

## Safe Sleep Practices Policy

Child's name:	Date of birth:	
Parent/Guardian name:_		
Safe Sleep Practices/Pol	licies:	
another sleep position for	n their backs in a crib to sleep unless a physician's written s that infant is provided. The written statement must include ime frame that the instructions are to be followed.	
2) Cribs shall be in complication and free from hazar	ance with CPCS and ASTM safety standards. They will be rds.	maintained in good
, ,	ed in or on the crib with an infant. This includes, but is not lir ilts, comforters, bumper pads, sheepskins, stuffed toys, or o	
4) No objects will be attack mirrors and mobiles.	hed to a crib with a sleeping infant, such as, but not limited	to, crib gyms, toys,
	acks and wearable blankets provided by the parent/guardian sial manufacturer's guidelines and will not slip up around the e sleeping infant.	
for cots/mats will be laund sheets/covers must be lau	will be changed daily, or more often as needed, according the lered daily or marked for individual use. If marked for individu	dual use, the
7) Infants who arrive at the moved to a safety-approve	e center asleep or fall asleep in other equipment, on the flooed crib for sleep.	or or elsewhere, will
, .	ermitted, unless a physician's written statement authorizing tten statement must include instructions and a time frame fo	•
statement authorizing its u	ositioning devices and monitors will not be permitted unless use for a particular infant is provided. The written statement the device and a time frame for using it.	
I acknowledge that the direction facility.	ector or designee has advised me of the safe sleep practice	es followed by the
Signature	Date	