

Dear Parent,

Providing your infant with a safe environment in which to grow and learn is of extreme importance to us. To that end, our childcare facility has implemented policies and procedures to create a safe sleep environment for your infant.

We follow the recommendations of the American Academy of Pediatrics (AAP) and the sudden Consumer Safety Commission for safe sleep environments to reduce the risk of sudden infant death syndrome (SIDS). SIDS is "the sudden death of an infant under 1 year of age, which remains unexplained after thorough case investigation, including performance of a complete autopsy, examination of the death scene, and review of the clinical history."

Our written policy is as follows:

- All infants will be placed on their backs in safety-approved cribs unless an alternate sleep position is needed for medical reason and a written note from the infant's health professional is provided,
- Infants will not sleep on waterbeds, soft mattresses, or other soft surfaces.
- Soft materials such as pillows, quilts, comforters, stuffed toys and loose bedding will not be placed in infant's sleep environment.
- Infants will not share a safety-approved crib with other children.
- Infants will remain lightly clothed and comfortable while sleeping.
- Supervised "tummy time" will be observed while infant is awake.
- No smoking will be allowed in infants' environment.

Since the start of 1994 national campaign that provided guidelines for parents, health professionals, and other caregivers to place infants on their backs to sleep, the number of infants dying of SIDS has decreased by 42%.

Again, safety of your infant is paramount to us. By signing below, you, as the parent, understand and comply with the policies of the childcare facility, which your child will be attending.

Signature of Child Care Provider

Date

Signature of Parent

Date

INFANT SLEEP AND FEEDING INSTRUCTIONS

Directions: To be completed by parents each month.

Formula _____ Name _____

_____ Ounces Date _____

every _____ hours Allergy _____

Diet: (If on solid foods describe: ex., fruit and cereal)
(Formula, Strained foods, Junior foods, Table foods)

	<u>Yes</u>	<u>No</u>	<u>Comments</u>
Warm Bottle	_____	_____	_____
Warm food, not fruit	_____	_____	_____
Self-feeder	_____	_____	_____
High Chair	_____	_____	_____
Spoon	_____	_____	_____
Cup	_____	_____	_____

PARENT SLEEP INSTRUCTIONS

Tummy (or special instructions) _____

Pacifier _____ (if used at home)

Special Needs _____

WHAT TIME	SLEEP SCHEDULE DURING DAY	
	HOW LONG	COMMENTS
_____	_____	_____
_____	_____	_____
_____	_____	_____

DIAPERING

Describe anything unusual concerning your child's bowel and bladder function.

What lotion, powders, ointments do you use on your child? _____

(Lotions, powders, ointments are to be provided by parents)