TEXAS Health and Human Services

Form 2550
September 2023

Operational Policy on Infant Safe Sleep

This form provides the required information per minimum standards Sections 746.501(9) and 747.501(6) for the safe sleep policy.

Directions: Parents will review this policy upon enrolling their infant at _____ and a copy of the policy is provided in the parent handbook. Parents can review information on safe sleep and reducing the risk of Sudden Infant Death Syndrome/Sudden Unexpected Infant Death (SIDS/SUIDS) at: http://www.healthychildren.org/English/ages-stages/baby/sleep/Pages/A-Parents-Guide-to-Safe-Sleep.aspx

Safe Sleep Policy

All staff, substitute staff, and volunteers at _____ will follow these safe sleep recommendations of the American Academy of Pediatrics (AAP) and the Consumer Product Safety Commission (CPSC) for infants to reduce the risk of Sudden Infant Death Syndrome/Sudden Unexpected Infant Death Syndrome (SIDS/SUIDS):

- Always put infants to sleep on their backs unless you provide Form 3019, Infant Sleep Exception/Health Care Professional Recommendation, signed by the infant's health care professional [Sections 746.2427 and 747.2327].
- Place infants on a firm mattress, with a tight-fitting sheet, in a crib that meets the CPSC federal requirements for full-size cribs and for non full-size cribs [Sections 746.2409 and 747.2309].
- For infants who are younger than 12 months old, cribs play yards should be bare except for a tight-fitting sheet and a mattress cover or protector. Items that should not be placed in a crib or play yard include: soft or loose bedding, such as blankets, quilts or comforters; pillows; stuffed toys and animals; soft objects; bumper pads; liners; or sleep positioning devices [Sections 746.2415(b) and 747.2315(b)]. Also, infants must not have their heads, faces or cribs covered at any time by items such as blankets, linens, or clothing [Sections 746.2429 and 747.2329].
- Do not use sleep positioning devices, such as wedges or infant positioners. The AAP has found no evidence that these devices are safe. Their use may increase the risk of suffocation [Sections 746.2415(b) and 747.2315(b)].
- Ensure that sleeping areas are ventilated and at a temperature that is comfortable for a lightly clothed adult [Sections 746.3407(10) and 747.3203(10)].
- If an infant needs extra warmth, use sleep clothing _____ (insert type of sleep clothing that will be used, such as sleepers or footed pajamas) as an alternative to blankets [Sections 746.2415(b) and 747.2315(b)].
- Place only one infant in a crib to sleep [Sections 746.2405 and 747.2305].
- Infants may use a pacifier during sleep. But the pacifier must not be attached to a stuffed animal [Sections 746.2415(b) and 747.2315(b)] or the infant's clothing by a string, cord or other attaching mechanism that might be a suffocation or strangulation risk [Sections 746.2401(6) and 747.2315(b)].
- If the infant falls asleep in a restrictive device other than a crib (such as a bouncy chair or swing or arrives to care asleep in a car seat), move the infant to a crib immediately, unless you provide Form 3019, Infant Sleep Exception/Health Care Professional Recommendation, signed by the infant's health care professional [Sections 746.2426 and 747.2326].
- Our child care program is smoke-free. Smoking is not allowed in Texas child care operations (this includes e-cigarettes and any type of vaporizers) [Sections 746.3703(d) and 747.3503(d)].
- Actively observe sleeping infants by sight and sound [Sections 746.2403 and 747.2303].
- If an infant can roll back and forth from front to back, place the infant on the infant's back for sleep and allow the infant to assume a preferred sleep position [Sections 746.2427 and 747.2327].
- Awake infants will have supervised "tummy time" several times daily. This will help them strengthen their muscles and develop normally [Sections 746.2427 and 747.2327].
- Do not swaddle an infant for sleep or rest unless you provide Form 3019, Infant Sleep Exception/Health Care Professional Recommendation, signed by the infant's health care professional [Sections 746.2428 and 747.2328].

Privacy Statement

HHSC values your privacy. For more information, read our privacy policy online at: https://hhs.texas.gov/policies-practices-privacy#security.

Signatures

This policy is effective on: _____ Child's name: _____

_____ _____
Signature — Director or Owner Date Signed

_____ _____
Signature — Staff member Date Signed

_____ _____
Signature — Parent Date Signed

TEXAS
Health and Human Services

Form 3019
April 2018-E

Infant Sleep Exception/Health Care Professional Recommendation

When a health care professional determines that it is medically necessary for an infant to sleep in an alternative position (other than sleeping on the infant's back), sleep in a restrictive device (such as a bouncer seat or swing), or needs to be swaddled to sleep, use this form to ensure that a licensed child care center, licensed child care home, or registered child care home that cares for the infant meets the minimum standards required by Texas Human Resources Code §42.042(e)(8)(A) and (B). The standards for these operations require the operation to:

- follow the directions of an infant's health care professional to provide specialized medical assistance to the infant (746.3815 and 747.3615); and
- maintain, while active, this form and any other directions from the health care professional that the parent provides to the operation [See §746.603(a)(10) or §747.603(a)(9)]. Keep the exception form in the infant's classroom, so that a caregiver may refer to the health care professional's instructions.

Directions: This exception will not be effective until all sections and signatures are complete. Once completed, the exception is acceptable for use by the child care operation.

Infant's Information

Infant's Name	Date of Birth	Infant's Age	Parent/Guardian's Name

Address			

Home Phone	Work Phone	Fax	Email

The infant's health care professional must complete the following section.

Health Care Professional Information

Name of Infant's Health Care Professional	Name of Practice

Address	Fax number

Work Phone	Home Phone	Email

The Texas child care minimum standards (§§746.2426, 746.2427 and 746.2428 for child care centers or §§747.2326, 747.2327 and 747.2328 for licensed or registered child care homes) require child care operations to place all infants on their backs to sleep in a crib and to ensure that infants do not sleep in restrictive devices and are not laid down to sleep swaddled. But, based on the advice of the infant's health care professional, when medically necessary, the center may be authorized to use an alternative sleep position, restrictive device, or swaddle for the infant due to medical reasons.

The above named infant has the following medical condition that necessitates an alternative sleep position, allow for sleep in a restrictive device, or requires swaddling for sleeping:

Health Care Professional Information

Please describe the appropriate sleep position/restrictive device/swaddling technique to be used for the above named infant and include the effective dates for the exception:		
Effective Dates of Exception	From	To

Health Care Professional's Signature

Date

Waiver of Liability

- I affirm and acknowledge that the below named child care operation has provided me with the operation's safe sleep policy.
- I further authorize the child care operation and its caregivers to place my infant in an alternative sleep position, restrictive device, or swaddling at the recommendation of my infant's health care professional, as described above.
- I, as the parent or guardian of the above mentioned infant, release and hold harmless the below named child care operation, its officers, directors, caregivers, and employees from any and all liability whatsoever associated with harm to my infant due to Sudden Infant Death Syndrome (SIDS).

Parent or Guardian's Signature _____ Date Signed _____

An authorized official with the child care operation must complete the following section.

Child Care Operation Information and Signature

Name of Child Care Operation	Operation Number

Operation Representative's Signature _____ Date Signed _____

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