



Safe Infant Sleep Practices in Child Care

Prepared by the Health Consultant Team at Child Care Aware® of North Dakota

Place all infants (birth up to 1 year) completely flat on their backs for sleep in a crib or playpen.

- ALWAYS place an infant on her back each time you lay her down for sleep. Once an infant can roll from back to front and front to back, the infant can be allowed to remain in the sleep position that she chooses. You do not need to return her to a back sleeping position.
- There is no safe way to elevate the head of the crib or playpen
- If a parent requests an alternative sleep position or sleeping surface, it is required to obtain a written order from a health care provider stating the medical reason and the time frame to follow the order, along with written parental permission. You are not required to follow the order if you are uncomfortable. It is recommended to consult an attorney to discuss the liability risk.

Only allow infants to sleep in a crib or playpen

- Bassinets are not allowed.
- If using a crib:
 - It must be compliant with federal safety standards put into effect June 28, 2011.
 - Regularly check for loose, missing or broken parts or slats.
 - Do not allow more than 2 fingers width between mattress and frame.
 - Mattress must be firm.
 - Mattress should be kept in the lowest position.
 - Make sure model has not been recalled. Visit www.cpsc.gov for updates.
- If using a playpen:
 - Make sure the model has not been recalled. Visit www.cpsc.gov for updates.
 - Make sure there are no holes in the mesh
 - Frame is sturdy and locks in place
 - Use only the pad provided by the manufacturer
 - Pad should lay flat and touch all four corners of frame
 - Use the Velcro straps/squares provided by the manufacturer to secure the pad in place
 - Check pad frequently to make sure wood panels aren't broken or haven't shifted
 - Bassinet inserts, mobiles, and changing pads sold with the playpen are not allowed

Do not allow infants to sleep in car seats, swings, Rock n Play sleeper or bouncers. Require parents to remove their infant from the car seat when they arrive to child care.

- Downward bending of the neck and head compress the airway, thus decreasing the amount of air the infant is able to breathe in.
- Infants are not well protected from the other children's activity in these devices.
- When using restrictive equipment, safety straps should always be used properly along with close supervision to prevent strangulation.
- Restrictive infant equipment contributes to positional skull deformities in infants.

Do not attach anything to the crib/playpen

- Mobiles, mirrors or crib toys are not allowed.
- Hanging blankets or other items on the sides or over the top of the crib or playpen is not allowed.
- Breathable/mesh bumper pads are not allowed.

Place crib/playpen in a safe location.

- Away from stairs, windows blinds, outlets, heaters, etc.
- Keep everything out of reach (ex. monitor cords, pictures, etc.) within 3 feet of crib/playpen.
- Do not hang anything heavy on the wall around the crib or playpen.

Encourage tummy time when infant is awake and supervised.

- This strengthens neck and shoulder muscles, encourages rolling over and crawling.

Remove pillows, heavy blankets, fluffy comforters, sheepskins, bumper pads, stuffed toys, and other soft items from the crib.

Only use properly fitting FITTED crib or playpen sheets to cover the mattress or pad.

- Do not use flat sheets, blankets, or fitted sheets that are the wrong size.
- Mattress/pad must maintain shape when fitted sheet is used. If playpen pad cannot maintain shape, use it without a sheet.

Blankets are not recommended

- If using a blanket, only one blanket is allowed and it should be thin. Place the infant's feet to the foot of the crib/playpen and tuck the blanket in along the sides and foot of the mattress. The blanket should not come up higher than the infant's chest. Arms should be above the blanket.
- Written permission from the infant's health care provider is required to use more than one blanket.

Swaddling is not recommended

- Ask parents to consider using a sleep sack instead of a blanket. If a swaddle sleep sack (with arm panels) is used, it is recommended to discontinue use once the infant reaches 2 months of age or sooner if showing signs of rolling.
 - If parents request that their infant be swaddled, only one thin blanket should be used and it should not come any higher than to the infant's shoulders; blanket needs to be loose enough for a hand to fit between the blanket and the infant's chest so the infant doesn't have trouble breathing; blanket should be kept loose around the infant's hips. The AAP recommends swaddling to be discontinued when an infant reaches 2 months of age or sooner if showing signs of rolling. Licensing requires swaddling to be discontinued once an infant becomes mobile.
 - "Mobile" is defined as when an infant shows signs of rolling. Signs of rolling: gaining more control over arms and legs; having more head control; moving from side to side etc.
 - Written permission from the infant's health care provider is required to swaddle after an infant becomes mobile.

Make sure the infant's head remains uncovered during sleep.

Don't let the infant overheat during sleep.

- Infants should not be dressed in more than one extra layer than an adult.
- Signs of overheating: sweating, chest feels hot to touch, flushed cheeks, heat rash, breathing rapidly

Consider offering a pacifier (with parent's permission) when placing an infant down for sleep.

- Once infant falls asleep and it falls out, it does not have to be reinserted. Always inspect pacifier for tears.
- Pacifiers cannot be tied around an infant's neck or clipped to an infant's clothing.
- Pacifiers with stuffed animals/toys attached are not allowed for sleep.

Remove bibs, necklaces (including teething necklaces), hooded sweatshirts, headbands, and hats before laying infant down for sleeping.

Do not let babies sleep or play in a room where smoking is allowed at any time.

Keep infants in sight and sound when sleeping. If this is not possible, it is required by licensing to use an infant monitor and conduct regular visual checks.

- Visual checks are recommended every 10-15 minutes.
- Visual checks consists of the following:
 - Readjust clothing/blanket if needed.
 - Make sure head is uncovered
 - Make sure infant is breathing (chest rising & falling)
 - Check color of infant's skin (Blue/grey skin indicates not enough oxygen; red skin indicates infant is overheated.)
- Lighting in the room needs to be bright enough to see the infant's skin color and breathing.
- Music/sound machines must be placed at a low volume to ensure infants' noises can be heard.
- Video monitors do not replace visual checks.
- All monitors/cords must be kept at least 3 feet away from crib/playpen.
- Written orders from a health care provider are required to use a monitor that requires cord(s) to be attached to the infant or for a device placed in the crib/playpen.
- Stay on same level (preferably main) as crib/playpens to make visual checks more convenient and fire evacuation safer/faster.

Do not allow infants to share a crib, even if they are siblings or twins.

Know and practice CPR.

- Know what to do for an unresponsive infant.

Do not use positioning devices.

- Written permission from the infant's health care provider is required to use them.

Encourage regular check-ups and immunizations. Support breastfeeding.

Set a policy on infant sleep position.

- Put your policy in writing and give a copy to parents. Make sure parents sign your contract upon enrollment.
- Inform all staff, including substitutes and volunteers, of your policy on the first day of employment/volunteering before they are allowed to care for infants.
- Licensing requires written parental permission to use one blanket or sleepsack, a pacifier, and a security item for sleep. Post copy out of reach of infant near the infant's crib/playpen for providers/staff to reference.

Sources:

CFOC, 3rd Edition, 2011

CPSC Policy Statement – SIDS and Other Sleep-Related Infant Deaths: Expansion of Recommendations for a Safe Infant Sleeping Environment", AAP, Pediatrics 2011.

Technical Report - SIDS and Other Sleep Related Infant Deaths: Expansion of Recommendations for a Safe Infant Sleeping Environment" AAP, Pediatrics 2011

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