifications/Additional Details:

At home, is baby fed in response to the baby's cues that s/he is hungry, rather than on a schedule? Yes No

If NO,

- I made sure that parents have a copy of the "Infant Feeding Guide" or "Breastfeeding: Making it Work"
- I showed parents the section on reading baby's cues

Is baby receiving solid food? Yes No

Is baby under 6 months of age? Yes No

If YES to both,

- I have asked: Did the child's health care provider recommend starting solids before six months?

Yes No

If NO,

- I have shared the recommendation that solids are started at about six months.

Handouts shared with parents:

Child's name: _____

Birthday: _____

m m / d d / y y y

Tell us about your baby's feedings at our center.

I want my child to be fed the following foods while in your care:

	Frequency of feedings	Approximate amount per feeding	Will you bring from home? (must be labeled and dated)	Details about feeding
Mother's Milk				
Formula				
Cow's milk				
Cereal				
Baby Food				
Table Food				
Other (describe)				

I plan to come to the center to nurse / feed my baby at the following time(s): _____

My usual pick-up time will be: _____

If my baby is crying or seems hungry shortly before I am going to arrive, you should do the following (choose as many as apply):

hold my baby use the teething toy I provided use the pacifier I provided
 rock my baby give a bottle of milk other Specify: _____

I would like you to take this action _____ minutes before my arrival time.

At the end of the day, please do the following (choose one):

Return all thawed and frozen milk / formula to me. Discard all thawed and frozen milk / formula.

We have discussed the above plan, and made any needed changes or clarifications.

Today's date: _____

Teacher Signature: _____ Parent Signature _____

Any changes must be noted below and initialed by both the teacher and the parent.

Date	Change to Feeding Plan (must be recorded as feeding habits change)	Parent Initials	Teacher Initials



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In Collaboration With:

*NC Department of Health and Human
Services
NC Child Care Health and Safety Resource
Center
NC Infant Toddler Enhancement Project*

Medication Administration Permission for Over-the-Counter Topical Medications and Fluoridated Toothpaste

Parent/guardian must authorize staff to apply over-the-counter, topical ointments, topical teething ointment or gel, insect repellents, lotions, creams, powders and fluoridated toothpaste. Sunscreen and baby lotion are examples. Only accept items in their original containers and clearly labeled with the child’s name. Keep insect repellents in locked storage and all other items out of reach of children when not in use.

Child’s Name _____

Permission is given to apply the following (name/type) _____

Amount _____ Expiration date, if applicable _____

Fluoridated toothpaste should be a rice sized smear for children under 3 and pea sized for children 3 and over.

Permission may be given for up to 12 months. Permission valid from ____/____/____ to ____/____/____

Where to apply the ointment, repellent, lotion, cream, powder or fluoridated toothpaste:

- all exposed skin diaper area other (specify) _____
- face only toothbrush

When to apply the ointment, repellent, lotion, cream, or powder:

- before going outside after each diaper change other/as needed for (specify) _____
- after a bowel movement before tooth brushing

Describe how to apply the ointment, repellent, lotion, cream, or powder. _____

I give permission to my child care provider to apply the medication listed above as instructed:

Parent/guardian name

Parent/guardian signature

Date

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Parent/guardian name

Parent/guardian signature

Date



Infant/Toddler Safe Sleep Policy



A safe sleep environment for infants reduces the risk of sudden infant death syndrome (SIDS) and other sleep related infant deaths. According to N.C. Law, child care providers caring for infants 12 months of age or younger are required to implement a safe sleep policy and share the policy with parents/guardians and staff.

_____ (facility name) implements the following safe sleep policy:

Safe Sleep Practices

- We train all staff, substitutes, and volunteers caring for infants aged 12 months or younger on how to implement our Infant/Toddler Safe Sleep Policy.
- We always place infants under 12 months of age on their backs to sleep, unless:
 - **the infant is 6 months or younger** and a signed ITS-SIDS Alternate Sleep Position Health Care Professional Waiver is in the infant's file and a notice of the waiver is posted at the infant's crib.
 - **the infant is 6 months or older** (choose one)
 - We do not accept the ITS-SIDS Alternate Sleep Position Parent Waiver.*
 - We accept the ITS-SIDS Alternate Sleep Position Parent Waiver.

We retain the waiver in the child's record for as long as they are enrolled.
- We place infants on their back to sleep even after they are able to independently roll back and forth from their back to their front and back again. We then allow the infant to sleep in their preferred position.
 - We document when each infant is able to roll both ways independently and communicate with parents. We put a notice in the child's file and on or near the infant's crib.*
- We visually check sleeping infants every 15 minutes and record what we see on a Sleep Chart. The chart is retained for at least one month.
 - We check infants 2-4 month of age more frequently.*
- We maintain the temperature between 68-75°F in the room where infants sleep.
 - We further reduce the risk of overheating by not over-dressing infants*
- We provide infants supervised tummy time daily. We stay within arm's reach of infants during tummy time.
- We follow N.C Child Care Rules .0901(j) and .1706(g) regarding breastfeeding.
 - We further encourage breastfeeding in the following ways: _____

Safe Sleep Environment

- We use Consumer Product Safety Commission (CPSC) approved cribs or other approved sleep spaces for infants. Each infant has his or her own crib or sleep space.
- We do not allow pacifiers to be used with attachments.
- Safe pacifier practices:
 - We do not reinsert the pacifier in the infant's mouth if it falls out.*
 - We remove the pacifier from the crib once it has fallen from the infant's mouth.*
- We do not allow infants to be swaddled.
 - We do not allow garments that restrict movement.*
- We do not cover infants' heads with blankets or bedding.
- We do not allow any objects other than pacifiers such as, pillows, blankets, or toys in the crib or sleep space.
- Infants are not placed in or left in car safety seats, strollers, swings, or infant carriers to sleep.
- We give all parents/guardians of infants a written copy of this policy before enrollment. We review the policy with them and ask them to sign the policy.
 - We encourage families to follow the same safe sleep practices to ease infants' transition to child care.*
- Posters and policies:
 - **Family child care homes:** We post a copy of this policy and a safe sleep practices poster in the infant sleep room where it can easily be read.
 - **Centers:** We post a copy of this policy in the infant sleep room where it can easily be read.
 - We also post a safe sleep practices poster in the infant sleep room where it can easily be read.*

Communication

- We inform everyone if changes are made to this policy 14 days before the effective date.
 - We review the policy annually and make changes as necessary.*

*Best practice recommendation.

Effective date: 6/18/2018 Review date(s): 6/18/2019, 6/20/2020 Revision date(s): _____
6/20/2021, 6/1/2022

I, the parent/guardian of _____ (child's name), received a copy of the facility's Infant/Toddler Safe Sleep Policy. I have read the policy and discussed it with the facility director/operator or other designated staff member.

Child's Enrollment Date: _____ Parent/Guardian Signature: _____ Date: _____

Facility Representative Signature: _____ Date: 6/18/2018

Prevention of Shaken Baby Syndrome and Abusive Head Trauma SAMPLE Policy

Belief Statement

We, SFQCC & SFQCC II (name of facility), believe that preventing, recognizing, responding to, and reporting shaken baby syndrome and abusive head trauma (SBS/AHT) is an important function of keeping children safe, protecting their healthy development, providing quality child care, and educating families.

Background

SBS/AHT is the name given to a form of physical child abuse that occurs when an infant or small child is violently shaken and/or there is trauma to the head. Shaking may last only a few seconds but can result in severe injury or even death¹. According to North Carolina Child Care Rule (child care centers, 10A NCAC 09 .0608, family child care homes, 10A NCAC 09 .1726), each child care facility licensed to care for children up to five years of age shall develop and adopt a policy to prevent SBS/AHT².

Procedure/Practice

Recognizing:

- Children are observed for signs of abusive head trauma including irritability and/or high pitched crying, difficulty staying awake/lethargy or loss of consciousness, difficulty breathing, inability to lift the head, seizures, lack of appetite, vomiting, bruises, poor feeding/sucking, no smiling or vocalization, inability of the eyes to track and/or decreased muscle tone. Bruises may be found on the upper arms, rib cage, or head resulting from gripping or from hitting the head.

Responding to:

- If SBS/ABT is suspected, staff will³:
 - Call 911 immediately upon suspecting SBS/AHT and inform the director.
 - Call the parents/guardians.
 - If the child has stopped breathing, trained staff will begin pediatric CPR⁴.

Reporting:

- Instances of suspected child maltreatment in child care are reported to Division of Child Development and Early Education (DCDEE) by calling 1-800-859-0829 or by emailing webmasterdcd@dhhs.nc.gov.
- Instances of suspected child maltreatment in the home are reported to the county Department of Social Services. Phone number: _____

Prevention strategies to assist staff* in coping with a crying, fussing, or distraught child

Staff first determine if the child has any physical needs such as being hungry, tired, sick, or in need of a diaper change.

If no physical need is identified, staff will attempt one or more of the following strategies⁵:

- Rock the child, hold the child close, or walk with the child.
- Stand up, hold the child close, and repeatedly bend knees.
- Sing or talk to the child in a soothing voice.
- Gently rub or stroke the child's back, chest, or tummy.
- Offer a pacifier or try to distract the child with a rattle or toy.
- Take the child for a ride in a stroller.
- Turn on music or white noise.
- Other _____
- Other _____

In addition, the facility:

- Allows for staff who feel they may lose control to have a short, but relatively immediate break away from the children⁶.
- Provides support when parents/guardians are trying to calm a crying child and encourage parents to take a calming break if needed.
- Other _____

Prevention of Shaken Baby Syndrome and Abusive Head Trauma SAMPLE Policy

Prohibited behaviors

Behaviors that are prohibited include (but are not limited to):

- shaking or jerking a child
- tossing a child into the air or into a crib, chair, or car seat
- pushing a child into walls, doors, or furniture

Strategies to assist staff members understand how to care for infants

Staff reviews and discusses:

- The five goals and developmental indicators in the 2013 North Carolina Foundations for Early Learning and Development, ncchildcare.nc.gov/PDF_forms/NC_Foundations.pdf
- How to Care for Infants and Toddlers in Groups, the National Center for Infants, Toddlers and Families, www.zerotothree.org/resources/77-how-to-care-for-infants-and-toddlers-in-groups
- Including Relationship-Based Care Practices in Infant-Toddler Care: Implications for Practice and Policy, the Network of Infant/Toddler Researchers, pages 7-9, www.acf.hhs.gov/sites/default/files/opre/nitr_inquire_may_2016_070616_b508compliant.pdf

Strategies to ensure staff members understand the brain development of children up to five years of age

All staff take training on SBS/AHT within first two weeks of employment. Training includes recognizing, responding to, and reporting child abuse, neglect, or maltreatment as well as the brain development of children up to five years of age. Staff review and discuss:

- Brain Development from Birth video, the National Center for Infants, Toddlers and Families, www.zerotothree.org/resources/156-brain-wonders-nurturing-healthy-brain-development-from-birth
- The Science of Early Childhood Development, Center on the Developing Child, developingchild.harvard.edu/resources/inbrief-science-of-eed/

Resources

List resources such as a staff person designated to provide support or a local county/community resource:

Parent web resources

- The American Academy of Pediatrics: www.healthychildren.org/English/safety-prevention/at-home/Pages/Abusive-Head-Trauma-Shaken-Baby-Syndrome.aspx
- The National Center on Shaken Baby Syndrome: <http://dontshake.org/family-resources>
- The Period of Purple Crying: <http://purplecrying.info/>
- Other _____

Facility web resources

- Caring for Our Children, Standard 3.4.4.3 Preventing and Identifying Shaken Baby Syndrome/Abusive Head Trauma, <http://cfoc.nrckids.org/StandardView.cfm?StdNum=3.4.4.3&=+>
- Preventing Shaken Baby Syndrome, the Centers for Disease Control and Prevention, http://centerforchildwelfare.fmhi.usf.edu/kb/trprev/Preventing_SBS_508-a.pdf
- Early Development & Well-Being, Zero to Three, www.zerotothree.org/early-development
- Other _____

Prevention of Shaken Baby Syndrome and Abusive Head Trauma SAMPLE Policy

References

1. The National Center on Shaken Baby Syndrome, www.dontshake.org
2. NC DCDEE, ncchildcare.dhhs.state.nc.us/general/mb_ccrulespublic.asp
3. Shaken baby syndrome, the Mayo Clinic, www.mayoclinic.org/diseases-conditions/shaken-baby-syndrome/basics/symptoms/con-20034461
4. Pediatric First Aid/CPR/AED, American Red Cross, www.redcross.org/images/MEDIA_CustomProductCatalog/m4240175_Pediatric_ready_reference.pdf
5. Calming Techniques for a Crying Baby, Children's Hospital Colorado, www.childrenscolorado.org/conditions-and-advice/calm-a-crying-baby/calming-techniques
6. Caring for Our Children, Standard 1.7.0.5: Stress <http://cfoc.nrckids.org/StandardView/1.7.0.5>

Application

This policy applies to children up to five years of age and their families, operators, early educators, substitute providers, and uncompensated providers.

Communication

Staff*

- Within 30 days of adopting this policy, the child care facility shall review the policy with all staff who provide care for children up to five years of age.
- All current staff members and newly hired staff will be trained in SBS/AHT before providing care for children up to five years of age.
- Staff will sign an acknowledgement form that includes the individual's name, the date the center's policy was given and explained to the individual, the individual's signature, and the date the individual signed the acknowledgement
- The child care facility shall keep the **SBS/AHT staff acknowledgement form** in the staff member's file.

Parents/Guardians

- Within 30 days of adopting this policy, the child care facility shall review the policy with parents/guardians of currently enrolled children up to five years of age.
- A copy of the policy will be given and explained to the parents/guardians of newly enrolled children up to five years of age on or before the first day the child receives care at the facility.
- Parents/guardians will sign an acknowledgement form that includes the child's name, date the child first attended the facility, date the operator's policy was given and explained to the parent, parent's name, parent's signature, and the date the parent signed the acknowledgement
- The child care facility shall keep the **SBS/AHT parent acknowledgement form** in the child's file.

* For purposes of this policy, "staff" includes the operator and other administration staff who may be counted in ratio, additional caregivers, substitute providers, and uncompensated providers.

6/18/2018

Effective Date

This policy was reviewed and approved by:

SHANNON POPE

6/18/2018

Owner/Director (recommended)

Date

KIM SHERRY

DCDEE Child Care Consultant (recommended)

Date

Child Care Health Consultant (recommended)

Date

6/18/2019

6/18/2020

6/18/2021

6/1/2022

Annual Review Dates



Infant Feeding

A Guide for Parents and Caregivers

As a new parent or caregiver, you probably receive a lot of advice about how to feed your baby. This booklet will give you some basic information about feeding that can help your baby get the best start in life.

MYTHS and FACTS

MYTH: In hot weather, babies need water in a bottle.

FACT: Formula or mother's milk provides all the liquid a baby needs.

MYTH: Cereal in a bottle will help my baby sleep longer.

FACT: Cereal in a bottle will not help your baby sleep, and it may upset his tummy. Do not feed cereal until your baby can eat it from a spoon.

MYTH: If I am too busy to feed my baby, I can just prop the bottle.

FACT: Propping a bottle is not safe. A baby can choke. Take a break from what you are doing and enjoy this special time with your baby.

Photo courtesy of Wake AHEC



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Breastfeeding-Infinitely CHILD CARE

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<http://breastfeeding.sph.unc.edu/>

In Collaboration With:

NC Child Care Health and Safety Resource Center
NC Infant Toddler Enhancement Project
Shape NC: Healthy Starts for Young Children
NC Department of Health and Human Services
Wake County Human Services and
Wake County Smart Start

Should I Schedule My Baby's Feedings?



It is best to feed your baby when he is hungry. It may feel tempting to put your baby on a strict feeding schedule, so you will always know when he wants to eat. But do you always eat at exactly the same time every day?

It is best to feed your baby in response to her changing appetite. Your baby may be more or less hungry at different times or on different days—just like you! It is best to feed according to her changing appetite.

Doctors recommend that all babies be fed in response to their hunger cues, not on a strict schedule.

Advantages of cue-feeding include:

- Babies tend to grow better, especially after 3–4 months of age.
- Babies are calm for feedings, so they feed better.
- Breastfeeding moms have an easier time making enough milk for their babies.
- Babies learn to eat when they are hungry, which may help prevent obesity when they are older.

But How Do I Know When My Baby Wants To Eat?

Your baby may not be able to speak, but he still is able to tell you what he needs.

- **When a baby is hungry**, she will open her mouth, stick out her tongue, and move her head from side-to-side. While sleeping, she may start to wriggle. If her hand is near her mouth, she may try to suck on it. **Crying is a late sign of hunger.**
- **When a baby is full**, he will move away from the food. Never prop a bottle, because it forces a baby to eat more than he wants. It makes him overeat and can increase vomiting. Just like adults, babies know when they have had enough.
- **When a baby wants to have some quiet time**, she often will look away. She may have changes in her skin, her movements, or her breathing.
- **When a baby wants to cuddle**, he will look at you. As he gets older, he will smile.
- **When a baby is unhappy**, she will fuss and sometimes cry. All babies do this from time to time. You can never “spoil” your baby by comforting her. Responding to her cries will help her feel more secure and cry less often.

When you try to understand what your baby is “saying,” both of you will be happier and more confident!



But Why Should I Care About Breastfeeding?

Even if you are not a breastfeeding mother, consider learning more about breastfeeding.

- **I work in child care**, and it is part of my job to care for breastfeeding babies. I want to have the training and information to take the very best care of all of the babies in my care.
- **I am an employer**, and I want to know all I can about supporting my employees, including breastfeeding mothers.
- **There is a mother in my life who is breastfeeding**, my sister or daughter or friend. I want to do all I can to support her choices about feeding her baby.
- **I may have another baby someday.** Although feeding formula is the right choice for our family right now, I would like to learn more about how I can give my next baby the very best start in life, and how breastfeeding can be a part of that.



If you would like to learn more, ask your provider for our booklet “Breastfeeding: Making It Work.”

Copies also can be downloaded at our website:

<http://cgbi.sph.unc.edu/>