

SAFE SLEEP – FREQUENTLY ASKED QUESTIONS

DEFINITION OF AN INFANT

| Question | Answer | Regulation Section |
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| <p>Q: What is the definition of an infant?</p> | <p>A: An infant is a child under 2 years of age as defined in Sections 101152(i)(1) and 102352(i)</p> <p>The new regulations do not change the definition of infant; however, there are safe sleep regulations that specifically reference infants up to 12-months of age, such as Sections 101419.2(b)(2) and Section 102425(c) regarding the Individual Infant Sleeping Plan (LIC 9227) for infants up to 12-months of age and Sections 101430(a)(3)(A) and 102425(d) which require infants up to 12-months old be placed on their backs for sleeping.</p> | <p>CCC 101152 DEFINITION</p> <p>FCCH 102352 DEFINITION</p> |

CARE AND SUPERVISION

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| <p>Q: Can a transparency wall or half wall be used to separate infants that are sleeping from the infants that are awake?</p> | <p>A: Yes. The Department does not prohibit the use of transparent walls and half walls allowing for constant visual and auditory supervision. The Department continues, however, to require a staff person to supervise by sight and sound through all phases of sleep at all times. Child care staff must physically check on the sleeping infant(s) every 15 minutes and document the condition of the infant(s).</p> | <p>CCC 101429 RESPONSIBILITY FOR PROVIDING CARE AND SUPERVISION FOR INFANTS</p> |
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| <p>Q: While maintaining infant care ratios, are child care center providers allowed to bottle feed or have an awake baby with them in the napping area?</p> | <p>A: Yes. There is nothing in the safe sleep regulations or in section 101438.3 that prevents a provider from holding an awake infant in the napping area as long as infant care ratios are maintained. If the infant falls asleep before being placed in a crib, staff shall move the infant to a crib as soon as possible as required by 101430(a)(3)(E).</p> | <p>CCC 101438.3 INDOOR ACTIVITY SPACE FOR INFANTS</p> <p>CCC 101430(a)(3)(E) INFANT CARE ACTIVITIES</p> |
| <p>Q: Can a provider hold a baby while they sleep instead of using a crib or play yard?</p> | <p>A: No. The provider/staff person may soothe children in their arms to comfort and assist in sleep. However, once they have fallen asleep, the infant must be moved to a safe sleep environment, as soon as possible.</p> | <p>CCC 101430(a)(3)(E) INFANT CARE ACTIVITIES</p> <p>FCCH 102425(i) INFANT SAFE SLEEP</p> |
| <p>Q: During the provision of overnight care, does the provider need to sleep in the same room as the infant?</p> | <p>A: No; however as required in Section 102426(a)(2), the door to the room where the provider is sleeping as well as the door to the room where the children in care are sleeping shall remain open. If the sleeping arrangements are not situated in such a way that the provider can be assured of hearing a child in care wake up, a digital video and audio monitoring device shall be used.</p> | <p>FCCH 102426(a)(2-3) OVERNIGHT CARE</p> |
| <p>Q: Does the provider need to be on the same floor as the sleeping infant?</p> | <p>A: Yes. Regulation requires that the provider be on the same floor as the sleeping infant and that the provider be near enough to the sleeping infant to be able to hear them wake up.</p> <p>Additionally, the provider must remain awake whenever children in care are awake.</p> | <p>FCCH 102425(i)(6) and 102425(i)(4) INFANT SAFE SLEEP</p> <p>FCCH 102426(a)(1)</p> |

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| | | OVERNIGHT CARE |
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15-MINUTE CHECKS

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| <p>Q: Do infants over 12 months of age need to be checked on every 15-minutes?</p> | <p>A: Yes, the 15-minute checks must be conducted for all sleeping infants up to age 2. Infants over the age of 12-months have a greater risk of strangulation due to their increased mobility.</p> | <p>CCC 101429(a)(2)(B) RESPONSIBILITY FOR PROVIDING CARE AND SUPERVISION FOR INFANTS</p> <p>FCCH 102425(j)(2)(A-D) INFANT SAFE SLEEP</p> |
| <p>Q: Do infants over 12-months old need to be placed on their backs to sleep?</p> | <p>A: No. Only infants up to 12-months of age need to be repositioned to sleep on their backs if Section C of the LIC 9227 has not been completed and they are observed in a different sleeping position.</p> | <p>CCC 101430(3)(A) INFANT CARE ACTIVITIES</p> <p>FCCH 102425(d) INFANT SAFE SLEEP</p> |
| <p>Q: Are Family Child Care Home providers required to document their 15-minute checks for sleeping infants?</p> | <p>A: Yes, all licensed child care providers are required to document the 15-minute checks.</p> | <p>FCCH 102425(j)(1-2)(A-D) INFANT SAFE SLEEP</p> |
| <p>Q: Are providers documenting on paper every 15-minutes ONLY if the baby</p> | <p>A: Sections 101429(a)(2)(B) and 102425(j)(1) require that providers check on infants every 15 minutes and document the items outlined in 102425(j)(2)(D) and 101429(a)(2)(B). If a child is showing signs of distress they need to</p> | <p>CCC 101429(a)(2)(B)(4) RESPONSIBILITY FOR PROVIDING CARE AND</p> |

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| <p>shows signs of distress or documenting every 15 minutes no matter what condition?</p> | <p>follow emergency procedures as required by 101429(a)(2)(B)(4) and 102425(j)(3)(A-C), and not just document it.</p> | <p>SUPERVISION FOR INFANTS</p> <p>FCCH 102425(j)(3)(A-C) INFANT SAFE SLEEP</p> |
| <p>Q: Is there a specific form that must be used to document the 15-minute checks?</p> | <p>A: No. There is no specific form that providers must use to document the 15-minute checks. However, the checks must be documented and retained by providers as detailed below:</p> <p>As outlined in Sections 101429(a)(2)(B) and 102425(j)(2)(D), the 15-minute check form must include the following:</p> <p>For FCCH facilities – the form must note that every 15-minutes, the provider checked the infant for labored breathing, signs of distress, that infants up to 12-months of age are sleeping on their back, the infant’s name, date and time of the check.</p> <p>For Child Care Centers – the form must note that every 15-minutes, the provider checked the infant for labored breathing, signs of distress, that infants up to 12-months of age are sleeping on their back, the infant’s name, date, time of the check and the initials of the staff person who conducted each check.</p> <p>The Department is developing sample forms, which will be available for provider/staff use. but the use of a specific form will not be required.</p> | <p>CCC 101429(a)(2)(B-C) RESPONSIBILITY FOR PROVIDING CARE AND SUPERVISION FOR INFANTS</p> <p>FCCH 102425(j)(2)(A-D) INFANT SAFE SLEEP</p> |
| <p>Q: Is the 15-minute documentation to be placed in</p> | <p>A: The regulations do not set forth any such bright line rule. Providers may keep the 15-minute check documentation out of the infant’s file while in use, but it must thereafter be retained in it. There is no requirement that</p> | <p>CCC 101221(g) CHILD’S RECORDS</p> <p>FCCH 102425(j)(1)</p> |

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| <p>the child's file daily or weekly?</p> | <p>the paperwork for the 15- minute checks be placed in the child's file at specified times as the regulations leave this to the reasonable discretion of the provider/staff person. Providers are responsible for documenting the 15-minute checks and must create a form to use to do so. The Department is developing sample forms for the 15-minute checks, which will be available for provider/staff use. However, the Department will not require the use of a specific form.</p> | <p>INFANT SAFE SLEEP</p> <p>FCCH 102425(j)(2)(D) INFANT SAFE SLEEP</p> |
| <p>Q: How long do providers have to keep the 15-minute documentation in the child's file?</p> | <p>A: As required by Section 101221(g) for CCCs and Section 102421 for FCCHs, the documentation is to be kept for 3 years after the termination of care for that infant.</p> | |
| <p>Q: Can the documentation for the 15-minute checks be attached to the crib?</p> | <p>A: No. There shall be no objects hanging above or attached to the side of the crib.</p> | <p>CCC 101439.1(f)(3) INFANT CARE CENTER SLEEPING EQUIPMENT</p> <p>FCCH 102425(b)(3) INFANT SAFE SLEEP</p> |
| <p>Q: Can an assistant conduct and sign off on the 15-minute checks?</p> | <p>A: Yes, one may use an assistant provider to conduct the 15-minute checks and comply with safe sleep regulatory requirements for infants. With that, the licensee's remains ultimately responsible for compliance with all applicable laws and regulations.</p> | <p>FCCH 102425(j) INFANT SAFE SLEEP</p> |

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| <p>Q: Can all of the safe sleep responsibilities be designated to a volunteer to carry out?</p> | <p>A: Yes, as noted, a licensee may use an assistant provider or volunteer to comply with safe sleep regulatory requirements for infants. But the licensee remains ultimately responsible compliance with all applicable laws and regulations.</p> | <p>CCC 101152(a)(1-5) DEFINITIONS</p> <p>FCCH 102352(p)(3) DEFINITIONS</p> |
| <p>Q: Can baby monitors that have audio be used as a way to check on the child?</p> | <p>A: No. Baby monitors cannot be used in lieu of the 15-minute checks. The licensee must physically check on the sleeping infant and document their checks.</p> <p>For the use of baby monitors for overnight care only, please see section 102426(b) and 102426(b)(1).</p> | <p>FCCH 102426(b) and 102426(b)(1) OVERNIGHT CARE</p> <p>CCC 101429(a)(2)(B-C) RESPONSIBILITY FOR PROVIDING CARE AND SUPERVISION FOR INFANTS</p> <p>FCCH 102425(j)(2)(D)(1-3) INFANT SAFE SLEEP</p> |
| <p>Q: Does the provider have to conduct and document the 15-minute checks if the provider is going to sleep?</p> | <p>A: No. A digital video and audio monitoring device may be used in place of physically checking the infant every 15-minutes for overnight care only if the infant is sleeping and the provider is going to sleep. If the provider is awake, they must adhere to all regulations regarding the 15-minute checks.</p> | <p>FCCH 102426(b)(1) OVERNIGHT CARE</p> |

[INDIVIDUAL SLEEPING PLAN \(LIC 9227\)](#)

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| <p>Q:</p> | <p>A:</p> | <p>CCC 101419.2(b)(2)</p> |
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| <p>How often should the Individual Infant Sleeping Plan (LIC 9227) be updated?</p> | <p>The LIC 9227 must be updated when there is a change to the information that is required on the sleeping plan, such as a change in the infant’s sleeping hours or the infant’s ability to roll from their back to stomach and stomach to back. Maintaining an updated form helps ensure that the infant’s sleep habits are being discussed with the infant’s authorized representative and the provider/staff person.</p> | <p>INFANT NEEDS AND SERVICES PLAN</p> <p>FCCH 102425(c) INFANT SAFE SLEEP</p> |
| <p>Q: Are providers required to complete an LIC 9227 for infants over the age of 12 months?</p> | <p>A: No. The LIC 9227 form must be used for infants up to 12 months of age. Providers/staff person may continue to use the LIC 9227 after 12 months of age, but it is not required.</p> | <p>CCC 101419.2(b)(2) INFANT NEEDS AND SERVICES PLAN</p> <p>FCCH 102425(c) INFANT SAFE SLEEP</p> |
| <p>Q: Is a doctor’s note needed to prove the infant can roll over on their own?</p> | <p>A: No. A doctor’s note is not required to document that an infant is capable of rolling from their back to their stomach and their stomach to their back. The infant’s authorized representative can sign the LIC 9227 verifying the infant’s ability to roll from his/her back to stomach and stomach to back. The provider/staff person must document and verify that they have observed that an infant is capable of rolling from their back to stomach and stomach to back. This information must be documented on the LIC 9227. In the event that the infant changes position, the infant may remain in the alternative position.</p> | <p>CCC 101430(a)(2)(A)(4)(a) INFANT NEEDS AND SERVICES PLAN</p> <p>FCCH 102425(d)(4)(A) INFANT SAFE SLEEP</p> |
| <p>Q: When is a doctor’s</p> | <p>A: A doctor’s note is required for infants that need a medical exemption and need to be placed to sleep in a position other than on their back.</p> | <p>CCC 101430(a)(3)(A)(1) INFANT CARE ACTIVITIES</p> |

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| note needed? | | <p align="center"> FCCH 102425(d)(1) INFANT SAFE SLEEP </p> |
| <p>Q: If the provider sees the infant roll from their stomach to their back once, should they fill out the LIC 9227?</p> | <p>A: No, the provider must observe that the infant is capable of rolling from their back to their stomach and their stomach to their back consistently, not after just one observation.</p> <p>Upon the provider observing that the infant is capable of rolling from their back to their stomach and their stomach to their back, the provider shall complete Section D of the LIC 9227 form, notify the infant’s authorized representative, and obtain their signature on the LIC 9227 form no later than the next business day following the observation.</p> | <p align="center"> CCC 101430(a)(3)(A)(4a) INFANT NEEDS AND SERVICES PLAN </p> <p align="center"> FCCH 102425(d)(4)A) INFANT SAFE SLEEP </p> |
| <p>Q: Does the Individual Infant Sleep Plan (LIC 9227) have to be updated every 3 months like Needs & Services plan?</p> | <p>A: No. The LIC 9227 form must be updated when there is a change to the information that is required on the sleeping plan. Maintaining an updated form helps ensure that the provider and the infant’s authorized representative discuss the infant’s sleep habits.</p> | <p align="center"> CCC 101419.2(b)(2) INFANT NEEDS AND SERVICES PLAN </p> <p align="center"> FCCH 102425(c) INFANT SAFE SLEEP </p> |

INFANT SLEEP DEVICES AND EQUIPMENT

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| <p>Q: Can an infant sleep positioner be used if the LIC 9227 and attached doctor’s note require one?</p> | <p>A: No. A doctor’s note alone does not allow for the use of a sleep positioner. The medical exemption applies only to an infant that needs to sleep in a position other than on their back. In order to use an infant sleep positioner, you must have an exception approved by your local regional office.</p> | <p align="center"> CCC 101430(a)(3)(A)(1-2) INFANT CARE ACTIVITIES </p> <p align="center"> FCCH </p> |
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| | | 102425(d)(1)(A-D) and 102425(d)(2) INFANT SAFE SLEEP |
| Q: Can a bassinette be considered a play yard? | A: No. A play yard is defined as “an approved framed enclosure with integrated mesh or fabric sides approved by the United States Consumer Product Safety Commission”. The use of bassinets is not permitted. The only approved devices used for infant sleep in FCCHs are cribs or play yards that meet the United States Consumer Product Safety Commission safety (CPSC) standards, as noted in Regulation Section 102417(d)(1) . | FCCH 102352(p)(2) DEFINITIONS CCC 101439.1 INFANT CARE CENTER SLEEPING EQUIPMENT |
| Q: Can inclined sleepers, rockers, taco sleepers, napping portables, bassinets or similar devices be used for infant sleep? | A: No. The only devices used for infant sleep are cribs or play yards that meet the United States Consumer Product Safety Commission safety (CPSC) standards. Licensing strongly recommends that licensees check the CPSC website often for recalls and register any infant products they purchase. If those registered items are recalled, they will receive any email that alerts them of the recalled item. | CCC 101439.1(b)(1-6) INFANT CARE CENTER SLEEPING EQUIPMENT FCCH 102425(a)(1) INFANT SAFE SLEEP |
| Q: Can play yards be used in child care centers for infant sleep? | A: No. Play yards may not be used in child care centers for infant sleep. Title 22, Regulation Section 101439.1(b) states, “A crib or portable-crib meeting United States Consumer Product Safety Commission (CPSC) safety standards shall be provided for each infant who is unable to climb out of a crib.” Cribs and portable cribs are the only two devices approved for infant sleep in a center facility. Play yards are not banned from child care centers but may not be used for sleeping. | CCC 101439.1(b) INFANT CARE CENTER SLEEPING EQUIPMENT |

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| <p>Q: Can portable cribs be used for sleep in Child Care Center or FCCHs?</p> | <p>A: Portable cribs are allowed for sleep in child care centers. Portable cribs are defined differently than play yards. In 2011, the CPSC released guidance on non-full sized cribs, which includes portable cribs. The agency distinguished portable cribs from play yards and indicated their guidance does not apply to play yards.</p> <p>Additionally, the Federal Register noted, “non-full-size cribs may be either smaller or larger than a full-size crib, or shaped differently than the usual rectangular crib. The category of non-full-size cribs includes oversized, specialty, undersized, and portable cribs, but does not include any product with mesh/net/screen siding, non-rigidly constructed cribs, cradles, car beds, baby baskets, or bassinets. The CPSC standard for non-full-size cribs does not apply to play yards, which are mesh or fabric-sided products.”</p> | <p>CCC 101439.1(b) INFANT CARE CENTER SLEEPING EQUIPMENT</p> <p>FCCH 102425(a)(1) INFANT SAFE SLEEP</p> |
| <p>Q: For FCCHs, do providers have to have one crib or play yard per every infant enrolled at their facility?</p> | <p>A: No, the licensee does not have to have the number of cribs match the number of infants enrolled at their facility. Providers must ensure there shall be one crib or play yard for each individual infant attending care in one particular day.</p> <p>As noted in Section 102425(a)(6), infant’s bedding shall be used for the individual infant only. Bedding must be replaced when wet, soiled or when the crib or play yard is to be occupied by another infant.</p> | <p>FCCH 102425(a) INFANT SAFE SLEEP</p> |
| <p>Q: Can an infant use a “Wub-A-Nub” or “Paci-Grip” type pacifier?</p> | <p>A: While infants are sleeping, it is prohibited to use pacifiers with anything attached to them. They are allowed, however, with proper supervision, while the infant is awake. Pacifiers with attachments can pose a</p> | <p>CCC 101439.1(f)(1)(A-B)</p> |

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| | <p>suffocation risk and put the infant at greater risk of SIDS.</p> <p>It is a best practice to always check pacifiers for damage prior to offering them to an infant.</p> | <p>INFANT CARE AND SLEEPING EQUIPMENT</p> <p>FCCH 102425(b)(1)(A-B) INFANT SAFE SLEEP</p> |
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RECALLED EQUIPMENT

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| <p>Q: How do I find out if a play yard or crib has been recalled?</p> | <p>A: Visit the Consumer Product Safety Commission’s website at www.cpsc.gov to check for recalls. Also, register your product with the manufacturer, if available.</p> | <p>CCC 101239(r) FIXTURES, FURNITURE, EQUIPMENT AND SUPPLIES (Continued)</p> <p>FCCH 102417(d)(1) OPERATION OF A FAMILY CHILD CARE HOME</p> |
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SWADDLING

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| <p>Q: May a licensee swaddle their own child while providing care for other children?</p> | <p>A: No, a licensee may not swaddle their own child when their child is among the other children counted in the facility ratio. Their own child is considered part of the facility and the licensee must comply with all regulations, as they pertain to children.</p> | <p>CCC 101430(a)(3)(C) INFANT CARE ACTIVITIES</p> <p>FCCH 102425(f) INFANT SAFE SLEEP</p> |
| <p>Q: Can a child be swaddled if a parent or authorized</p> | <p>A: No. If a child is counted in the census, the child is considered part of the facility and the licensee must comply with all regulations, as they pertain to that child.</p> | <p>CCC 101430(a)(3)(C) INFANT CARE ACTIVITIES</p> |

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| <p>representative specifically asks to have their child swaddled?</p> | | <p>FCCH 102425(f) INFANT SAFE SLEEP</p> |
| <p>Q: Can an infant sleep sack, including weighted sleep sacks, be used as an alternative to swaddling?</p> | <p>A: The use of sleep sacks as a swaddling alternative would require a waiver and can be considered on a case by case basis. Waivers will need to address the length of time they will be used and how they will be used safely.</p> | <p>CCC 101430(a)(3)(C) INFANT CARE ACTIVITIES FCCH 102425(f) INFANT SAFE SLEEP</p> |