

INDIVIDUAL INFANT SLEEPING PLAN

Date of plan: _____

SECTION A: INFANT'S INFORMATION

| | | |
|--|--------|--------------|
| Infant's Name | Gender | Birth Date |
| Authorized Representative's Name (Primary Contact) | | Phone Number |
| Authorized Representative's Name (Secondary Contact) | | Phone Number |

SECTION B: SLEEPING ENVIRONMENT INFORMATION

| | |
|---|--|
| At home, the infant sleeps in: <input type="checkbox"/> Crib <input type="checkbox"/> Play Yard <input type="checkbox"/> Other (Specify) _____ | What are the Infant's usual sleeping hours? _____ _____ |
| What is the infant's average length of the Infant's nap(s) during the day time? _____ minutes _____ hours | Does the infant use a pacifier? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes If yes , brand: _____ |

SECTION C: INFANT'S ABILITY TO ROLL

My child, _____ is able to roll from their back to their stomach and stomach to their back beginning _____ / _____ / _____.

| | |
|-------------------------------------|------|
| Authorized Representative Signature | Date |
|-------------------------------------|------|

SECTION D: INFANT'S ABILITY TO ROLL IN CHILD CARE

Provider observed the infant is capable of rolling from their back to their stomach and stomach to their back.

| | |
|--|------|
| Provider Signature | Date |
| Authorized Representative Signature (To be completed no later than the next business day following observation) | Date |

SECTION E: MEDICAL EXEMPTION

Does the infant have a medical exemption? Yes No

If the infant has a medical exemption to sleep in a position other than on their back a licensed physician must provide instruction on an alternate sleeping position.

The following shall be included with the medical exemption:

- Instructions on how the infant shall be placed to sleep, including sleep position.
- Duration the exemption is to be in place
- The licensed physician's contact information
- Signature of the licensed physician and date of signature

ATTACH REQUIRED DOCUMENTS TO THIS FORM AND MAINTAIN IN THE INFANT'S FILE PURSUANT TO TITLE 22, SECTION 101429(a)(2)(c) FOR CHILD CARE CENTERS OR SECTION 102425(c)(2) FOR FAMILY CHILD CARE HOMES.

I certify that all information contained in this form is complete and accurate to the best of my ability.

Authorized Representative Signature

Date
