

INFANT-SLEEP EXCEPTION

Health-Care Professional Recommendation

**Purpose:** 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). 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; 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   |
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| Infant’s Name:      | Infant’s 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   |
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| Name of Infant's Health-Care Professional:       |
| Name of Practice:      |
| Address:       |
| Phone:       | Fax:       |
| 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:      |
| 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 Signed:       |

| WAIVER OF LIABILITY   |
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| * 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).
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| 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   |
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| Name of Child-Care Operation:      | Operation Number:      |
| Operation Representative's Signature:      | Date Signed:      |

| PRIVACY STATEMENT   |
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| DFPS values your privacy. For more information, read our privacy policy at: <http://www.dfps.state.tx.us/policies/privacy.asp>.   |