

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. Cottonwood Pre-Elementary implements the following safe sleep policy:

Safe Sleep Practices

1. We train all staff, substitutes, & volunteers caring for infants aged 12 months or younger on how to implement Safe Sleep Policy.
2. We always place infants under 12 months of age on their backs to sleep, unless: infant is 6 months or younger & a signed ITS/SIDS Alternate Sleep Position Health Care Professional Waiver is in infant's file & a notice of waiver is posted. If infant is 6 months or older: we do not accept ITS-SIDS Alternate Sleep Position Parent Waiver. We retain waivers in 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 over from their back to their front & back again. We then allow infant to sleep in their preferred position. We document when each infant is able to roll over independently.
4. We visually check sleeping infants every 15 minutes & record what we see. The chart is retained for at least 1 month.
5. We maintain the temperature between 68-75°F in the room where infants sleep.
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.
8. Communication: We inform everyone if changes are made to this policy 14 days before the effective date.

Safe Sleep Environment

8. We use Consumer Product Safety Commission (CPSC) approved cribs or other approved sleep spaces for infants. Each infant has his/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.
11. We do not allow infants to be swaddled.
12. We do not cover infants' heads with blankets or bedding.
13. We do not allow any objects other than pacifiers (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. Policy reviewed and signed by guardian.
16. Posters & policies: We post a copy of this policy in the infant sleep room where it can easily be read.

By signing below, you agree to the following: I have read, discussed, & received a copy of the facility's Infant/Toddler Safe Sleep Policy.

Waiver for Sleeping Infants

Infants under 6 months: Your child will be placed on his/her back to sleep unless we have a signed statement from his/her physician stating the child has a medical condition which prohibits this.

Infants 6 – 12 months: Your child will be placed on his/her back to sleep. However, if your child can independently roll over, we will allow your child to keep this sleep position with your permission (by signing below).

Concerning Medical Conditions: If your child has a medical condition which prevents sleeping on his/her back, please have a health professional provide us with signed written documentation. We will attach the document to this waiver.

- I have provided the director with written documentation from my child's physician which releases the provider from placing my child on his/her back during sleep, until further notice. Signature: _____ (sign only for physician waiver).

By signing below, you agree to the following: I have received a copy of the facility's Infant/Toddler Safe Sleep Policy AND Waiver for Sleeping Infants. I have read & discussed these policies with a facility staff member.

Child's Name: _____

Child's Date of Birth: _____

Parent/Guardian Signature: _____

Date: _____ (Date discussed with parent)

Enrollment Date: _____

Infant Feeding Schedule & Information (16 months & younger)

Please select one of the following:

- I will accept the iron-fortified formula provided by the facility (Parent's Choice or equivalent)
- I decline the iron-fortified formula provided by the facility
- I will provide expressed breastmilk and/or breastfeed my infant on-site

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 facility to provide solid food(s) allowed under 7§ C.F.R. 226.20 (b) and Policy Memo 17-01.

Please select all that apply:

- My infant can sit in a high chair, feeding seat, or infant seat with good head control.
- My infant is watching me/others eat, reaching for food, and seems eager to be fed.
- My infant has doubled his/her birth weight and now weighs around 13 pounds or more.

Child's Name: _____ **Age:** _____ **DOB:** _____

Items to Bring for Children 12 months & Younger

Bottles, Breastmilk, & Baby Food: PLEASE SELECT Preferences

- Option 1: Bring pre-made bottles daily (label top & bottle with child's name & date)
- Option 2: You can bring can of formula & jug of water (label with name & date) AND bring CLEAN bottles DAILY (top & bottles labeled w/ name & date); teacher will make bottles on demand
- Option 3: Breastmilk bottles brought daily (label top & bottle with child's name & date)
- Baby food: bring enough daily (labeled) OR bring several jars (teacher will label & let you know when to bring more)

Other Items As needed:

- Large pack of diapers & wipes (child's name will be put on these & teacher will notify when low)
- Changes of clothes & bibs (these will be kept in personal cubby)
- Daily – clean pacifier (if applicable) and clean blanket

Note how/when cereal, food, milk/formula is brought, prepped & fed
(i.e. "formula powder stored on site w/ name/date", "feed on demand", "mix & feed on demand", "formula pre-mixed & brought daily – warm on demand", etc.)

Infant Feeding Schedule

("N/C" = No Change)

Child's Name: _____	DOB: _____	Child will be 16 months on (date): _____
Parent Signature: _____	Today's Date: _____	

General Instructions:

- Number of Bottles brought daily: Special Instructions: _____
- Food brought daily: Special Feeding Instructions: _____
 - Center's Policies: Do not serve food from opened containers; Serve food from disposable bowls (not jars); Dispose of any unused food

Introduce:	On: (date)	Special Instructions:	Provider Signature:	Notes:	If no changes to schedule, complete: Review Date & Provider Signature
Juice				(NO juice served in bottles)	
Cereal		(Mix in bowl & spoon feed)			
Baby Food		(Spoon feed)			
Milk		Formula: Breastmilk: Whole Milk: serve in disposable cup		(All bottles are used 1x ONLY; Discarded after 1 hour; Sent home daily to sanitize)	

If there are no changes to schedule, complete: Signature of Provider: _____ Date Reviewed: _____