

Infant/Toddler Safe Sleep Policy

Effective Date: August 1, 2016 Review Dates: July 1 – July 31, 2016 Revision Date: July 1, 2016

A safe sleep environment for infants reduces the chances of sudden infant death syndrome (SIDS) or other sleep related infant deaths. According to N.C. Law, childcare providers caring for infants 12 months of age or younger are required to implement a safe sleep policy and share this information with parents/guardians/staff (including substitutes and volunteers). We implement the following safe sleep policy. *References: N.C. Law G.S. 100-91 (15), N.C. Child Care Rules .0606 and .1724, Caring for our children.*

Safe Sleep Practices

1. We **train all staff**, substitutes, and volunteers caring for infants aged 12 months or younger on how to implement our Infant/Toddler Safe Sleep Policy.
2. We always place Infants on their **backs to sleep**, unless a signed Alternate Sleep Position medical Waiver, initiated by a Health Care Professional, is placed in the Infant's file and posted at the Infant's crib.
3. We **do not** accept Parent Waivers without a health care professional recommendation.
4. We place infants on their backs to sleep **even after they can easily turn over from the back to the stomach**. We then allow them to adopt their own preferred position for sleep. *A notice will be posted on or near the child's crib indicating the babies' ability to turn and we inform the parents.*
5. We visually check sleeping infants routinely and document the check every 15 minutes and record what we see on a Sleep Chart. We **1) document the infant's sleep position, 2) observe breathing by watching for the rise and fall of the chest, 3) observe level of sleep and 4) check the infant for signs of overheating including flushed skin color, body temperature by touch and restlessness**. We check more frequently sleeping infants who are 2-4 months of age and sleeping infant during the first weeks the infant is in childcare. The more intense frequency is typically posted at the infant's crib.
6. We **maintain the temperature in the room** where infants sleep between 68-75 degrees F and monitor the temperature by the thermostat or thermometer in the room. We further reduce the risk of overheating by not over-dressing or over-wrapping infants and by minimizing bedding.
7. We provide all infants **supervised "tummy time" daily**.
8. We follow N.C. Childcare Rules .0901 (j) and .1706 (g) regarding breastfeeding. We further **encourage breastfeeding** by discussing the benefits at enrollment & providing a private, comfortable space to do so.

Safe Sleep Environment

9. We use Consumer Product Safety Commission (CPSC) approved cribs or other approved sleep spaces for Infants. Each infant has his or her own crib or sleep space. Only one infant will be in a crib at a time, unless we are evacuating infants in an emergency or a drill.
10. We allow pacifiers without any attachments. We do not reinsert the pacifier in the infant's mouth if it falls out. Instead, we remove the pacifier from the crib.
11. We do not cover infants' heads with blankets or bedding.
12. We do not allow blankets in the crib or sleep space. Families are asked to dress children in layers to easily regulate temperatures.
13. We do not allow objects other than pacifiers in the crib or sleep space.
14. We give all parents/guardians of infants a written copy of our Infant/Toddler Safe Sleep Policy before enrollment. We review the policy with them and ask them to sign a statement saying they received and reviewed the policy. We encourage families to follow the same safe sleep practices to ease infants' transition to childcare.
15. We post a copy of this policy and/or a safe sleep practices poster in the infant sleep room where it can be easily read.

Best Practice: Staff should participate in *Responding to an Unresponsive Infant* practice drill twice each year, in April and in October, in conjunction with fire drills.

I, the undersigned parent or guardian of _____ (child's full name), do hereby state that I have read and received a copy of the facility's Infant/Toddler Safe Sleep Policy and that the facility's representative has discussed the Infant/Toddler Safe Sleep Policy with me. I will _____ will not _____ follow the same sleep practices at home.

Child's Enrollment Date: _____

Signature of Parent/Guardian: _____ Date: _____

Signature of Child Care Provider (2): _____ Date: _____

Distribution: one copy to parent(s)/guardian(s); signed Family Handbook Agreement Page in child's facility record (file/class).

Safe Sleep for Your Baby: Reduce the Risk of Sudden Infant Death Syndrome (SIDS)

What is SIDS?

SIDS stands for sudden infant death syndrome. This term describes the sudden, unexplained death of an infant younger than 1 year of age.

Some people call SIDS "crib death" because many babies who die of SIDS are found in their cribs. But, cribs don't cause SIDS.



What should I know about SIDS?

Health care providers don't know exactly what causes SIDS, but they do know:

Babies sleep safer on their backs. Babies who sleep on their stomachs are much more likely to die of SIDS than babies who sleep on their backs.

Sleep surface matters. Babies who sleep on or under soft bedding are more likely to die of SIDS.

Every sleep time counts. Babies who usually sleep on their backs but who are then placed on their stomachs, like for a nap, are at very high risk for SIDS. So it's important for *everyone* who cares for your baby to use the back sleep position for naps and at night.

Communities across the nation have made great progress in reducing SIDS!

Since the *Back to Sleep* campaign began in 1994, the SIDS rate in the United States has declined by more than 50 percent.

Fast Facts About SIDS

SIDS is the leading cause of death in infants between 1 month and 1 year of age.

Most SIDS deaths happen when babies are between 2 months and 4 months of age.

African American babies are more than 2 times as likely to die of SIDS as white babies.

American Indian/Alaskan Native babies are nearly 3 times as likely to die of SIDS as white babies.

What can I do to lower my baby's risk of SIDS?

Here are 10 ways that you and others who care for your baby can reduce the risk of SIDS.

Safe Sleep Top 10

1. **Always place your baby on his or her back to sleep, for naps and at night.** The back sleep position is the safest, and every sleep time counts.
2. **Place your baby on a firm sleep surface, such as on a safety-approved* crib mattress, covered by a fitted sheet.** Never place your baby to sleep on pillows, quilts, sheepskins, or other soft surfaces.
3. **Keep soft objects, toys, and loose bedding out of your baby's sleep area.** Don't use pillows, blankets, quilts, sheepskins, and pillow-like crib bumpers in your baby's sleep area, and keep any other items away from your baby's face.
4. **Do not allow smoking around your baby.** Don't smoke before or after the birth of your baby, and don't let others smoke around your baby.

5. **Keep your baby's sleep area close to, but separate from, where you and others sleep.** Your baby should not sleep in a bed or on a couch or armchair with adults or other children, but he or she can sleep in the same room as you. If you bring the baby into bed with you to breastfeed, put him or her back in a separate sleep area, such as a bassinet, crib, cradle, or a bedside co-sleeper (infant bed that attaches to an adult bed) when finished.
6. **Think about using a clean, dry pacifier when placing the infant down to sleep,** but don't force the baby to take it. (If you are breastfeeding your baby, wait until your child is 1 month old or is used to breastfeeding before using a pacifier.)
7. **Do not let your baby overheat during sleep.** Dress your baby in light sleep clothing, and keep the room at a temperature that is comfortable for an adult.
8. **Avoid products that claim to reduce the risk of SIDS** because most have not been tested for effectiveness or safety.
9. **Do not use home monitors to reduce the risk of SIDS.** If you have questions about using monitors for other conditions talk to your health care provider.
10. **Reduce the chance that flat spots will develop on your baby's head:** provide "Tummy Time" when your baby is awake and someone is watching; change the direction that your baby lies in the crib from one week to the next; and avoid too much time in car seats, carriers, and bouncers.

* For information on crib safety guidelines, contact the Consumer Product Safety Commission at 1-800-638-2772 or <http://www.cpsc.gov>

Babies sleep safest on their backs.

One of the easiest ways to lower your baby's risk of SIDS is to put him or her on the back to sleep, for naps and at night. Health care providers used to think that babies should sleep on their stomachs, but research now shows that babies are less likely to die of SIDS when they sleep on their backs. Placing your baby on his or her back to sleep is the number one way to reduce the risk of SIDS.

Q. But won't my baby choke if he or she sleeps on his or her back?

A. No. Healthy babies automatically swallow or cough up fluids. There has been no increase in choking or other problems for babies who sleep on their backs.

Enjoy your baby!

Spread the word!

Make sure everyone who cares for your baby knows the Safe Sleep Top 10! Tell grandparents, babysitters, childcare providers, and other caregivers to always place your baby on his or her back to sleep to reduce the risk of SIDS. Babies who usually sleep on their backs but who are then placed on their stomachs, even for a nap, are at very high risk for SIDS—so every sleep time counts!



For more information on sleep position for babies and reducing the risk of SIDS, contact the *Back to Sleep* campaign at:
Phone: 1-800-505-CRIB (2742)
Mail: 31 Center Drive, Room 2A32, Bethesda, MD 20892
Fax: (301) 496-7101
Web site: <http://www.nichd.nih.gov/SIDS>