



## **Infant Room Supply List**

*6 weeks – 12 months*

- Summerfield bag provided at the time of registration. All soiled items will be sent home daily in this bag.
- One bottle per feeding time labeled with baby's first and last name. Portion out bottles with the correct amount of breast milk, whole milk, or water for formula fed babies (keep portioned out formula powder separate and the teacher will add it at the designated feeding time).
- Extra formula (for emergency use only)
- Five bibs per week labeled with baby's name.
- Five burp cloths per week labeled with baby's name.
- Pacifiers in a closed container labeled with baby's first and last name. Pacifiers with any attachments such as ribbons, beads or small stuffed animals are not allowed in the crib with the baby.
- Baby food and cereal once child starts eating table food. No glass containers please.
- Diapers
- Wipes
- Diaper ointment. If the ointment is a prescription, a medical authorization form must be signed in the front office.
- Sunscreen and bug spray (optional) labeled with baby's first and last name.
- Three pairs of extra clothes labeled with baby's name.
- Sleep sack that allows baby's arms to be free. Swaddle sleep sacks and blankets are not allowed.
- A picture of baby for their cubby.
- A picture of baby's family for their crib.

### **Please Remember...**

- **Label all items with child's first and last name.**
- All prescriptions must be in the original containers with the child's first and last name, dosage and prescribed time to be given. The doctor must complete a medical form before medication can be administered.
- Any over the counter medications (Tylenol, Motrin, etc.) must include the proper dosage for your child's weight and age. If the age of the child is not on the container a doctor's note is required.
- You are welcome to bring extra formula and a sanitized empty bottle for emergencies.





## Monthly Infant Care Sheet

<b>Child's Name:</b> _____	<b>Date of Birth:</b> _____
Allergies/Special Needs: _____	
_____	

<p><b>FEEDING INSTRUCTIONS</b></p> <p>Breast Milk or Formula (circle one)          How often: _____          Amount: _____</p> <p>Juice <input type="checkbox"/> Yes <input type="checkbox"/> No          How often: _____          Amount: _____</p> <p>Cereal <input type="checkbox"/> Yes <input type="checkbox"/> No          How often: _____          Amount: _____</p>	<p>Jar Food</p> <p>Fruits <input type="checkbox"/> Yes <input type="checkbox"/> No          Veggies <input type="checkbox"/> Yes <input type="checkbox"/> No          Meats <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>How often: _____          Amount: _____          Notes: _____          _____          _____</p>
<p><b>OTHER INFORMATION</b></p> <p>Pacifier <input type="checkbox"/> Yes <input type="checkbox"/> No          How often: _____</p> <p>Diaper Ointment: <input type="checkbox"/> Yes <input type="checkbox"/> No    Powder: <input type="checkbox"/> Yes <input type="checkbox"/> No    Lotion: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>***Your child will be placed on his/her back for sleep unless we receive a note from your physician stating that he/she should sleep on his/her stomach.</p>	

**This form must be updated every 30 days or as changes occur.**

I have reviewed this form and no changes are necessary for this 30 day period  
 Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_





**Breast Milk**

Feeding Schedule: \_\_\_\_\_ ounces every \_\_\_\_\_ hours

**Formula**

Type: \_\_\_\_\_

Feeding Schedule: \_\_\_\_\_ ounces every \_\_\_\_\_ hours

**Milk**

Type: \_\_\_\_\_

Feeding Schedule: \_\_\_\_\_ ounces every \_\_\_\_\_ hours

**Eating Routine (Solids)**

Any food allergies: \_\_\_\_\_

Solid foods introduced: \_\_\_\_\_

Times of day to be given: \_\_\_\_\_

Special diet/requests: \_\_\_\_\_

Child eats:       on lap       in high chair       other \_\_\_\_\_

**Diapering**

Does your child have frequent diaper rash? \_\_\_\_\_

Type of diaper ointment used: \_\_\_\_\_

Does child wear:       disposable diapers       cloth diapers

Are bowel movements:       regular      How often: \_\_\_\_\_

Is there a problem with:       diarrhea       constipation

Please Explain: \_\_\_\_\_

**Comforting/Distress**

Does your child have a security object? \_\_\_\_\_

Does your child use a pacifier? \_\_ Yes \_\_ No How often: \_\_\_\_\_

**Sleeping Routine**

Does child sleep in:       crib       bed       family bed

Pre-nap routines: \_\_\_\_\_

How many naps per day (approximate): \_\_\_\_\_

Length of nap: \_\_\_\_\_



Waking behavior/routine: \_\_\_\_\_

Special concerns: \_\_\_\_\_

Child's typical bed time: \_\_\_\_\_ wake in morning: \_\_\_\_\_

## Separation

Has your child been left in the care of someone other than yourself?  yes  no

How can we help you feel more comfortable and involved in the care of your child?

\_\_\_\_\_

## Social Relationships

How would you characterize your child's personality:

friendly  aggressive  shy  withdrawn

Reaction to meeting new people: \_\_\_\_\_

Have you had any previous child care experience? \_\_\_\_\_

If so, did it meet your needs and expectations? \_\_\_\_\_

Explain: \_\_\_\_\_

\_\_\_\_\_

Child's favorite toy or activity: \_\_\_\_\_

Is your child frightened by:

animals  other children  loud noises  darkened rooms

Explain: \_\_\_\_\_

## Parenting Philosophy

Do you have ideas about parenting that would help us to better care for your child?

\_\_\_\_\_

What do you as a family hope to get out of this child care experience?

\_\_\_\_\_

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

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_





## Infant/Toddler Safe Sleep Policy

### Safe Sleep Practice:

1. All staff working in this room, or who may potentially work in this room, will receive training on our Infant Safe Sleep Policy.
2. Your baby will always be placed on their backs to sleep, unless there is a signed sleep position medical waiver on file. In that case, a waiver notice will be posted at your baby's crib and the waiver filed in their file.
3. The American Academy of Pediatrics recommends that babies are placed on their back to sleep, but when babies can easily turn over from their back to their stomach, they can be allowed to adopt whatever position they prefer to sleep.
4. Summerfield Academy will follow the recommendations by the American Academy of Pediatrics. However, the staff can further discuss with parents how to address circumstances when their baby turns onto their stomach or side.
5. Visually checking your sleeping baby. Your sleeping baby will be checked daily, every 15-20 minutes, by assigned staff. The sleep information will be recorded on a day sheet. The day sheet will be given to you, the parent/guardian, every day at pickup.
6. Steps will be taken to keep you baby from getting too warm or overheating by regulating the room temperature, avoiding excess bedding and not over dressing or over wrapping your baby.

### Safe Sleep Environment:

1. Room temperature will be kept between 68 to 75 degrees. A thermometer will be kept in our infant rooms to insure proper temperature.
2. Your baby's head and crib will not be covered with blankets or bedding.
3. No loose bedding, heavy blankets, pillows, bumper pads, etc. will be used in your baby's cribs.
4. No toys or stuffed animals will be allowed in your baby's crib when they are sleeping.
5. Pacifiers will be allowed in your baby's crib while they sleep.
6. Only one baby will be in a crib at a time, unless we are evacuating babies in an emergency.
7. No smoking is permitted in the infant room or on the premises.
8. All parents/guardians of babies cared for in the infant room will receive a written copy of our Infant/Toddler Safe Sleep Policy before enrollment.

I, the undersigned parent or guardian of \_\_\_\_\_ (child's full name), do hereby state that I have read and received a copy of Summerfield Academy's Infant/Toddler Safe Sleep Policy and Summerfield's director/owner/operator (or other designated staff) has discussed Summerfield's Infant/Toddler Safe Sleep Policy with me.

Signature of Parent/Guardian: \_\_\_\_\_ Date of child's enrollment \_\_\_\_\_

