

First Environments Early Learning Center

Infant and Toddler Safe Sleep Policy

Acknowledgement Statement

I, _____, acknowledge that I have read, discussed, and been
(Print Name)
provided with a copy of First Environments Infant and Toddler Safe Sleep Policy.

Child's Name: _____

Attendance Date: _____

Policy Received Date: _____

Current Date: _____

Signed by: _____ **Facility Representative**

_____ **Facility Representative**

_____ **Parent/Guardian**