



## 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> _____
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Allergies/Special Needs: \_\_\_\_\_

<b>FEEDING INSTRUCTIONS</b>	
<p>Breast Milk or Formula (circle one)</p> <p>How often: _____</p> <p>Amount: _____</p> <p>Juice <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>How often: _____</p> <p>Amount: _____</p> <p>Cereal <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>How often: _____</p> <p>Amount: _____</p>	<p>Jar Food</p> <p>Fruits <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Veggies <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Meats <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>How often: _____</p> <p>Amount: _____</p> <p>Notes: _____</p> <p>_____</p> <p>_____</p>

<b>OTHER INFORMATION</b>	
<p>Pacifier <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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: \_\_\_\_\_





## Individual Personal-Care Plan for Infants & Ones

*6 weeks - 17 months*

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

### Developmental History

Type of birth: \_\_\_\_\_ Any complications: \_\_\_\_\_

Does child: roll over  sit up  pull up  crawl  walk with support

Times child may be fussy: \_\_\_\_\_

How do you soothe baby when fussy? \_\_\_\_\_

### Family Information

Language(s) spoken at home other than English: \_\_\_\_\_

Are there words/phrases in home language that we should know? \_\_\_\_\_

Are there cultural or family customs, rituals, or traditions that will help us make your child's experience more meaningful? \_\_\_\_\_

Are there other matters or concerns you feel are important? \_\_\_\_\_

### Health/Development

Describe any serious illnesses or hospitalizations: \_\_\_\_\_

Any history of colic? \_\_\_\_\_

Describe any special physical conditions, disabilities, or allergies: \_\_\_\_\_

Has your child been diagnosed with a special need? \_\_\_\_\_

If so, is your child receiving any special services? \_\_\_\_\_

Does your child take any regular medications? \_\_\_\_\_



## Feeding Schedule (Liquids)

### 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 \_\_\_\_\_





### Operational Policy on Infant Safe Sleep

This form provides the required information per minimum standards §746.501(9) and §747.501(6) for the safe sleep policy.

**Directions:** Parents will review this policy upon enrolling their infant at \_\_\_\_\_ and a copy of the policy is provided in the parent handbook. Parents can review information on safe sleep and reducing the risk of Sudden Infant Death Syndrome/Sudden Unexpected Infant Death (SIDS/SUIDS) at: <http://www.healthychildren.org/English/ages-stages/baby/sleep/Pages/A-Parents-Guide-to-Safe-Sleep.aspx>

#### Safe Sleep Policy

All staff, substitute staff, and volunteers at \_\_\_\_\_ will follow these safe sleep recommendations of the American Academy of Pediatrics (AAP) and the Consumer Product Safety Commission (CPSC) for infants to reduce the risk of Sudden Infant Death Syndrome/Sudden Unexpected Infant Death Syndrome (SIDS/SUIDS):

- Always put infants to sleep on their backs unless you provide Form 3019, Infant Sleep Exception/Health Care Professional Recommendation, signed by the infant's health care professional [§746.2427 and §747.2327].
- Place infants on a firm mattress, with a tight fitting sheet, in a crib that meets the CPSC federal requirements for full-size cribs and for non-full size cribs [§746.2409 and §747.2309].
- For infants who are younger than 12 months of age, cribs should be bare except for a tight fitting sheet and a mattress cover or protector. Items that should not be placed in a crib include: soft or loose bedding, such as blankets, quilts, or comforters; pillows; stuffed toys/ animals; soft objects; bumper pads; liners; or sleep positioning devices [§746.2415(b) and §747.2315(b)]. Also, infants must not have their heads, faces, or cribs covered at any time by items such as blankets, linens, or clothing [§746.2429 and §747.2329].
- Do not use sleep positioning devices, such as wedges or infant positioners. The AAP has found no evidence that these devices are safe. Their use may increase the risk of suffocation [§746.2415(b) and §747.2315(b)].
- Ensure that sleeping areas are ventilated and at a temperature that is comfortable for a lightly clothed adult [§746.3407(10) and §747.3203(10)].
- If an infant needs extra warmth, use sleep clothing \_\_\_\_\_ (insert type of sleep clothing that will be used, such as sleepers or footed pajamas) as an alternative to blankets [§746.2415(b) and §747.2315(b)].
- Place only one infant in a crib to sleep [§746.2405 and §747.2305].
- Infants may use a pacifier during sleep. But the pacifier must not be attached to a stuffed animal [§746.2415(b) and §747.2315(b)] or the infant's clothing by a string, cord, or other attaching mechanism that might be a suffocation or strangulation risk [§746.2401(6) and §747.2315(b)].
- If the infant falls asleep in a restrictive device other than a crib (such as a bouncy chair or swing, or arrives to care asleep in a car seat), move the infant to a crib immediately, unless you provide Form 3019, Infant Sleep Exception/Health Care Professional Recommendation, signed by the infant's health-care professional [§746.2426 and §747.2326].
- Our child care program is smoke-free. Smoking is not allowed in Texas child care operations (this includes e-cigarettes and any type of vaporizers) [§746.3703(d) and §747.3503(d)].
- Actively observe sleeping infants by sight and sound [§746.2403 and §747.2303].
- If an infant is able to roll back and forth from front to back, place the infant on the infant's back for sleep and allow the infant to assume a preferred sleep position [§746.2427 and §747.2327].
- Awake infants will have supervised "tummy time" several times daily. This will help them strengthen their muscles and develop normally [§746.2427 and §747.2327].
- Do not swaddle an infant for sleep or rest unless you provide Form 3019, Infant Sleep Exception/Health Care Professional Recommendation, signed by the infant's health care professional [§746.2428 and §747.2328].

#### Privacy Statement

HHSC values your privacy. For more information, read our privacy policy online at: <https://hhs.texas.gov/policies-practices-privacy#security>.

#### Signatures

This policy is effective on: \_\_\_\_\_ Child's name: \_\_\_\_\_

\_\_\_\_\_  
Signature — Director/Owner

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature — Staff member

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature — Parent

\_\_\_\_\_  
Date Signed

## Infant Sleep Exception/Health Care Professional Recommendation

When a health care professional determines that it is medically necessary for an infant to sleep in an alternative position (other than sleeping on the infant's back), sleep in a restrictive device (such as a bouncer seat or swing), or needs to be swaddled to sleep, use this form to ensure that a licensed child care center, licensed child care home, or registered child care home that cares for the infant meets the minimum standards required by Texas Human Resources Code §42.042(e)(8)(A) and (B). The standards for these operations require the operation to:

- follow the directions of an infant's health care professional to provide specialized medical assistance to the infant (746.3815 and 747.3615); and
- maintain, while active, this form and any other directions from the health care professional that the parent provides to the operation [See §746.603(a)(10) or §747.603(a)(9)]. Keep the exception form in the infant's classroom, so that a caregiver may refer to the health care professional's instructions.

**Directions:** This exception will not be effective until all sections and signatures are complete. Once completed, the exception is acceptable for use by the child care operation.

### Infant's Information

Infant's Name		Date of Birth	Infant's Age	Parent/Guardian's Name
Address				
Home Phone	Work Phone	Fax	Email	

The infant's health care professional must complete the following section.

### Health Care Professional Information

Name of Infant's Health Care Professional		Name of Practice		
Address				Fax number
Work Phone	Home Phone	Email		

The Texas child care minimum standards (§§746.2426, 746.2427 and 746.2428 for child care centers or §§747.2326, 747.2327 and 747.2328 for licensed or registered child care homes) require child care operations to place all infants on their backs to sleep in a crib and to ensure that infants do not sleep in restrictive devices and are not laid down to sleep swaddled. But, based on the advice of the infant's health care professional, when medically necessary, the center may be authorized to use an alternative sleep position, restrictive device, or swaddle for the infant due to medical reasons.

The above named infant has the following medical condition that necessitates an alternative sleep position, allow for sleep in a restrictive device, or requires swaddling for sleeping:

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### Health Care Professional Information

Please describe the appropriate sleep position/restrictive device/swaddling technique to be used for the above named infant and include the effective dates for the exception:

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Effective Dates of Exception	From	To	
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\_\_\_\_\_  
Health Care Professional's Signature

\_\_\_\_\_  
Date



**Waiver of Liability**

- I affirm and acknowledge that the below named child care operation has provided me with the operation's safe sleep policy.
- I further authorize the child care operation and its caregivers to place my infant in an alternative sleep position, restrictive device, or swaddling at the recommendation of my infant's health care professional, as described above.
- I, as the parent or guardian of the above mentioned infant, release and hold harmless the below named child care operation, its officers, directors, caregivers, and employees from any and all liability whatsoever associated with harm to my infant due to Sudden Infant Death Syndrome (SIDS).

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date Signed

**An authorized official with the child care operation must complete the following section.**

**Child Care Operation Information and Signature**

Name of Child Care Operation	Operation Number
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\_\_\_\_\_  
Operation Representative's Signature

\_\_\_\_\_  
Date Signed

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