



Widewaters Learning Center's 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. We implement the following safe sleep policy.

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

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. We require all staff to attend face to face ITS SIDS training every three years.
2. We always place infants under 6 months of age on their **backs to sleep**, unless a signed *ITS-SIDS Alternate Sleep Position Health Care Professional Waiver* is in the infant's file and posted at the infant's crib. We retain the waiver in the child's record for as long as they are enrolled.
3. We do not accept *Parent Waivers* for infants
4. We place infants on their backs to sleep even after they can easily turn over from the back to the stomach. We then allow them to adopt their own position for sleep.
 - We document when each infant can roll from back to stomach and tell the parents. We put a notice in the child's file and on or near the infant's crib.*
5. We visually check sleeping infants every 15 minutes and record what we see on a *Sleep Chart*. We document the infant's sleep position, skin color, breathing, level of sleep, and body temperature.
 - We check infants 2-4 months of age more frequently.
6. We maintain the temperature in the room where infants sleep between 68-72°F and check it on the thermometer in the main office.
 - We further reduce the risk of overheating by not over-dressing infants.

7. We provide all infants supervised "tummy time" daily.
8. We follow N.C Child Care Rules .0901(j) and .1706(g) regarding breastfeeding.
 - We further encourage breastfeeding at WWLC by providing a special space for nursing mothers and babies.

Safe Sleep Environment

9. 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.
10. We do allow infants to use pacifiers without any attachments
 - 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 cover infants' heads with blankets or bedding and we DO NOT swaddle infants or toddlers.
12. We do not allow any objects other than pacifiers in the crib or sleep space.
13. We give all parents/guardians of infants a written copy of the *Infant/Toddler Safe Sleep Policy* before enrollment. We review the policy with them, and ask them to sign a statement saying they received and reviewed the policy.
 - We encourage families to follow the same safe sleep practices to ease infants' transition to child care.
14. We post a copy of this policy in the infant room where it can easily be read.

Effective date: February 1st, 2018 **Review date(s):** _____ **Revision date(s):** _____

Distribution: We give parents/guardians a copy of the policy. We give all staff, substitutes, and volunteers a copy to review. We inform them of changes 14 days before the effective date. We give parents/guardians a copy of the policy they signed and put a copy in child's file.

I, the undersigned parent/guardian of _____ (child's full name), have received a copy of the facility's *Infant/Toddler Safe Sleep Policy*. I have read the policy and discussed it with the facility director/owner/operator, or other designated staff member.

Child's Enrollment Date: _____ Parent/Guardian Signature: _____ Date: _____
Facility Representative Signature: _____ Date: _____

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.

Child's name: _____ Birthday: _____
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 WWLC to nurse / feed my baby at the following time(s): _____

My usual pick-up time will be: _____

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



Permission to Apply Diaper Ointments or Cream



Child's Name: _____

I, the parent/guardian of the above names child, give permission for the staff of Widewaters Learning Center to Apply the following topical diaper ointment/cream that I have provided for my child.

Name of diaper ointment or cream _____
(specific name of cream must be listed)

Apply the following amount of ointment or cream:

_____ Thick Coating

_____ Thin Coating

Apply at the following time:

_____ when skin in diaper area is red

_____ when rash is present in diaper area

_____ after each bowel movement

_____ with each diaper change

Parent's signature

Date

This consent expires 1 year after the date it was signed

Policy and Procedures for Room 3 & 4

Welcome to Widewaters Learning Center Infant Program. We are excited to have the opportunity to care for your baby and recognize how difficult the decision can be to leave your little one at day care. We hope to make this transition as easy as possible for you and your baby. With that in mind, we would like to share some information with you about Policies and Procedures that can help make this new experience easier.

Please keep this information handy and refer to it as needed

When arriving in the morning, please leave your baby's care seat in the hallway and carry your baby into the classroom where you will be dropping off. Immediately wash your baby's hands at the sink labeled **Hand Washing Sink**. After washing your baby's hands, please wash your hands. Fill out a daily sheet and place your baby's bottles in the refrigerator in your child's classroom.

Sanitation and Licensing Laws requires everyone entering an infant classroom to remove your shoes and immediately wash their hands at the sink labeled **Hand Washing Sink**.

Bottles should be prepared and labeled at home with: first name, last name, date, contents, and ounces. **Bottle lids** should be labeled with first name or initials. All bottles must be premade, have nipples, lids, complete labels and be placed in the refrigerator.

All Food should be labeled with: first and last name, date, and if opened or homemade contents. Any bottles or opened food left in the refrigerator past 6pm will be discarded. Please introduce any new formula and/or food at home for 2-3 days before being given at WWLC.

Helpful Hint: When labeling bottles, use one large piece of tape for first and last name, contents, and ounces. Use a separate piece of tape for the date and then you only have one thing to change each day. **Masking tape and sharpie work best.** Labels should be clear and easy to read. Please refrain from crossing out or writing over any part of the label.

Small bags for bottles only should be left on your child's cubby hook. The bottle bags should be empty when placed on the hook. No plastic bags, food, formula, or creams should be left in the bottle bag. If you wish to bring a diaper bag, you may leave it locked in the closet with your child's car seat or ask to have it locked in the classroom closet.

A minimum of two changes of clothes should be kept in your child's cubby at all times. Remember to include extra socks. You may leave a jacket labeled with your child's name at school as we will try to go outside daily.

Arrivals and departures can be stressful for parents and babies. You can make these transitions easier for you and your baby by establishing routines. These are also times for the parent and teacher to communicate and to help baby feel safe and secure.

For the health and safety of all the infants, we ask that siblings be dropped-off first and picked-up last. This will keep you available to speak with the infant teacher without any distractions and to successfully complete all drop-off/pick-up procedures.

Lastly, please be mindful of mobile babies behind classroom doors. Peek in the window before entering and close the door to prevent escapees.

We thank you for choosing Widewaters and for your understanding and cooperation. Please share this information with anyone who will be dropping off or picking up your baby. It is our pleasure to care for your baby and we are committed to offering a clean and safe environment for them. If you have any questions or concerns, please speak with Ms. Kristen, Ms. Jordan, Ms. Julie and Ms. Kim.