



Alternate Infant Sleep Positions & Equipment

Prepared by the Health Consultant Team at Child Care Aware® of North Dakota

Disclaimer: *Child Care Aware® of North Dakota supports the recommendations by the American Academy of Pediatrics (AAP) that all infants (birth through 12 months) should sleep completely flat on their backs in a crib/playpen; however, in the event that parents request that an infant sleep otherwise, it is important that child care providers are aware of the following:*

- It is recommended to consult an attorney to discuss the liability risk.
- It is recommended that child care providers have business liability insurance to protect themselves in case of a lawsuit.
- It is recommended that child care providers get approval from their licensor for alternate sleeping positions or place of sleep (ex. swing).
- Child care providers have the right to refuse an infant care if they do not feel comfortable placing the infant in an alternative position or place of sleep.
- It is recommended to obtain written permission from both the infant's parents and the infant's health care provider. The parents' permission form should explicitly state that the parents want the child care provider to allow their infant to sleep in an alternative position or place of sleep. The health care provider's statement should explicitly state the infant's medical condition, the specific instructions for the alternative position or place of sleep, and length of time that the instructions should be followed.
- The parents' permission form and the statement from the health care provider should be reviewed periodically (at least every 6-8 weeks or sooner) with parents and the infant's health care provider to determine if there has been a change.
- A copy of the health care provider's statement and the parents' permission form should be posted by the infant's crib/playpen and a copy kept in the infant's file.

Example of parental permission form:

I (Parent/Guardian's name) authorize (child care provider) to place my infant in a sleep position other than the back when he/she is sleeping (alternate position or place of sleep should be specified, as well as length of time instructions should be followed).

Example of medical permission form (from health care provider):

I certify that (infant's name) has the following medical contraindication to sleeping supine (on his/her back): (must specify the condition, the instructions for alternate position or place of sleep, and length of time to follow instructions). I have discussed the risks/benefits of placing (infant's name) in a non-supine position with the infant's parents/guardians.

For more guidelines for creating written policies, go to The National SIDS and Infant Death Program Support Center @ www.sidscenter.org

For more questions regarding liability, contact Tom Copeland at NAFCC (National Association for Family Child Care), tomcopeland@live.com

Sources: Tom Copeland, Red Leaf Institute

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