Safe Sleep Practices

Child's Name _____ **Date of Birth** _____

Parent/Guardian Name _____

Sleep Safe Practices & Policies:

1. Infants will be placed on their backs in a crib to sleep unless a physician's written statement authorizing another asleep position is provided. The written statement must include how the infant shall be placed to sleep and a time frame that the instructions are to be followed.

2. Cribs shall be in compliance with CPCS and ASTM safety standards. They will be maintained and in good repair and free from hazards.

3. No objects will be placed in or on the crib with an infant. This includes, but is not limited to, covers, blankets, toys, pillows, quilts, comforters, bumper pads, sheepskins, stuffed toys, or other soft items.

4. No objects will be attached to a crib with a sleeping infant, such as, but not limited to, crib gyms, toys, mirrors, and mobiles.

5. Only sleepers, sleep sacks and wearable blankets provided by the parent/guardian and that fit according to the commercial manufacturer's guidelines and will not slip up around the infant's face may be worn for the comfort of the sleeping infant.

6. Individual crib bedding will be changed daily, or more often as needed, according to the rules. Bedding will be laundered daily or marked for individual use. If marked for individual use, the sheets/ covers must be laundered weekly or more frequently if needed.

7. Infants who arrive at the center asleep or fall asleep in other equipment, on the floor or elsewhere, will be moved to a safety-approved crib for sleep.

8. Swaddling will not be permitted, unless a physician's written statement authorizing it for a particular infant is provided. The written statement must include instructions and a time frame for swaddling the infant.

9. Wedges, other infant positioning devises and monitors will not be permitted unless a physician's written statement authorizing its use for a particular infant is provided. The written statement must include instructions on how to use the device and a time frame for using it.

I acknowledge that the director or designee has advised me of the safe sleep practices followed by the facility.

Signature _____ Date _____

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