



Welcome to the Little Llamas!

Our goal is to make sure all children are socially, emotionally, and physically ready for the next step in the learning process. We are truly a family at CWM, and we think of all our students as "Our Kids"!

Please take a moment to familiarize yourself with some information you will need for the Little Llamas:

▪ **PER STATE LICENSING LAWS, PLEASE READ THE BELOW INFORMATION**

- We will not be placing blankets or lovies in your child's crib. However, if you would like to provide a sleep-sack, we will gladly use it. (see attached guideline to follow for sleep sack)
- The only way we put your child down is on his/her back.
- Children are not allowed to wear teething necklaces/bracelets etc.
- Pacifiers may not have Wubbanub's attached.

▪ **WHAT TO SEND TO LEAVE HERE AT SCHOOL**

- 2 Complete changes of Clothing
- Package of Diapers
- Extra pacifier to be left here at school
- Formula & Water or Breast Milk in Freezer Bags
- 2-3 Bibs





WHAT YOU NEED TO SEND IN EACH DAY

▪ **SEND CLEAN BOTTLES EACH DAY**

- They may be premixed & stored in the refrigerator, or you may store the formula and water in your child's basket (we do not have the equipment to properly sanitize bottles).
- Please send your bottles in a small lunch type bag or Zip Lock Bag each day. We will return them each day in the same bag.

▪ **ONLY SEND A SMALL LUNCH BAG OR BACKPACK TYPE BAG EACH DAY.**

- We do not have room to store large diaper bags or backpacks

▪ **PLEASE LABEL ALL ITEMS WITH YOUR CHILD'S FIRST & LAST NAME.**

- This includes pacifiers, bottles, gallon water jugs, food jars, formula containers, clothing etc.
- *FROZEN BREASTMILK*: you may leave bags of milk or bring enough for the day. Please make sure that each individual bag is labeled with name and date. Then put them in a Gallon Size Zip Lock Bag labeled with name.

▪ **ALL ABOUT ME FORM**

- You will be asked to update your child's All About Me sheet each month. If you change something about your child's daily intake etc, please call the office to update your form. We are required to have these updated each month for babies.

If you have any questions, please feel free to talk with one of your teachers or the office staff.

The office staff will be in from 7:00am-5:30pm.

-Phone Number: 281-540-7000





Ms. Jamie

My Favorites

Drink

Coffee & Water

Candy

Reese's Peanut Butter Cups

Snack

Cheez Its

Color

Pink

Store

Target

Restaurant

Chick-Fil-A & Tex-Mex



I am Ms. Jamie and I live in Kingwood with my husband and 4 of our children (8yrs-19yrs). My oldest son (22) is a Marine and we are very proud of him! When I am not working, you can find me spending time with family or at my happy place, The BEACH!

I have worked at CWM for 14 years all with the infants. I love the family atmosphere at CWM. The children become part of the family when they attend. I truly enjoy watching my babies grow through the program!



My Birthday
November 17th

Contact me through the
Brightwheel App.
If you need to call, please
call 281-540-7000.

T-Shirt Size

Small

Monogram

JMR



Ms. Caitlin

My Favorites

Drink

Dr. Pepper & Ice Coffee

Candy

Dark Chocolate, Sour Skittles

Snack

Chocolate Covered Coffee Beans
Dark Chocolate, Chips & Dips

Color

Olive Green, Maroon

Store

Amazon, Hobby Lobby, Walmart

Restaurant

Mexican & Chinese



I am Ms. Caitlin and I live in Splendora with my husband of 2 years. We have a spunky 6-year-old daughter who loves dance. I have 2 amazing bonus kids. When I am not working, I love to be with my family. I also enjoy crafting, baking, and being a dance, Mom!

This is my 3rd year at CWM. The babies have stolen my heart! I love watching the kids grow and learn each day! I am looking forward to meeting everyone at Meet the Teacher.



My Birthday
February 28th

Contact me through the
Brightwheel App.
If you need to call, please
call 281-540-7000.

T-Shirt Size
Large

Monogram
CDA



LITTLE LLAMAS

Daily Schedule

7:00-9:00 Early Care - Breakfast

9:00-9:15 Car Line Drop Off

9:00-10:00 Bottle & Nap

10:00-11:00 Diaper Change / Playtime

11:00-12:00 Lunch Time

12:00-1:00 Bottle / Diaper Change / Playtime

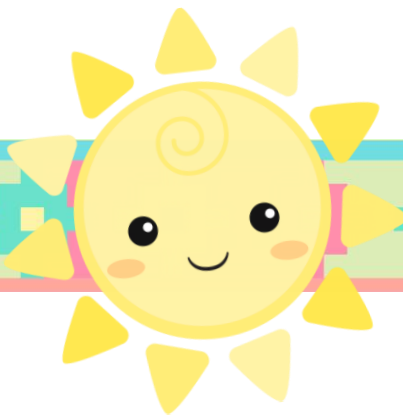
1:00-3:00 Naptime

2:15-2:30 Car Line Pick Up

3:00-4:00 Snack / Bottle / Playtime / Diaper Change

4:00-5:30 Get Ready to Go Home / Playtime





Little Llamas

FIRST DAY OF SCHOOL CHECKLIST

We encourage you to bring these items to Meet the Teacher.
This will help to make the First Day of School smoother for all.

- Complete "All About Me" Sheets
- Copy of Current Shot Records
- Signed Snack Permission Form
- Supply List Items
- Infant Safe Sleep Form
- Any Items to leave at school



WHAT SHOULD I SEND TO LEAVE AT SCHOOL?

Package of Diapers, not a box (we do not have room)
Breast Milk or Formula
Gallon Water Jug (for formula)
2 Complete Changes of Clothing
Pacifier
2-3 Bibs
Baby Food

LABEL EVERYTHING WITH FIRST & LAST NAME

Breast Milk needs to be labeled with date & first/last name on each bag.

ALL ABOUT ME

little llamas

MY NAME

FIRST

MIDDLE

LAST

MY BIRTHDAY



Does your child have any Allergies?

YES NO If yes, explain in detail:

1 Two words to best describe your child? _____

2 Any siblings? Yes No (names & ages) _____

3 Any Pets? Yes No (names & type) _____

4 Has your child attended preschool before? Yes No Where? _____

5 How does your child sleep at home? (check all that apply)

- Rocked
- Swaddled
- In crib
- Co-Sleep
- Bottle in Bed
- Pacifier
- Lovie
- Nursed to Sleep
- Dark Room
- Sound Machine
- Other

We are NOT allowed to put anything inside the crib with your child during nap. This information will be used to help make nap time as smooth as possible for your little one.

6 Is there anything else you would like us to know about your little one?

DON'T FORGET TO COMPLETE THE 2ND PAGE!

Parents, this page will need to be updated every month in the Brightwheel App. We will send you a message to update. If at any time you need to make a change, please call the office and we will help you update.

SEPTEMBER FEEDING INFORMATION

BREAST MILK FORMULA

TEMPERATURE WARM ROOM TEMP

HOW MANY OUNCES? _____

HOW OFTEN? _____

PARENT SIGNATURE

TODAY'S DATE

OCTOBER FEEDING INFORMATION

BREAST MILK FORMULA

TEMPERATURE WARM ROOM TEMP

HOW MANY OUNCES? _____

HOW OFTEN? _____

PARENT SIGNATURE

TODAY'S DATE

NOVEMBER FEEDING INFORMATION

BREAST MILK FORMULA

TEMPERATURE WARM ROOM TEMP

HOW MANY OUNCES? _____

HOW OFTEN? _____

PARENT SIGNATURE

TODAY'S DATE

DECEMBER FEEDING INFORMATION

BREAST MILK FORMULA

TEMPERATURE WARM ROOM TEMP

HOW MANY OUNCES? _____

HOW OFTEN? _____

PARENT SIGNATURE

TODAY'S DATE

JANUARY FEEDING INFORMATION

BREAST MILK FORMULA

TEMPERATURE WARM ROOM TEMP

HOW MANY OUNCES? _____

HOW OFTEN? _____

PARENT SIGNATURE

TODAY'S DATE

FEBRUARY FEEDING INFORMATION

BREAST MILK FORMULA

TEMPERATURE WARM ROOM TEMP

HOW MANY OUNCES? _____

HOW OFTEN? _____

PARENT SIGNATURE

TODAY'S DATE

Parents, this page will need to be updated every month in the Brightwheel App. We will send you a message to update. If at any time you need to make a change, please call the office and we will help you update.

MARCH FEEDING INFORMATION

BREAST MILK FORMULA

TEMPERATURE WARM ROOM TEMP

HOW MANY OUNCES? _____

HOW OFTEN? _____

PARENT SIGNATURE

TODAY'S DATE

APRIL FEEDING INFORMATION

BREAST MILK FORMULA

TEMPERATURE WARM ROOM TEMP

HOW MANY OUNCES? _____

HOW OFTEN? _____

PARENT SIGNATURE

TODAY'S DATE

MAY FEEDING INFORMATION

BREAST MILK FORMULA

TEMPERATURE WARM ROOM TEMP

HOW MANY OUNCES? _____

HOW OFTEN? _____

PARENT SIGNATURE

TODAY'S DATE

JUNE FEEDING INFORMATION

BREAST MILK FORMULA

TEMPERATURE WARM ROOM TEMP

HOW MANY OUNCES? _____

HOW OFTEN? _____

PARENT SIGNATURE

TODAY'S DATE

JULY FEEDING INFORMATION

BREAST MILK FORMULA

TEMPERATURE WARM ROOM TEMP

HOW MANY OUNCES? _____

HOW OFTEN? _____

PARENT SIGNATURE

TODAY'S DATE

AUGUST FEEDING INFORMATION

BREAST MILK FORMULA

TEMPERATURE WARM ROOM TEMP

HOW MANY OUNCES? _____

HOW OFTEN? _____

PARENT SIGNATURE

TODAY'S DATE

Operational Policy on Infant Safe Sleep

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

Directions: Parents will review this policy upon enrolling their infant at Children's Weekday Ministries 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 Children's Weekday Ministries 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 [§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 [§746.2409 and §747.2309].
- For infants who are younger than 12 months of age, cribs should be bare except for a tight fitting sheet and a mattress cover or protector. Items that should not be placed in a crib include: soft or loose bedding, such as blankets, quilts, or comforters; pillows; stuffed toys/ animals; soft objects; bumper pads; liners; or sleep positioning devices [§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 [§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 [§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 [§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 [§746.2415(b) and §747.2315(b)].
- Place only one infant in a crib to sleep [§746.2405 and §747.2305].
- Infants may use a pacifier during sleep. But the pacifier must not be attached to a stuffed animal [§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 [§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 [§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) [§746.3703(d) and §747.3503(d)].
- Actively observe sleeping infants by sight and sound [§746.2403 and §747.2303].
- If an infant is able to 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 [§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 [§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 [§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/Owner

Date Signed

Signature — Staff member

Date Signed

Signature — Parent

Date Signed

LABELING INFORMATION

ALL items you send with your child to school need to be labeled.

Items you may forget to label:

Pacifiers

Clothing

Bottles/Breast Milk Bags

Formula Containers/Water Jug

Lunch Boxes

Jackets

Nap Mats/Blankets

Sippy Cups/Water Cups

Bibs

Back Packs

If Bottle or Breast Milk Bag is NOT labeled with child's name, we will NOT be able to feed them. We will call to ask you to identify before giving to them.

These options are waterproof and dishwasher safe. We do not get anything for ordering from these companies, these are just some suggestions.

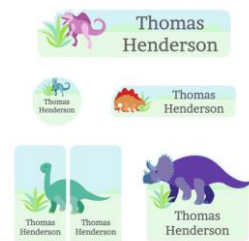
You can also find more companies on ETSY and AMAZON.



www.inchbug.com



www.stickymonkeylabels.com



www.namebubbles.com



KEEPING INFANTS COMFORTABLE WHILE SLEEPING

APPROPRIATE SLEEP SACK FOR INFANTS



1. Arm and neck openings sized appropriately for a safer fit.
2. Select a material that will not be too warm. Infants overheating is a SIDS risk.
3. Sleeveless to reduce the risk of overheating. (Room temperature should be comfortable for an adult clothed with lightweight material.)
4. Inverted zipper for easy changing.
5. Roomy sack promotes healthy hip development.
6. Sleepwear may never restrict an infant's natural movements.

NEVER "MODIFY" A SLEEP SACK. ALL SLEEPWEAR MUST BE USED IN ACCORDANCE WITH MANUFACTURES INSTRUCTIONS.

Examples that are NOT appropriate for Licensed/Registered Child Care:



This is considered Swaddling and is prohibited in Texas Child Care.

**INFANT PRODUCTS
NOT FOR SLEEPING**

**THE ITEMS SHOWN ARE
JUST A FEW EXAMPLES OF
RESTRICTIVE INFANT
EQUIPMENT
THAT ARE NOT SAFE FOR
INFANT SLEEP. PLEASE
SPEAK TO YOUR
LICENSING REPRESENTATIVE
IF YOU HAVE QUESTIONS
REGARDING A SPECIFIC
PIECE OF EQUIPMENT FOR
WAKING INFANTS.**



**IF AN INFANT FALLS ASLEEP WHILE IN
RESTRICTIVE INFANT EQUIPMENT,
TRANSFER THE INFANT TO A CRIB
ASAP. INFANTS SHOULD ALWAYS BE
PLACED ON THEIR BACK TO SLEEP.**

LITTLE LLAMAS

Snack Permission Form

We purchase snacks that are appropriate for the ages of this class. We will only give the snack item to your child that you have signed and approved. We understand this is a personal choice and will honor whatever you decide. *Flavors of the items will vary depending on availability at time.*



Child's Name: _____

I give permission for my child to eat Baby Mum-Mum's. Yes No

Parent Signature

Date



Child's Name: _____

I give permission for my child to eat Gerber Puffs. Yes No

Parent Signature

Date



Child's Name: _____

I give permission for my child to eat Cheerios. Yes No

Parent Signature

Date