

**DEFENSE LOGISTICS AGENCY CHILD DEVELOPMENT PROGRAM
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 DLA Child Development 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 DLA Child Development programs:

- a. _____ My infant will be put on (his) or (her) back to sleep which is the best 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 providers will be advised to bring my infant's lower arm forward to stop (him) or (her)
- 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 Gaurdian Signature

Date

Printed Parent/Legal Gaurdian Name

Address:

Home Phone:

Home Phone:

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

PRIVACY ACT STATEMENT

Purpose: Data is collected to effectively manage and operate a day care facility. Information relating to religious preference or religious activity is collected and maintained only for cultural and social enrichment activities.

Authority: Authority for maintenance of the system: 5 U.S.C. 301, Agency powers, departmental regulations; 5 U.S.C. 302, Agency powers, delegation of authority; 10 U.S.C. 133, Organization and powers, Under Secretary of Defense for Acquisition and Technology; 10 U.S.C. 2809 and 2812, Military construction of child care facilities; 42 U.S.C. Chap. 127, Coordinated services for children, youth, and families; 40 U.S.C. 490B, Child care services for Federal employees, 42 U.S.C. Chap. 67, Child abuse program; Pub. L. 101-189, Title XV, Military Child Care Act of 1989; E.O. 9397, SSN; and DoD Instruction 6060.2, Child Development Programs.

Routine Uses: These records may be disclosed outside DoD to physicians, dentists, medical technicians, hospitals, or health care providers in the course of obtaining emergency medical attention; and to Federal, State, and local officials involved with the child care or health services, including child abuse. In addition, the data may be disclosed for any of the "Blanket Routine Uses" published by DLA. A list will be provided upon request .

DISCLOSURE IS VOLUNTARY. Providing the data is voluntary. However, failure to provide answers to all or part of questions may result in refusal of day care services. DLA PRIVACY ACT SYSTEM NOTICE S400.20 (Day Care Facility Registrant and Application Records) applies.

DEFENSE LOGISTICS AGENCY CHILD DEVELOPMENT PROGRAM INFANT SLEEP POSITION POLICY

The American Academy of Pediatrics defines Sudden Infant Death Syndrome (SIDS) as the sudden 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/hers 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 infants 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 prevent flat spots on the back of the head. Tummy time is provided outside 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 the line of sight of adult supervision is maintained. Separate and/or darkened 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 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 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 coverings is a preferred alternative. Overheating and overbundling 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 baby on a waterbed, sofa, soft mattress, pillow, or other soft surface.

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

The DLA Infant Sleep Position Agreement or the Exception Statement signed by the parent/guardian of the infant, must be kept in the Child Development Center Infant area or the Family Child Care Home and in the infant's registration file. If the infant has a medical condition that requires an infant to be put down to 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 DLA Infant Sleep Position Agreement.