

**U.S. ARMY CHILD DEVELOPMENT SERVICES
INFANT SLEEP POSITION AGREEMENT**

I, the undersigned, as the parent/legal guardian of _____ have read and understand the information on the back of this agreement, which will be followed in U.S. Army Child Development Services program settings. I agree and have designated below one of the following sleep positions for my infant from birth to 12 months of age when receiving care in U.S. Army Child Development Services programs:

a. _____ My infant will be put on (his) or (her) back to sleep which is the **best sleep** position recommended by the American Academy of Pediatrics. This is one of the most important things I can do to reduce the risk of SIDS.

b. _____ My infant will be put on (his) or (her) side to sleep. I understand this alternative side position, although sanctioned by the American Academy of Pediatrics, is *not considered* as safe as the back position. If the side position is used, CDS staff and FCC providers will be advised to bring my infant's lower arm forward to stop (him) or (her) from rolling over on (his) or (her) stomach.

c. _____ My infant has a special medical condition and my child's physician has provided written instructions to put my infant to sleep on (his) or (her) stomach after weighing the relative risks or benefits. These instructions are attached to this Infant Sleep Position Agreement.

Parent/Legal Guardian Signature

Date

Printed Parent/Legal Guardian Name

Address:

Home Phone:

Work Phone:

This signed agreement will be kept in the Child Development Center/facility infant area or the Family Child Care home as well as in the infant's registration file in the respective CDC or FCC office.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

PRINCIPAL PURPOSE: To maintain parent/guardian statement of agreement on record for sleeping position of infants as required by DA.

ROUTINE USE: Form is maintained in the child care areas and in child's file.

DISCLOSURE: Voluntary, however if information is not provided, child care services may be denied as to comply with DA mandate. No information is disclosed outside the required boundaries of the center.

U.S. ARMY CHILD DEVELOPMENT SERVICES INFANT SLEEP POSITION POLICY INFORMATION

The American Academy of Pediatrics defines Sudden Infant Death Syndrome (SIDS) as the sudden and unexplained death of an infant under one year of age. SIDS, sometimes known as crib death, strikes nearly 3,000 babies in the U.S. every year; the death is sudden and unpredictable; in most cases, the baby seems healthy.

The American Academy of Pediatrics says that one of the most important things to help reduce the risk of SIDS is to put a healthy baby on his/her *back* to sleep; this is done when a baby is being put down for a nap, rest or to sleep for the night.

As an American Academy of Pediatrics recommended alternative, infants may be put down for sleep on their sides, although this *is not considered to be as safe as the back position*. If the side position is used, CDS staff and Family Child Care (FCC) providers are advised to bring the infants' lower arms forward to stop them from rolling on their stomachs.

Between the ages of 6 and 12 months an infant may begin to turn over on his/her own. Once this occurs, the recommendation is to let the infant assume his/her own sleep position after being placed on his/her back to sleep.

A certain amount of "tummy time" *while the infant is awake and observed* is recommended for developmental reasons and to help prevent flat spots on the back of the head. Tummy time is provided outside of the crib, e.g., in a safe place where infants can listen, observe and interact with others in their environment.

Infant sleeping areas in Child Development Centers (CDCs) and outreach child care settings are to be well lighted and co-located with infant activity areas so that line of sight adult supervision is maintained. Separate and/or darkened rooms/crib areas are not authorized.

FCC providers must be within sight or sound of infants at all times. FCC providers living in two-story housing units should nap infants on the ground floor or remain on the same floor level while infants are sleeping. Providers should observe all children on a regular basis throughout nap/rest periods.

Place a baby on his/her back on a firm tight-fitting mattress in a crib that meets current safety standards.

Remove pillows, quilts, comforters, sheepskins, stuffed toys, and other soft products from the crib.

Blankets may be used, but using sleepers or other sleep clothing with no other covering is a preferred alternative. Overheating and over bundling should be avoided; baby should not feel hot to the touch.

If using a blanket, put baby's feet at the end of the crib. Tuck a thin blanket around the crib mattress, reaching only as far as the baby's chest; make sure baby's head remains uncovered during sleep.

Prohibit bed sharing or co-sleeping, e.g., on sofas or beds with other infants or adults. Do not place a baby on a waterbed, sofa, soft mattress, pillow, or other soft surface.

Avoid various devices that have been developed to maintain sleep position.

The U.S. Army Infant Sleep Position Agreement or the Exception Statement signed by the parent/guardian of the infant, must be kept in the Child Development Center/facility infant area or the Family Child Care Home and in the infant's registration file in the CDC or FCC Office. If an infant has a medical condition that requires an infant to be put down for sleep on his or her stomach, the Child's physician must provide written instructions after weighing the relative risks or benefits. These instructions must be attached to the U.S. Army Infant Sleep Position Agreement.