Form J-800-2710
New February 2017

INFANT-SLEEP EXCEPTION
Healthcare 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:	

HEALTH-CARE PROFESSIONAL INFORMATION

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

DFPS values your privacy. For more information, read our privacy policy at: http://www.dfps.state.tx.us/policies/privacy.asp.