

Fair Oaks Day School Infant Care Policies

It is our intent to give the best possible care to your children. We have compiled a list of specific policies to give you the security and assurance of knowing that your child is in loving, caring hands. We need the following items at the center for each child enrolled:

- A signed care instruction sheet should be completed detailing important information about your child's schedule and needs. This sheet will be posted for the staff to follow on a daily basis. Please update the information as necessary.
- A box or bag of disposable diapers and wipes labeled with your child's first and last name. A note will be sent home advising you when these need to be replenished.
- Any diaper rash ointment, lotion, etc. must be labeled with your child's first and last name and instructions as to its use.
- All formula and juice bottles must be labeled with your child's full name, including lids. All bottles should be brought to the center already prepared as we are not allowed to mix your formula. Bottles are never propped. Infants unable to hold their own bottle will be held during feedings.
- Please bring baby food in its original container labeled with your child's first and last name. Any uneaten food will be discarded. Table food is available for snacks and lunch for those who are no longer on baby food. Saltine and graham crackers, cereal, and toddler cookies are available for snacks. Children may not walk around with bottles, cups or food.
- Please bring several complete changes of clothes labeled with your child's first and last name.
- Infants have their own assigned crib. Infants are always placed on their backs in the crib. The State will not allow any blankets, bumper pads, stuffed animals, luvy blankets or toys attached to pacifiers in the cribs. We cannot use swaddle blankets or out fits of any kind.
- We do not use walkers.
- We provide crib sheets to be used by all children but you are allowed to provide your own if you choose.
- Any medication to be given to your child must be given to the office and you must fill out the medication request form. This includes over the counter medicine such as teething gel, tylenol, etc. All medicines must be labeled with your child's first and last name and in its original container. All meds must be for infants and will require a Dr. note if the directions say consult Dr. for dosage.
- A daily communication sheet will be completed each day. You will need to complete the top portion each morning and we will complete the rest.
- You will need to leave your child's infant car seat each day for emergency use only.

Thank you for allowing us to care for your child. Please sign below to indicate your acceptance and agreement to the above policies.

Parent's Signature

Date



Fair Oaks DAY SCHOOL



7825 Fair Oaks Ave.
Dallas, Texas 75231
214-340-1121

Child's Name _____ Birthdate _____

FEEDING SCHEDULE

Liquid consumed: Breast milk _____ Whole Milk _____ Formula _____
If formula, please list brand and type used (Example: Similac concentrate, dry)

(*Parents are responsible for sending prepared bottles with the baby each day. We do not mix formula.)

Please note time and amount for bottles:

| Time | Amount | Time | Amount | Time | Amount |
|-------|--------|-------|--------|-------|--------|
| _____ | _____ | _____ | _____ | _____ | _____ |

Serve bottle as follows: Cold _____ Room Temp _____ Warmed in crockpot _____
Is your baby able to use: a sippy cup? _____ a small glass? _____ a spoon? _____
Does your baby use a pacifier? _____ Special Feeding Instructions? _____

Does your child eat baby food? _____ table food (our menu)? _____

Please note kind, time, and amount for the following baby foods and juices: (*Supplied by parents.)

| | Kind | Time | Amount | Kind | Time | Amount |
|-----------------|-------|-------|--------|-------|-------|--------|
| Juices | _____ | _____ | _____ | _____ | _____ | _____ |
| Cereals | _____ | _____ | _____ | _____ | _____ | _____ |
| Fruits | _____ | _____ | _____ | _____ | _____ | _____ |
| Vegetables | _____ | _____ | _____ | _____ | _____ | _____ |
| Meats | _____ | _____ | _____ | _____ | _____ | _____ |
| Breads/Crackers | _____ | _____ | _____ | _____ | _____ | _____ |

(*All baby food must be sent in a sealed unopened container. Uneaten food will be discarded each day.)

SLEEPING SCHEDULE

_____ to _____ / _____ to _____ / _____ to _____
What is the best way to help your baby fall asleep? _____

ADDITIONAL INSTRUCTIONS

Known Allergies/Asthma/Disorders/Special Needs _____

Skin Care: Ointment _____ Special Soap/Wipes, Etc _____

(*Parents are responsible for providing all ointments, wipes, & diapers.)

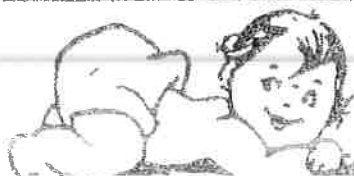
Please label ALL belongings with child's first and last name.

It is our goal to provide the best possible care for your infant. Therefore, in accordance with the American Pediatric Association's recommendations, the following policies are implemented.

- * Infants are always placed on their backs in cribs.
- * Bottles are never propped. Infants unable to hold their own bottles will be held during feedings.
- * Children may not walk around with bottles, sippy cups, or food.
- * Walkers are not used.

I have read and am aware of the above recommendations of the American Pediatric Association. Thank you for allowing us to care for your child. Please update this information as necessary.

Parent's Signature _____ Date _____



CACFP INFANT FEEDING PREFERENCE

Dear Parent/Guardian,

This child care provider participates in the Child and Adult Care Food Program (CACFP) and receives USDA reimbursement for serving nutritious meals to infants according to program requirements. Participation in this program requires child care providers to follow specific meal patterns according to the age of the infant.

If your child is exclusively breastfed, child care providers participating in the CACFP can feed your infant the breast milk you supply and meet the meal pattern requirements. Breastfeeding is widely recognized as the best source of nutrition for infants.

The Institute of Medicine and the American Academy of Pediatrics recommend that adults/caregivers, who work with infants and their families, promote and support exclusive breastfeeding for the first six months and continuation of breastfeeding in conjunction with complementary foods for 1 year or more, and the Texas Department of Agriculture (TDA) encourages child care provider's to dedicate a space for mothers to breast feed their infants on site.

Child care providers participating in the CACFP **are required** to offer at least one infant formula for infants who are enrolled for child care. You may decline the infant formula offered, and supply breast milk and/or your own preferred infant formula.

Additionally, when you determine in consultation with your physician that your child is developmentally ready, the child care provider will also be **required** to offer infant cereal and other foods. As with infant formula, you can decline the infant cereal and other foods offered and provide those items to your child care provider. It is important to note that your child care provider will not receive reimbursement for meals that contain more than one parent provided component. Speak to your child care provider to understand what components are required for your infant's meal and the exceptions made for infants with disabilities, so that your infant receives the most nutritious meal possible.

This child care provider offers the following infant formula(s): Parent's Choice
Infant formula w/iron .

It is very important that you indicate your preferences on the form that follows so we can honor the nutrition choices you have made for your family. Please complete the information below to designate your preference for infant formula, infant cereal and other foods.

Infant's Name _____ Infant's Date of Birth _____

Breast milk and/or Formula preference

| Please mark your preference (choose all that apply) | Today's Date _____ Birth through 5 months | Today's Date _____ 6 – 11 months |
|--|--|---|
| I will bring expressed breast milk for my infant. | | |
| I want the child care provider to provide the infant formula it offers for my infant. | | |
| I will bring the infant formula for my infant. Please list the kind of infant formula you will bring: | | |

Preference regarding infant cereal and other foods

| Please mark your preference | Today's Date _____ 6 – 11 months |
|--|--|
| My child is developmentally ready for solid foods. I want the child care provider to provide the infant cereal and other foods for my infant. | |
| My child is developmentally ready for solids. I will bring the infant cereal and/or other foods for my infant. | |
| My child is NOT developmentally ready for solid foods. I will inform the provider when and designate the solid food(s) to be introduced to my infant at that time. | |

Parent's (or guardian's) Signature _____ Date of Signature _____

1. This form must be kept on file for each infant enrolled for child care.
2. This form must be kept current and accurate for each infant enrolled for child care until the infant reaches one year of age.
3. If the parent (or guardian) provides expressed breast milk and the child care provider feeds it to the child, and/or if the mother breast feeds her child on site, the meal may be claimed for reimbursement.
4. If the parent (or guardian) declines the formula and the child care provider provides meal and/or snack components, the meal may be claimed for reimbursement.
5. If the parent (or guardian) declines infant meals/snack, meals and snacks may NOT be claimed for reimbursement.

NAME _____

TODAY'S DATE _____

"SMALL TALK" - DAILY REPORT

PARENT NOTES & REMINDERS

HOW I SLEPT LAST NIGHT: _____ MY LAST MEAL WAS: _____

MY MOOD THIS MORNING: _____ OTHER IMPORTANT INFO. _____

MEALS

TIME _____ /FOOD _____ /AMOUNT _____

TIME _____ /FOOD _____ /AMOUNT _____

TIME _____ /FOOD _____ /AMOUNT _____

TIME _____ /FOOD _____ /AMOUNT _____

TIME _____ /FOOD _____ /AMOUNT _____

TIME _____ /FOOD _____ /AMOUNT _____

NAPTICES

| | NAP #1 | NAP #2 | NAP #3 | NAP #4 |
|------------|--------|--------|--------|--------|
| BEGIN TIME | | | | |
| END TIME | | | | |

DIAPER REPORT

| TIME | WET | DRY | BM |
|------|-----|-----|----|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

OTHER ISSUES (CONSTIPATION, DIARRHEA, RASH, ETC.) _____

MEDICATIONS

(TYPE, QUANTITY, AND WHEN ADMINISTERED)

WHAT WE DID/HOW THE DAY WENT

(ACTIVITIES, BOOKS READ, BEHAVIOR, DEVELOPMENTAL PROGRESS)

NOTES & REMINDERS FOR MOM & DAD

(CONCERNS, SUPPLIES NEEDED, ETC.)

MY MOOD TODAY WAS: HAPPY SAD EXCITED GRUMPY SLEEPY HYPER

OTHER (EXPLAIN) _____

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 Fair Oaks Day School 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 Fair Oaks Day School 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 an Infant Sleep Exception Form 2710 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 and §747.2315]. 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 and §747.2315].
- 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 and §747.2315].
- 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 or the infant's clothing by a string, cord, or other attaching mechanism that might be a suffocation or strangulation risk [§746.2415 and §747.2315].
- 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 an Infant Sleep Exception Form 2710 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 an Infant Sleep Exception Form 2710 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 (Date) | Child's name |
|------------------------------------|--------------|

Signature — Director/Owner

Date Signed

Signature — Staff member

Date Signed

Signature — Parent

Date Signed