



## 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 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



©2015 Carolina Global Breastfeeding Institute  
<http://breastfeeding.unc.edu/>

*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

---

### 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

## 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.

Sneads Ferry Quality Childcare & Preschool (facility name) implements the following safe sleep policy:



### Safe Sleep Practices

1. 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.
2. 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.
3. 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.\*
4. 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.\*
5. 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\*
6. We provide infants supervised tummy time daily. We stay within arm's reach of infants during tummy time.
7. 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

8. 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.
9. We do not allow pacifiers to be used with attachments.
10. 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.\*
11. We do not allow infants to be swaddled.
  - ☐ We do not allow garments that restrict movement.\*
12. We do not cover infants' heads with blankets or bedding.
13. We do not allow any objects other than pacifiers such as, pillows, blankets, or toys in the crib or sleep space.
14. Infants are not placed in or left in car safety seats, strollers, swings, or infant carriers to sleep.
15. 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.\*
16. 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

17. 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

# 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



©2015 Carolina Global Breastfeeding Institute  
<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!*



Photo courtesy of Wake AHEC

# 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/>*