

Ohio Department of Job and Family Services  
**SLEEP POSITION WAIVER STATEMENT**  
**FOR CHILD CARE CENTERS AND TYPE A HOMES**

**Sudden Infant Death Syndrome (SIDS)** is the sudden unexplained death of an infant younger than one year old. SIDS is the leading cause of death for infants between 1 month and 12 months of age. SIDS is most common among infants that are 2-4 months old. Doctors don't know what causes SIDS, but they have found some things that can make babies safer. The American Academy of Pediatrics and the National Institute of Child Health and Human Development state that one of the most important things that can help reduce the risk of SIDS is to put healthy babies on their backs to sleep. A few babies have health or medical conditions that might require them to sleep in an alternative position. **If a child 18 months or younger is to be placed in the crib in any other position than on their back, this form must be completed by the child's physician.**

**State regulations, effective January 1, 2007, require child care centers and type A homes to place all infants (babies 0-18 months) to sleep on their back. At the advice of the infant's physician, the center may be authorized to use an alternative sleep position for the infant due to health or medical conditions. This includes the use of any infant positioning devices, and devices used to elevate the mattress or crib.**

**Note: When an infant can easily turn over from back to front and front to back by himself, the infant shall be placed to sleep on his back but will be allowed to assume his preferred sleep position.**

**To Be Completed by the Infant's Parent**

Name of Infant		Date of Birth	
Name of Primary Care Physician			
Name of Practice			
Address			
Phone	Fax (optional)	Email (optional)	
Signature of Parent/Guardian (authorizing this instruction)			Date

**To Be Completed by the Infant's Primary Physician**

The above named infant has the following health or medical condition that necessitates an alternative sleep position:		
Describe the appropriate sleep position for the above named infant:		
Additional instructions:		
Signature of Physician		Date
This above instruction is effective from	Begin Date	End Date

This is a prescribed form provided by ODJFS that must be used by centers and type A homes to meet the requirements of rule 5101:2-12-42 and rule 5101:2-13-42.