



Health & Human Services
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ACKNOWLEDGEMENT

of

INFANT INDEPENDENTLY ROLLING OVER

This form documents that both the Licensed Family Child Care Provider and the Parent(s)/Guardian(s) have witnessed _____ (infant name) regularly rolling 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

Licensed Family Child Care Provider

Parent

Date