

Infant Care Instructions

instructions for children not yet ready for table food. These instructions must be reviewed and updated every 30 days until the child is 12 months of age. Child's Name: DOB: ☐ I will bring expressed breast milk for my infant. ☐ I want the childcare 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: ☐ Feed on demand ☐ Schedule: _____ oz at _____ _____ oz at ____ _____ oz at _____ _____ oz at _____ _____ oz at _____ _____ oz at _____ Bottled warmed? ☐ Yes ☐ No Baby Food: ☐ My child is developmentally ready for solid foods. I want the childcare 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. ☐ Feed on demand ☐ Schedule: Breakfast: _____ at ____ Lunch: _____ at ____

The Texas Health and Human Service Commission (THHSC) requires that parents provide feeding

Snack:	at	
Other instructions:		
Does your child have any allerg	jies?□Yes □ No If yes,	symptoms:
*Provide the office with an all	ergy plan if your child has	any allergies.
Does your child use a pacifier?	□ Yes □ No	
Your child will not be administe to provide ointment, lotion, or		tment without your written consent. You will nee ed.
Lotion	Ointment	Other
Sleeping Instructions		
□ On demand □ Schedule:		
Nap times:		
	n documentation from a h	n their own must sleep on their back unless the ealth-care professional stating that a different
Any other information we show	ıld know?	
Parent's Signature:		Date:
Parent's Signature:		Date:
Parent's Signature;		Date:

Form 2550 September 2023



Operational Policy on Infant Safe Sleep

This form provides the required information per minimum standards Sections 746.501(9) and 747.501(6) for the safe sleep policy.

Directions: Parents will review this policy upon enrolling their infant at

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 _____ 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 Form 3019, Infant Sleep Exception/Health Care Professional Recommendation, signed by the infant's health care professional [Sections 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 [Sections 746.2409 and 747.2309].
- For infants who are younger than 12 months old, cribs play yards should be bare except for a tight-fitting sheet and a mattress cover or protector. Items that should not be placed in a crib or play yard include: soft or loose bedding, such as blankets, quilts or comforters; pillows; stuffed toys and animals; soft objects; bumper pads; liners; or sleep positioning devices [Sections 746.2415(b) and 747.2315(b)]. Also, infants must not have their heads, faces or cribs covered at any time by items such as blankets, linens, or clothing [Sections 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 [Sections 746.2415(b) and 747.2315(b)].
- Ensure that sleeping areas are ventilated and at a temperature that is comfortable for a lightly clothed adult [Sections 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 [Sections 746.2415(b) and 747.2315(b)].
- Place only one infant in a crib to sleep [Sections 746.2405 and 747.2305].
- Infants may use a pacifier during sleep. But the pacifier must not be attached to a stuffed animal [Sections 746.2415(b) and 747.2315(b)] or the infant's clothing by a string, cord or other attaching mechanism that might be a suffocation or strangulation risk [Sections 746.2401(6) and 747.2315(b)].
- 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 Form 3019, Infant Sleep Exception/Health Care Professional Recommendation, signed by the infant's health care professional [Sections 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) [Sections 746.3703(d) and 747.3503(d)].
- Actively observe sleeping infants by sight and sound [Sections 746.2403 and 747.2303].
- If an infant can 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 [Sections 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 [Sections 746.2427 and 747.2327].
- Do not swaddle an infant for sleep or rest unless you provide Form 3019, Infant Sleep Exception/Health Care Professional Recommendation, signed by the infant's health care professional [Sections 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:	Child's name:	
Signature — Director or Owner		Date Signed
Signature — Staff member		Date Signed
Signature — Pa	ent	Date Signed