

INDIVIDUAL INFANT SLEEPING PLAN

Date of plan: _____

SECTION A: INFANT'S INFORMATION

Infant's Name	Gender	Birth Date
Authorized Representative's Name (Primary Contact)		Phone Number
Authorized Representative's Name (Secondary Contact)		Phone Number

SECTION B: SLEEPING ENVIRONMENT INFORMATION

At home, the infant sleeps in: <input type="checkbox"/> Crib <input type="checkbox"/> Play Yard* <input type="checkbox"/> Other (Specify) _____ *Not applicable to Child Care Centers. Play Yard is defined in CCR, Title 22 for Family Child Care Homes 102352.	What are the usual sleeping hours? _____ _____
Approximately how long does the infant generally sleep for at a time during the daytime? _____ minutes _____ hours	Does the infant use a pacifier? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes If yes, brand: _____

SECTION C: INFANT'S ABILITY TO ROLL

My child, _____ is able to roll from their back to stomach and stomach to back beginning _____ / _____ / _____.

Authorized Representative Signature	Date
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SECTION D: FIRST TIME INFANT ROLLED OVER (If while in care in current facility)

_____ is able to roll from their back to stomach and stomach to back in care on _____ / _____ / _____ at _____, the authorized representative was notified at _____.

Authorized Representative Signature (to be completed upon pick up or no later than next business day)	Date
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SECTION E: MEDICAL EXEMPTION

Does the infant have a medical exemption? Yes No

If the infant has a medical exemption to sleep in a position other than on their back as required, have a licensed physician provide instruction on an alternate sleeping position.

The following shall be included with the medical exemption:

- Position and instructions on how the infant shall be placed to sleep
- Duration the exemption is to be in place
- The licensed physician's contact information
- Signature from the approving physician

ATTACH REQUIRED DOCUMENTS TO THIS FORM AND MAINTAIN IN INFANT'S FILE PURSUANT TO TITLE 22, SECTION 101221(d) FOR CHILD CARE CENTERS OR SECTION 102425(c)(2) FOR FAMILY CHILD CARE HOMES.

I certify that all information contained in this form is complete and accurate to the best of my ability.

Authorized Representative Signature	Date
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