

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 | | | |
| --- | --- | --- | --- |
| 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 | | |
| --- | --- | --- |
| 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 | |
| --- | --- |
| * 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: |

| 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>. |