



Rochester Childfirst Network

SERVING CHILDREN SINCE 1857

## INFANTS

SLEEPING, FEEDING & GETTING TO KNOW YOUR CHILD

Please fill out this form to help us get to know you and your child.  
Please be sure these forms are updated as soon as any change occurs.

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

### RCN STATEMENT

RCN will provide **Iron Fortified Formula** in powder form.

RCN discourages outside foods being brought in unless arrangements have been made with the classroom teacher ahead of time.

When my child is four to six months of age, RCN will work with me as a parent to provide a plan for the introduction of new foods. Any new food must be given **no fewer than four times** at home to ensure that there is not allergy.

A CACFP approved menu will be provided and signatures will be required. If/when a change is made by either RCN or a parent a new menu must be reviewed and signed by both the parent and the provider.

RCN will wash crib sheets and center provided blankets using a free and clear detergent. If I bring a favorite blanket from home I will take it home the last day that my child attends each week.

An Over the Counter Ointment form has been completed and I will provide any ointment necessary (ie. Diaper cream, lotions etc.) in its original packaging with my child's name on it.

I will not be on my cell phone during drop off and pick up.

I will notify RCN if we are going to be late to drop off, pick up or be absent for the day.

I will let the teacher know how our morning went upon arrival at RCN. (ie. feeding, sleeping, diapering etc.)

### SLEEP SACKS

We are excited to inform you that RCN provides sleep sacks to be used during nap time in our cribs. Sleep sacks provide the warmth and comfort that infants tend to crave at the highest level of safety. The sleep sacks will be kept at school and laundered in the same manner as the sheets we provide. Once a child transitions to a cot they will go back to using their personal blankets.

Please indicate your wishes by checking only one of the boxes below:

- Please place my infant in a wearable blanket that I, the parent/guardian, will provide
- Please place my infant in a wearable blanket provided by RCN
- I prefer no wearable blanket be used (Baby will be placed in crib without a covering)
- Please swaddle my infant in a Swaddle Me provided by the parent\*

*\*Please be aware that swaddling must be discontinued immediately if the infant can break out of the swaddle and/or can roll from back to stomach*

### SLEEPING/NAPPING ARRANGEMENTS

Per New York State OCFS Day Care Center Regulations, "other than for school age children, sleeping and napping arrangements must be made in writing between the parent and the program." [418-1.7(o)]

**Where children will nap:**

Children will nap/rest in their classrooms.

**Item child will nap on/in:**

*Infants*

Crib (6weeks-18months)

**How napping children will be supervised:**

Primarily, the classroom teachers will be supervising the children during nap time. Since nap time does coincide with teachers' lunch breaks, Rochester Childfirst Network substitutes, administrators, and directors may be utilized to help provide supervision during nap time.

**Accommodations for non-nappers:**

Per New York State OCFS Day Care Center Regulations, "appropriate rest and quiet periods, that are responsive to individual and group needs, must be provided so that children can sit quietly or lie down to rest." [418-1.7(n)]  
If a child falls asleep during nap time, their nap will be uninterrupted.  
After approximately 20 minutes of rest, "children unable to sleep during nap time shall not be confined to a sleeping surface (cot, crib, etc) but instead must be offered a supervised place for quiet play." [418-1.7(w)]

**Additional Guidelines for Infant Sleeping Arrangements:**

Per New York State OCFS Day Care Center Regulations...

"Children may not sleep or nap in car seats, baby swings, strollers, infant seats or bouncy seats unless otherwise prescribed by a health care provider. Should a child fall asleep in one of these devices, he or she must be moved to a crib/cot or other approved sleeping surface." [418-1.7(m)]

"Sleeping arrangements for infants require that the infant be placed flat on his or back to sleep, unless medical information from the child's health care provider is presented to the program by the parent that shows the arrangement is inappropriate for that child." [418-1.7(p)]

"Cribs, bassinets and other sleeping areas for infants must not have bumper pads, toys, large stuffed animals, heavy blankets, pillows, wedges or infant positioners unless medical information from the child's health care provider is presented indicating otherwise." [418-1.7(q)]

*By signing below, I am acknowledging that I have read the above information and am aware of RCN's nap time arrangements for my child.*

**Nap Schedule:**

**Time**

**Length**

**Method**

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**Individual Feeding Schedule**

**Please Use:**     \_\_\_ RCN provided formula (iron fortified Enfamil in powdered form)  
                  \_\_\_ Parent provided formula (labeled with child’s name, date of birth and date)  
                  \_\_\_ Parent provided breast milk

<b>Feeding Schedule:</b>	<b>Time</b>	<b>Ounces</b>	<b>Preparation Notes</b>

<b>Other Foods:</b>	<b>Name</b>	<b>Ounces</b>	<b>Preparation Notes</b>

**“GETTING TO KNOW YOUR CHILD” QUESTIONS**

What name/nickname do you wish us to use for your child while at RCN?

Please describe your child's eating habits.

Are there any known hearing or vision difficulties?

Describe your child's general temperament:

How does your child deal with separation from parents?

Has your child ever been in any type of group care? If so, when and where?

What is your child's napping schedule (times and length)?

What activities does your child particularly enjoy?

Do you expect any major changes over the next year (births, moves, job changes, etc.)?

Have there been any changes in the past year?

What holidays does your family celebrate?

Is there anything else you feel we ought to know in order to deal more effectively with your child?

Reviewed with parent by (staff member): \_\_\_\_\_ Date: \_\_\_\_\_

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Parent/Guardian's Signature

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Date