



Swaddling Consent for an Infant

Placing a swaddled infant down to sleep in a licensed setting is *not* recommended for an infant of any age* and is prohibited for any infant who has begun to roll over independently.

However, with written consent of a parent or legal guardian, a license holder may place the infant who has **not yet begun to roll over on their own** down to sleep in a crib, on their back, in a swaddle that is one-piece sleepwear that:

- does not have weighted materials, a hood or a bib;
- wraps over the infant's arms, fastens securely only across the upper torso, with no constriction of the hips or legs; and
- is not so tight that it restricts the infant's ability to breathe or so loose that the fabric could cover the infant's nose or mouth.

Any other type of swaddle, including with a blanket, is prohibited.

Prior to any use of swaddling for sleep, the license holder must obtain informed written consent for the use of swaddling from the parent or legal guardian of the infant.

I _____, the parent/ legal guardian of _____ DOB _____
(Parent or legal guardian) (Infant) (Date of birth)
 give written consent to _____ (Provider)

to place my infant to sleep in a crib, on their back, in a swaddle that meets the requirements above.

I verify that my infant has NOT yet begun to roll over.

I permit the provider to only use a swaddle that:

- does not have weighted materials, a hood or a bib;
- wraps over the infant's arms, fastens securely only across the upper torso, with no constriction of the hips or legs; and
- is not so tight that it restricts the infant's ability to breathe or so loose that the fabric could cover the infant's nose or mouth.

I verify that I will immediately notify the provider when my infant has begun to roll over.

Parent or legal guardian signature _____ Date _____

Provider signature _____ Date _____

At the time that the parent, legal guardian, or provider observes that this infant has begun to roll over, this consent is no longer valid.

Infant has begun to roll over. Swaddling has been discontinued.

Date: _____ Provider initials: _____ Parent or legal guardian initials: _____