

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.

FSU Early Childhood Learning Center (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.
N/A ☐ 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: *Provide space for mothers to pump or nurse their child at the center.

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.
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: 1/22/2020 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: _____ Date: _____



Infant Feeding Consent Form

Institution/Facility Name: Fayetteville State University / Early Childhood Learning Center

TO BE COMPLETED BY THE PARENT/GUARDIAN

Please select from the following choice(s):

☐ **I will breastfeed my infant on-site and/or provide expressed breastmilk.**

The Child and Adult Care Food Program (CACFP) encourages and supports breastfeeding. The American Academy of Pediatrics (AAP) recommends exclusively breastfeeding and/or provision of expressed breastmilk for six months; and continued breastfeeding after six months with the introduction of solid foods until at least one year. There is no age limit on breastfeeding or provision of expressed breastmilk. Mothers and infants/children may continue to breastfeed as long as mutually desirable. The North Carolina CACFP aims to help families meet their breastfeeding goals. For breastfeeding support, contact your local Women, Infant, and Children (WIC) agency or visit www.zipmilk.org to find local breastfeeding resources.

☐ **I will accept the iron-fortified formula provided by the institution/facility.**

The facility offers: up & up™ - Non-GMO Formula, Infant with Iron OR Parent's Choice Infant Formula with iron
Enter the Name of the Iron-Fortified Infant Formula Provided by this Institution/Facility

I give permission for this institution/facility to prepare my infant's formula. When breastmilk is not available, infants must receive iron-fortified formula until 12 months of age. It is the parent's or guardian's choice to accept the formula provided by the institution/facility or provide an alternative formula.

NOTE: Infants receiving formula through the WIC Program are also eligible to receive formula from this center or day care home

☐ **I decline the iron-fortified formula provided by the institution/facility**

I will provide my infant with the following formula: _____

NOTE: If providing formula, it must be iron-fortified. If the formula provided is a special formula, a medical statement will be requested.

Please select one of the following:

☐ **My infant is less than 6 months old.**

☐ **My infant is around 6 months of age and is developmentally ready to accept solid foods. I want the institution/facility to provide solid food(s) allowed under 7 § C.F.R. 226.20 (b) and policy memo 17-01.**

It is important to delay the introduction of solid foods until around 6 months of age as most infants are not developmentally ready to safely consume them. There is no single, direct signal to determine when an infant is developmentally ready to accept solid foods. An infant's readiness depends on his or her unique rate of development. Centers and day care homes should be in constant communication with parents/guardians about when and what solid foods should be served while the infants are in their care. The AAP provides the following guidance to help determine if your infant is ready for solid foods. Check all, if any, that apply to your infant:

- ☐ My infant can sit in a high chair, feeding seat, or infant seat with good head control.
- ☐ My infant is watching me and others eat, reaching for food, and seems eager to be fed.
- ☐ My infant can move food from a spoon into the throat and does not push it out of the mouth and/or dribbles onto his or her chin.
- ☐ My infant has doubled his or her birth weight and now weighs around 13 pounds or more.

Infant's Name: _____

Infant's Age _____

Date of Birth _____

Parent/Guardian Signature: _____

Date: _____

NOTE TO PARENTS: When a parent or guardian chooses to provide breastmilk (expressed breastmilk or breastfeed on-site) or a creditable infant formula and the infant is consuming solid foods, the center or day care home must supply all other required meal components for the meal to be reimbursable.

NOTE TO INSTITUTION/FACILITY: This document is required for all enrolled infants.

Infant Feeding Plan

As your child's caregivers, an important part of our job is feeding your baby. The information you provide below will help us to do our very best to help your baby grow and thrive. **Page two of this form must be completed and posted for quick reference for all children under 15 months of age.**

Child's name: _____

Birthday: _____
mm / dd / yyyy

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: _____

Birthday: _____
mm / dd / yyyy

Tell us about your baby's feedings at our center.

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 the center 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