

Infant Sleep Permission Form

The American Academy of Pediatrics recommends keeping soft objects and loose bedding (including blankets) out of the crib/playpen to reduce the risk of SIDS, suffocation, entrapment, and strangulation for infants under the age of 12 months. The AAP recommends the use of pacifiers for sleep. Studies have reported a protective effect of pacifiers on the incidence of SIDS. Pacifiers should be checked for tears before each use.

Effective January 1, 2013, ND Child Care Licensing Regulations state:

With written parental permission, the provider may place one individual infant blanket or sleep sack, a pacifier, and a security item that does not pose a risk of suffocation to the infant in the crib or portable crib while the infant is sleeping or preparing to sleep.

* Providers are not required to allow these items.

Parent/Guardian Authorization

I have read the information on this form and give _____ permission
Print Name or Provider/Program

to use the following checked item(s) when my infant _____ is sleeping or preparing
to sleep: *Print Infant's Name*

One infant blanket (a thin blanket is recommended)

- A written order from a health care provider is required to use more than one blanket.
- If infant is being swaddled, the blanket should not come any higher than to the shoulders of the infant; blanket needs to be loose enough for a hand to fit between the blanket and the infant's chest; blanket should be kept loose around infant's hips.
- Swaddling is recommended by the AAP to be discontinued once the infant reaches 2 months of age or sooner if showing signs of rolling.
- Licensing requires swaddling to be discontinued once an infant become mobile.
- A written order from a health care provider is required to continue swaddling after an infant becomes mobile.

Sleep sack

- Swaddle sleep sacks (with arm panels) are recommended to be discontinued once an infant reaches 2 months of age or sooner if showing signs of rolling. Once the infant shows signs of rolling over or reaches 2 months of age, sleeveless sleep sacks should be used.

Pacifier - not allowed to be attached to a clip/strap or to a stuffed animal or toy

Security item (specify item) _____

*Necklaces (including teething necklaces) are not allowed

*Bibs are not allowed

*Headbands should be removed

Name of Parent/Guardian (please print) _____

Parent/guardian Signature _____ Date: _____

** It is recommended to place a copy of this form in the infant's file as well as post near the infant's crib/playpen (out of infant's reach) for providers/staff to reference.

Sources:

Caring for Our Children National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care, 4th Edition, 2019

ND Child Care Licensing Regulations

SIDS and Other Sleep Related Infant Deaths: Updated 2016 Recommendation for a Safe Infant Sleeping Environment, AAP, Pediatrics, 2016

AAP News, June 2013

Form provided by Child Care Aware® of North Dakota Health Consultants.

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ALL ABOUT MY INFANT

Child's Name: _____

_____ Pre-Mature Birth _____ Full-Term Child's Birth Weight _____

Child's General Mood: Are they mostly: happy, fussy, colicky, what? _____

Has child stayed with anyone else besides parents? _____ If so who? _____

Is child bottle or breast fed? _____ If using both, when do you use bottle vs. breast? _____

How do you give bottle: room temp, warmed, cold? _____

If you warm the bottle, what procedure do you use to warm bottle? _____

Does the child hold his or her own bottle? _____

Is child on formula or milk? _____ What kind of milk or formula do you use? _____

Is child on baby cereal? _____ List the kinds you use: _____

Is child on strained or other baby foods? _____ List the varieties you use fruit, veggies, etc. _____

Food likes: _____ Food Dislikes: _____

List amounts of food, types of food, and times your child usually eats below:

Breakfast: _____

Lunch: _____

Snack: _____

Will your child have a bottle or breast fed before arriving: _____

Will your child need breakfast? _____ When? _____

Does your child need a special comfort item to sleep with? _____ What is it? _____

Does your child sleep through the night? _____ If not how often do they wake and what do you do when they wake-feed, rock, change etc.? _____

When does your child wake in the morning? _____

When does your child nap in the morning? _____ Afternoon _____

Please list any other important information or special instructions on the care of your child below:

*It is a much smoother transition for both the caregiver and the baby if they are taking a bottle when they start childcare.