

Technical Assistance

Exploring outside of the crib gives infants freedom of movement, which cannot be met in swings, infant carriers, strollers, or otherwise physically limiting equipment.

§746.2426. May I allow infants to sleep in a restrictive device?

Subchapter H, Basic Care Requirements for Infants

March 2023

- (a) If you do not have a Sleep Exception Form that includes a signed statement from a health-care professional stating that the child sleeping in a restrictive device is medically necessary:
- (1) You may not allow an infant to sleep in a restrictive device [High]; and
 - (2) If an infant falls asleep in a restrictive device, you must remove the infant from the device and place the infant in a crib as soon as possible [High].
- (b) You may allow an infant to sleep in a restrictive device if you have a completed Sleep Exception Form that includes a signed statement from a health-care professional stating that the child sleeping in a restrictive device is medically necessary.

Technical Assistance

- Infants sleeping in restrictive devices are at risk for strangulation, injury, and positional asphyxiation. Documentation from a health care professional is required for an infant to sleep in a device other than a CPSC approved crib.
- Infants arriving at the center asleep in a car seat must be removed from the car seat and placed in a crib. You must not place the car seat in the crib with a sleeping infant.
- If applicable, a copy of the Sleep Exception Form should be kept in the infant's classroom for easy review by caregivers and licensing staff.

§746.2427. How must I position an infant for sleep?

Subchapter H, Basic Care Requirements for Infants

March 2023

- (a) You must place an infant in a face-up sleeping position in the infant's own crib, unless you have a completed Sleep Exception Form that includes a signed statement from a health-care professional stating that a different sleeping position for the child is medically necessary [High].
- (b) An infant who is developmentally able to roll from back to stomach and stomach to back may do so independently after you have placed the infant in a face-up position for sleep.

Technical Assistance

- Sudden Infant Death Syndrome (SIDS), the sudden and unexplained death of an infant, is the major cause of death in babies between 1 and 4 months old. After 30 years of research, scientists still cannot find a cause for SIDS; however, research has found the risk of SIDS may be reduced by placing a healthy infant on his or her back to sleep.
- If the infant was born with special care needs, has gastroesophageal reflux, often spits up after eating, or has a breathing, lung, or heart problem, a doctor or nurse may recommend a different sleep position to use.
- Providing “tummy time” several times each day is important because it prepares infants for the time when they will be able to slide on their bellies and crawl. The caregiver needs to stay near and closely supervise the infant during tummy time.
- If applicable, a copy of the Sleep Exception Form should be kept in the infant's classroom for easy review by caregivers and licensing staff.
- For additional information, see the CDC webpage [Safe Sleep for Babies](#).

§746.2428. May I swaddle an infant to help the infant sleep?

Subchapter H, Basic Care Requirements for Infants

April 2017

You may not lay a swaddled infant down to sleep or rest on any surface at any time unless you have a completed Sleep Exception Form that includes a signed statement from a health-care professional stating that swaddling the child for sleeping purposes is medically necessary. [High]