

**ACKNOWLEDGEMENT
OF
INFANT YOUNGER THAN SIX MONTHS OLD INDEPENDENTLY ROLLING OVER**

This form documents that the Parents(s)/Guardian(s) have witnessed and acknowledge that _____ (infant name) _____ (date of birth) independently rolls over when placed to sleep on his or her back.

By signing this form, both the Licensed Family Child Care Provider and the Parent(s)/Guardian(s) acknowledge that _____ (infant name) will be allowed to remain in a position other than on his or her back while sleeping at the Licensed Family Child Care home.

_____	Parent	_____	Date
_____	Parent	_____	Date
_____	Licensed Family Child Care Provider	_____	Date