

## **Attention Parents:**

No blankets are allowed in cribs only a pacifier during naptime. We have the one-piece sleeper with attached wings that State requires for use on Infants less than 6 months, who are unable to roll.

If you would like your child swaddled for naps, please sign the next sheet. Check mark all lines **except line 4 where it states that you will provide a sleeper.**

When your child can roll over, the paperwork becomes invalid, because we cannot use the sleeper anymore for them.

**\*Please bring signed paperwork along with you when returning paperwork\***

Thank you!



## Parental Consent for Swaddling an Infant

Placing a swaddled infant down to sleep in a licensed setting is *not* recommended for an infant of any age\* and is prohibited for any infant who has begun to roll over independently.

However, with written consent of a parent or guardian, a license holder may place the infant who has NOT YET BEGUN to ROLL OVER ON ITS OWN down to sleep in a crib, on their back, in a one-piece sleeper equipped with an attached system that fastens securely ONLY across the upper torso, with no constriction of the hips or legs, to create a swaddle.

***Any other type of swaddle, including with a blanket, is prohibited.***

Prior to any use of swaddling for sleep by a licensed provider, the license holder must obtain informed written consent for the use of swaddling from the parent or guardian of the infant. The parent or guardian must demonstrate to the provider how to safely place baby in the swaddle so it is not too tight or too loose.

I \_\_\_\_\_, the parent/guardian of \_\_\_\_\_ DOB \_\_\_\_\_  
(parent) (infant)

give written consent to \_\_\_\_\_  
(provider)

***To place my infant to sleep in a crib, on their back, in a one-piece sleeper equipped with an attached system (“wings”) that fastens securely ONLY across the upper torso to create a swaddle.***

- \_\_\_\_ I verify that my infant has NOT yet begun to roll over.
- \_\_\_\_ I verify that the provider will only use the one-piece sleeper to swaddle my infant
- \_\_\_\_ I verify that the provider has a one-piece sleeper with attached “wings” OR
- \_\_\_\_ I verify that I have provided the one-piece sleeper with attached “wings”
- \_\_\_\_ I verify that I have demonstrated to the provider how to place baby in the swaddle.
- \_\_\_\_ I verify that I will immediately notify the provider when my infant has begun to roll over.

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

Signature of Provider \_\_\_\_\_ Date \_\_\_\_\_

***At the time that the parent or provider observes that this infant has begun to roll over, this parental consent is no longer valid.***

**Baby has begun to roll over. Swaddling has been discontinued.**

**Date: \_\_\_\_\_ Provider Initials: \_\_\_\_\_ Parent Initials: \_\_\_\_\_**

\*Caring for our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, Third Edition 2012