

## INFANT SLEEP POSITION POLICY INFORMATION

The SIDS Alliance (800) 221-SIDS is a national non-profit health organization. The organization funds research to educate the public and provide support to SIDS families. They have affiliates throughout the United States. The SIDS Alliance joins the National Institute of Child Health and Human Development, Maternal and Child Health Bureau, American Academy of Pediatrics, and the Association of SIDS and Infant Mortality Programs as a proud sponsor of the Back to Sleep campaign.

The American Academy of Pediatrics defines Sudden Infant Death Syndrome (SIDS) as the sudden and unexplained death of an apparently healthy infant usually under the age one year, which remains unexplained after a complete medical history, death scene investigation and autopsy. SIDS strikes nearly 3,000 infants in the United States every year; the death is sudden and unpredictable; in most cases the infant appears healthy.

The American Academy of Pediatrics and the SIDS Alliance states that one of the most important ways to help REDUCE the RISK of SIDS is to place the infant on his/her back to sleep, this is done when an infant is being put down for a nap, rest, or to sleep for the night. It is now recommended that the infant NOT be placed on its side, because the sleeping position is being changed. Even though the side position is safer than sleeping on the stomach, babies sleeping on their sides can roll onto their stomachs. This puts them at greater risk of SIDS. When an infant that is cared for in a childcare facility is placed on his/her back, the parent/legal guardian must continue the infants sleep position at home, or where the infant sleeps.

Infants should be placed on their stomachs for "tummy time" when the baby is awake and is being watched. "Tummy time" while the baby is awake is good for developmental reasons. This time is usually when the baby is outside of the crib where it can listen, observe, and interact with others in their environment. It helps develop neck and shoulder muscles. It also helps to prevent "flat spots" on the back of the baby's head. Flat spots are almost always temporary. They usually go away a few months after the baby begins to sit up.

Infant sleeping areas in childcare settings are to be well lighted and co-located with infant activity areas so that line of sight adult supervision is maintained. Separate and/or darkened rooms/crib areas are not authorized.

Caregivers must be within visual (sight), auditory (sound), and physical proximity (near) of infants at all times.

The infant must be placed on his/her back on a firm mattress with tight fitting bottom sheets in a crib that meets current safety standards.

Remove all pillows, quilts, comforters, sheepskins, stuffed toys, and any other soft products from the crib.

Using sleepers or other clothing with no covering is preferred. Overheating and over bundling should be avoided; baby should not feel hot to the touch.

IF USING A LIGHT BLANKET, PLACE BABY'S FEET AT THE END OF THE CRIB. Tuck a thin blanket around the crib mattress reaching only as far as the baby's chest; make sure baby's head remains uncovered during sleep.

Prohibit bed sharing or co-sleeping on sofa beds with other infants or adults. Do not place a baby on a waterbed, sofa, soft mattress, pillow, or other soft surface.

Avoid various devices that have been developed to maintain a baby's sleep position. Some products are being made to keep babies in a certain sleep position during sleep. There is no proof that using any of these products will lower the risk of SIDS.

*The Sleep Agreement must be signed by the parent/legal guardian of the infant and kept in the infant area and in the infant's registration file. If an infant has a medical condition that requires he/she be placed for sleep on his/her stomach, the infant's physician must provide written instructions after weighing the relative risks or benefits. These instructions must be attached to the Sleep Position Agreement.*

The Apple Tree  
1106 W. 22nd  
Cameron, Texas 76520

### INFANT SLEEP POSITION AGREEMENT

I, the undersigned, as the parent/legal guardian of \_\_\_\_\_  
Infant's Name

have read and understand the Infant Sleep Position Policy Information that describes the policy on infant sleep positions to reduce the risk of Sudden Infant Death Syndrome (SIDS) on the back of this agreement, which is followed in this Child Care Center. I agree and have designated below one of the following sleep positions for my infant from Birth to 12 months of age when receiving care at this facility:

A. \_\_\_\_\_ My infant will be placed on his or her (circle one) back to sleep which is the best sleep position recommended by the American Academy of Pediatrics and the SIDS Alliance. This is one of the most important things I can do to reduce the risk of SIDS.

B. \_\_\_\_\_ My infant has a special medical condition and my child's physician has provided written instructions to place my infant to sleep on his or her stomach after weighing the relative risks or benefits. These instructions are attached to this Infant Sleep Position Agreement.

\_\_\_\_\_  
Parent/ Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Parent /Legal Guardian Name:

Address:

Home Telephone Number:

Cellular Telephone Number (if applicable):

Work Telephone Number:

Contact Telephone Number:

The signed agreement will be kept in the infant area as well as in the infant's registration files in this facility.

I fully understand that if my infant dies from SIDS in this facility, \_\_\_\_\_  
The Apple Tree, the director, the staff/employees, ASSUME NO  
RESPONSIBILITY FOR THE INFANT'S DEATH under state, federal, or foreign  
law.

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Date

# Infant/Toddler Information

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_

## Eating Behavior:

Feeding Schedule \_\_\_\_\_

How is child fed: \_\_\_ lap \_\_\_ high chair \_\_\_ infant seat \_\_\_ other  
\_\_\_ Uses bottle \_\_\_ Breast fed \_\_\_ Cup \_\_\_ Cup with Lid

Do you warm the bottle in the microwave? \_\_\_\_\_ In hot water? \_\_\_\_\_  
\_\_\_ Drinks formula (name of formula \_\_\_\_\_) \_\_\_ milk \_\_\_ juice  
\_\_\_ Breast milk \_\_\_ Eats baby food only \_\_\_ table only

(Please specify if limited) \_\_\_\_\_  
\_\_\_\_\_

Any food allergies or special needs? \_\_\_\_\_  
Any history of colic? \_\_\_\_\_

## Sleeping Behavior:

Nap time(s) \_\_\_\_\_

What does he/she take to bed (blanket, bottle, pacifier, etc) \_\_\_\_\_

Nap time procedures \_\_\_\_\_

## Toilet Habits:

Do you use \_\_\_ Desitin \_\_\_ Powder \_\_\_ Special Wipes \_\_\_ Other \_\_\_\_\_

Is diaper rash a problem? \_\_\_\_\_ If so, how do you treat it? \_\_\_\_\_

## Miscellaneous:

Does child have a "fussy" time? \_\_\_\_\_ When? \_\_\_\_\_ What do you do? \_\_\_\_\_

How does your child relate to strangers? \_\_\_\_\_