

Infant Feeding Plan

As your child's caregiver, an important part of my job is feeding your baby. The information you provide below will help me to do my very best to help your baby grow and thrive.

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: _____

Birthdate: _____
m m / d d / y y y y

Tell me about your baby's feedings at my Home.

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 your Home 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
- Shape NC: Healthy Starts for Young Children
- Wake County Human Services and
- Wake County Smart Start

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.

GLORYUS BLESSINGS CHILDCARE (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.
 - We do not allow any weighted blankets or clothing in the crib.*
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: _____ Review date(s): _____ Revision date(s): _____

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: KENNESHA SNEAD Date: _____

Reference: N.C. Law G.S. 100-91 (15), N.C. Child Care Rules .0606 and .1724, Caring for Our Children

Updated December 2022

Medication Administration Permission Form 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) A&D OINTMENT

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 _____

Updated December 2022



Medication Administration Permission Form for OTC 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) TOOTHPASTE

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 _____

Updated December 2022



Medication Administration Permission Form 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) INSECT REPELLENT

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 _____

Updated December 2022



Medication Administration Permission Form for OTC 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) TEETHING OINTMENT

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 _____

Updated December 2022



