

PARENTAL CONSENT FOR SWADDLING AN INFANT

300 Madison Ave, Mankato, MN 56001

Placing a swaddled infant down to sleep in a licensed setting is **not** recommended for an infant of any age and is prohibited for any infant who has begun to roll over independently.

However, with written consent of a parent or guardian, a license holder may place the infant who has NOT YET BEGUN to ROLL OVER ON ITS OWN down to sleep in a crib, on their back, in a one-piece sleeper equipped with an attached system that fastens securely ONLY across the upper torso, with no constriction of the hips or legs, to create a swaddle.

Any other type of swaddle, including with a blanket, is prohibited.

Prior to any use of swaddling for sleep by a licensed provider, the license holder must obtain informed written consent for the use of swaddling from the parent or guardian of the infant. The parent or guardian must demonstrate to the provider how to safely place baby in the swaddle so it is not too light or too loose.

Child/Parent/Guardian Information				
Child Last Name:	Child First N	lame:		Child Date of Birth (mm/dd/yyyy):
Parent/Guardian First Name:	Parent/Guar	rdian Last Name:		
r arong Guardian i instruanio.	T drong oddr	dan Last wams.		
Swaddling Consent Statement				
I, the parent/guardian (identified above) of the child (identified above), give written consent to the provider (Little Stars Early Learning Center, LLC) to: Place my infant to sleep in a crib, on their back, in a one-piece sleeper equipped with an attached system ("wings") that fastens securely ONLY across the upper torso to create a swaddle.				
☐ I verify that my infant has NOT yet begun to roll over.				
☐ I verify that the provider will only use the one-piece sleeper to swaddle my infant.				
☐ I verify that the provider has a one-piece sleeper with attached "wings". OR				
☐ I verify that I have provided the one-piece sleeper with attached "wings".				
☐ I verify that I have demonstrated to the provider how to place the baby in the swaddle.				
☐ I verify that I will immediately notify the provider why my infant has begun to roll over.				
Parent/Guardian Signature:			Date (mm/dd/yyyy)	
Provider Signature:			Date (mm/dd/yyyy)	
Notification and Acknowledgement Child has Begun to Roll Over				
Baby has begun to roll over. Swaddling has been discontinued.				
Date (mm/dd/yyyy) Parent/Guardia	an Initials:	Provider Initials:		