

## Infant Sleep Position Policy

The American Public Health Association and the American Academy of Pediatrics have written guidelines for child care centers called *Caring for Our Children—National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs*. They suggest using the following rules regarding infant sleep position and surroundings:

- Infants under 12 months of age shall be placed on their backs on a firm-fitting mattress for sleep in a crib.
- Waterbeds, sofas, soft mattresses, pillows, and other soft surfaces shall be prohibited as infant sleeping surfaces.
- All pillows, quilts, comforters, sheepskins, stuffed toys, and other soft products shall be removed from the crib.
- If a blanket is used, the infant shall be placed at the foot of the crib, with a thin blanket tucked around the crib mattress, reaching only as far as the infant's chest.
- The infant's head shall remain uncovered during sleep.
- Unless the child has a note from a physician specifying otherwise, infants shall be placed in a supine (back) position for sleeping to lower the risks of Sudden Infant Death Syndrome (SIDS).
- When infants can easily turn over from the supine to the prone position, they shall be put down to sleep on their back, but allowed to adopt whatever position they prefer for sleep.
- Unless a doctor specifies the need for a positioning device that restricts movement within the child's crib, such devices shall not be used.
- The room temperature will be kept at a temperature that is comfortable for a lightly clothed adult.
- Infant will always be under adult supervision, with a sleep check/record every 5-10 minutes.

- Babies that are awake will have supervised "tummy time" 2-3 times daily. This will help babies strengthen their muscles and develop normally.
- All staff in care of infants will take required Safe Sleep training with documentation. They will be knowledgeable on safe sleep policies and practices. They will review these policies often.

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_

have read the policy memorandum on reducing the potential for Sudden Infant Death Syndrome (SIDS) in Child Care Programs. I understand that placing infants on their backs during sleep is recommended by the American Academy of Pediatrics to lower the risk of SIDS. I support this policy and am working with my child's caregiver/provider on the best sleep position for my child.

Instructions for sleep position:

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

**DEPARTMENT OF  
PUBLIC HEALTH AND HUMAN SERVICES  
State of Montana -- Pediatric Health Statement**

**Infant/Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Parent's Name:** \_\_\_\_\_

**EXAMINATION:**

**Known Health Conditions:** \_\_\_\_\_

**Allergies (specific):** \_\_\_\_\_

**Special Medication:** \_\_\_\_\_

**Immunizations Current:** \_\_\_\_\_

**Restrictions:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**I have examined \_\_\_\_\_ and find no unusual health risks to him/her  
or to other children in the day care setting.**

\_\_\_\_\_  
**(PLEASE PRINT - Provider's Name)**

\_\_\_\_\_  
**Date:** \_\_\_\_\_

**(Signature)**

**PLEASE CONSULT:      ARM 37.95.128**

**# DPHHS-DCH-200, revised 12/2004**

DEPARTMENT OF  
PUBLIC HEALTH AND HUMAN SERVICES



STATE OF MONTANA

INFANT FEEDING SCHEDULE

Infant/Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

**An individual form must be completed for all infants, ages 0 to 18 months.**

Note the type of breast milk, infant formula, milk, and other foods that the infant normally uses and the average daily amount they consume. **This needs to be updated any time food is added to an infant's diet.**

	Type	Average Daily Amount
Breast Milk:		
Infant Formula:		
Milk:		
Other Foods:		

List the approximate times that the infant eats, what the infant normally eats at each designated time, and the approximate amount (i.e. ounces):

Time:	Breast Milk, Infant Formula, Milk, and Other Foods

List any special considerations, (i.e. food allergies):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent Signature

Date

Provider Signature

Date