MTJB Infant Safe Sleep Form

Child's Name:

_____

Date of Birth (YYYY/MM/DD):

_____

Photo of Child Here

<u>Please complete the below by checking the appropriate boxes:</u>

I have received/reviewed the documents below
☐ Safe Sleep Policy
☐ I have viewed the Sleep Checklist
☐ Received a Safe Sleep for your Baby Brochure

Safe Sleep Practices - *All infants will be placed on their backs to sleep, as per our Infant Safe Sleep Policy.*
☐ Yes, I want my child to be placed on their back to sleep
☐ No, I want my child to sleep in an alternate position (you will need to provide a note from the medical professional)

Sleep Locations - *An infant who arrives asleep in a car seat or falls asleep in a swing, a stroller, or a lounge seat will be moved to a crib/cot unless you prefer them not to be disturbed.*
☐ Do not move them from any location while they are asleep.
☐ Move them from any location while they are asleep.

Wake up for Feeding Times - *Should an infant be sleeping during their scheduled feeding times, we will not disturb them and feed them when they wake.*
☐ Do not wake my child for their scheduled feeding times.
☐ Please wake my child for their scheduled feeding times.

Bedding *- M.T.J.B. Child Care Centre will provide your child a crib/cot that meets the regulations of the Canada Consumer Product Safety Act with a tight-fitting crib/cot sheet. It is not recommended that we use blankets or any loose bedding in the infant's cribs.*
☐ Please use a light receiving blanket on my infant during sleep time.
☐ Please use a sleep sack that will be provided by our family.
☐ Other: Please explain: _____

Toys or other Soft Objects *- It is not recommended that we place anything (including toys and soft objects) in your child's crib/cot other than a pacifier, if used.*
☐ Please do not allow my child to sleep with anything other than a pacifier.
☐ Please allow my child to sleep with a toy or soft object from home or from the Child Care Centre.

Parent's/Guardian's Signature & Date: (yyyy/mm/dd) _____

Program Manager's Signature & Date: (yyyy/mm/dd) _____