Infant/Toddler Safe Sleep Policy

Child Care Facility:

_____

A safe sleep environment for infants reduces the risk of sudden infant death syndrome (SIDS) and other sleep related infant deaths. According to N.C. Law, child care providers caring for infants 12 months of age or younger are required to implement a safe sleep policy and share the policy with parents/guardians and staff. 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 under 6 months of age on their **backs to sleep**, unless a signed *ITS-SIDS Alternate Sleep Position Health Care Professional Waiver* is in the infant's file and posted at the infant's crib. We retain the waiver in the child's record for as long as they are enrolled.

3. ☐ We do not accept *Parent Waivers* for infants older than six months.* **-OR-**
☐ We accept the *ITS-SIDS Alternate Sleep Position Parent Waiver*.

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 position for sleep.
☐ We document when each infant can roll from back to stomach and tell the parents. We put a notice in the child's file and on or near the infant's crib.*

5. We visually check sleeping infants every 15 minutes and record what we see on a *Sleep Chart*.
☐ We check infants 2-4 month of age more frequently.*

6. We maintain the temperature in the room where infants sleep between 68-75°F and check it on the thermometer in the room.
☐ We further reduce the risk of overheating by not over-dressing infants*

7. We provide all infants supervised "tummy time" daily.

8. We follow N.C Child Care Rules .0901(k) and .1706(j) regarding breastfeeding.
☐ We further encourage breastfeeding in the following ways:* _____

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.

10. ☐ We do not allow infants to use pacifiers. **-OR-**
☐ We allow pacifiers without any attachments. Pacifiers attached to clothing will be removed when placed to sleep.
☐ We do not reinsert the pacifier in the infant's mouth if it falls out.*
☐ We remove the pacifier from the crib once it has fallen from the infant's mouth.*

11. We do not allow infants to be swaddled.

12. We do not allow garments that restrict movement.*

13. We do not allow any objects, such as, pillows, blankets, or toys other than pacifiers in the crib or sleep space.

14. Infants are not placed in or left in car safety seats, strollers, swings, or infant carriers to sleep.

15. We give all parents/guardians of infants a written copy of the *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 child care.*

16. Family child care homes: We post a copy of this policy and a safe sleep practices poster in the infant sleep room where it can easily be read.

17. Centers: We post a copy of this policy in the infant sleep room where it can easily be read.

> *Indicates we follow this best practice recommendation.*

Effective date:_____ **Review date(s):** _____**Revision date(s):** _____

Distribution: We give parents/guardians a copy of the policy. We give all staff, substitutes and volunteers a copy to review. We inform them of changes 14 days before the effective date. We give parents/guardians a copy of the policy they signed and put a copy in child's file.

I, the undersigned parent/guardian of _____ (child's full name), have received a copy of the facility's *Infant/Toddler Safe Sleep Policy*. I have read the policy and discussed it the facility director/owner/operator, or other designated staff member.

Child's Enrollment Date: _____ Parent/Guardian Signature: _____ Date: _____

Facility Representative Signature: _____ Date: _____