



Model Health & Safety Policies

Safe Sleep Policy for Infants in Child Care Programs

All child care providers at _____ [program name] will follow safe sleep recommendations for infants to reduce the risk of Sudden Infant Death Syndrome (SIDS), other sleep-related infant death, and the spread of contagious diseases:

1. Infants will always be put to sleep on their backs until 1 year of age.
2. Infants will be placed on a firm mattress, with a fitted crib sheet, in a crib that meets the Consumer Product Safety Commission safety standards.
3. No toys, mobiles, soft objects, stuffed animals, pillows, bumper pads, blankets, positioning devices or extra bedding will be in the crib or draped over the side of the crib.
4. Sleeping areas will be ventilated and at a temperature that is comfortable for a lightly clothed adult. Infants will not be dressed in more than one extra layer than an adult.
5. If additional warmth is needed, a one-piece blanket sleeper or sleep sack may be used.
6. The infant's head will remain uncovered for sleep. Bibs and hoods will be removed.
7. Infants will be actively observed by sight and sound.
8. Infants will not be allowed to sleep on a sofa/ couch, chair cushion, bed, pillow, or in a car seat, stroller, swing or bouncy chair. If an infant falls asleep anywhere other than a crib, the infant will be moved to a crib right away.
9. An infant who arrives asleep in a car seat will be moved to a crib.
10. Infants will not share cribs, and cribs will be spaced 3 feet apart.
11. Infants may be offered a pacifier for sleep, if provided by the parent.
12. Pacifiers will not be attached by a string to the infant's clothing and will not be reinserted if they fall out after the infant is asleep.
13. When able to roll back and forth from back to front, the infant will be put to sleep on his back and allowed to assume a preferred sleep position.
14. Our child care program is a smoke-free environment.
15. Our child care program supports breastfeeding.
16. Awake infants will have supervised "Tummy Time".



Courtesy of the Back to Sleep Campaign, NICHD, NIH, DHHS

References & Resources

Caring for Our Children, National Health and Safety Performance Standards, 3rd Edition. <http://nrckids.org/CFOC3/index.html>

American Academy of Pediatrics (AAP). (2016). SIDS and Other Sleep-Related Infant Deaths: Updated 2016 Recommendations for a Safe Infant Sleeping Environment, and accompanying Technical Report, AAP Task Force on Sudden Infant Death Syndrome, *Pediatrics* 138 (5): e20162940. <http://pediatrics.aappublications.org/content/early/2016/10/20/peds.2016-2938>

Safe Sleep for Infants in Child Care Programs: Reducing the Risk of SIDS and Other Sleep Related Infant Deaths <http://cchp.ucsf.edu/SIDS-Note>

CCHPTummy Time. <http://cchp.ucsf.edu/Tummy-Time-Note>

** This policy reflects the safe sleep research as of November, 2016.*



Health & Safety Notes

Safe Infant Sleep: Reducing the Risk of SIDS and Other Sleep-Related Infant Deaths

It is a truly tragic event when a seemingly healthy infant dies suddenly and unexpectedly. And when the death happens in a child care program, it can be devastating; not only for the family of the child, but also for the child care provider and other families in the program. Safe infant sleep practices and environments reduce the risk of Sudden Infant Death Syndrome (SIDS) and other sleep-related infant deaths.

SIDS is the death of an infant younger than 1 year of age that is unexplained after a thorough scene investigation, autopsy, and review of the clinical history. Ninety percent of SIDS deaths occur before an infant reaches 6 months of age, and peak between 1 and 4 months of age. Risk factors for SIDS include: unsafe sleep practices and environments; a critical period of development; and the individual vulnerability of an infant. Other sleep-related infant deaths (such as suffocation, asphyxia, entrapment, and strangulation) have similar risk factors.

A recent study showed that infants who die in child care were more likely to die during the first week. More deaths occurred when infants were:

- used to sleeping on their backs at home and were placed on their stomachs for sleep in child care
- allowed to sleep in an unsafe sleep environment in child care (for example: a car seat, stroller, futon, pillow, or bean bag) (Kassa, Moon, Colvin, 2016)

The American Academy of Pediatrics (AAP) recommends a safe infant sleep environment and safe infant sleep practices that can reduce the risk for all unexpected sleep-related infant deaths. (AAP, 2016)

Recommendations for Safe Infant Sleep Environments and Practices in Child Care Programs

- Place infants on their backs, for every sleep, until they are 1 year old.
- Place infants on a firm mattress, with a fitted sheet, that fits snugly in a crib. Only use cribs (including

bassinets and play yards) that meet current Consumer Product Safety Commission (CPSC) standards. Assign a crib to each infant, and place only one infant in a crib. No toys (including mobiles), soft objects, stuffed animals, pillows, bumper pads, blankets, positioning devices or loose bedding should be in, attached to, or draped over the side of the crib.

- Do not allow infants to get overheated when they sleep. Provide a sleeping area that is well ventilated, at a temperature that is comfortable for a lightly clothed adult. If additional warmth is needed, a one-piece blanket sleeper or sleep sack may be used. Dress infants in no more than one layer more than an adult. Remove bibs, clothing with ties or hoods, and hats or other head coverings, and jewelry.
- Do not allow infants to sleep on a couch, sofa, armchair, cushion, futon, bed, or pillow; or in a car seat, stroller, swing or bouncy chair. If an infant falls asleep anywhere other than a crib, move the infant to a crib right away. If an infant arrives at your program asleep in a car seat, move the infant to a crib.
- Offer a pacifier for sleep, if provided by the family. Pacifiers do not need to be reinserted if they fall out after an infant is asleep. Do not attach a pacifier to a string or ribbon to be worn around an infant's neck or fastened to an infant's clothing.
- Actively supervise sleeping infants by sight and sound at all times. Provide adequate lighting so sleeping infants can be seen. Observe breathing and skin color. If a baby is found unresponsive with no breathing or pulse, begin CPR and call 9-1-1.

What Else Can Child Care Providers Do?

Enforce no-smoking laws and regulations

Infants who are exposed to smoke have a higher risk of dying from SIDS. California Community Care Licensing Regulations prohibit smoking in licensed child care centers and in family child care homes. California law prohibits smoking in a car when children are present.

continued

Create a safe sleep policy and educate staff

Having a policy for safe infant sleep is your promise to families that you are doing everything possible to keep their infant safe while sleeping. Give families a copy of your safe sleep policy upon enrollment. (See the CCHP Model Safe Sleep Policy for Infants in Child Care Programs.) Provide staff development on the principles of safe infant sleep. Closely monitor staff compliance with your safe sleep policy. Review your emergency response system with all staff members on a regular basis.

Be breastfeeding friendly

Breastfeeding is associated with a lower risk of SIDS. In many cases, returning to work is a barrier to breastfeeding. Support mothers to continue breastfeeding after their maternity leave is over and they return to their work or school schedules. For information on how to support breastfeeding families (including a sample policy; an infant feeding plan template; and information on safely handling, storing, and feeding breastmilk), see *Supporting Breastfeeding Families, a Toolkit for Child Care Providers* on the resource list.

Educate families

Discuss safe infant sleep practices with families. Include information about: room-sharing without bed-sharing, breastfeeding, not allowing infants to routinely sleep in car seats, not smoking around infants, keeping immunizations up-to-date.

Distribute written handouts, and put up posters on your walls or bulletin boards. Provide information about safe sleep upon enrolling new families. Reach out to the SIDS Coordinator at your local health department for support with family education and staff development.

Provide supervised “Tummy Time” when infants are awake

Tummy time is important for infant growth and development. It builds muscle strength and coordination in the head, neck, shoulders, abdomen, and back that are needed to reach important developmental milestones (such as how to push up, roll over, sit up, crawl, and pull to a stand). Infants must be awake and supervised for Tummy Time. See the CCHP Health & Safety Note, *Tummy Time for Infants* on the resource list.

Monitor the immunization status of infants

Research suggests that immunizations may protect against SIDS. California law requires children to be immunized before child care entry. Child care programs are required to enforce the immunization laws, maintain records, and submit reports to public health agencies.

Crib safety

Do not resell, donate or give away a crib that does not meet the current crib standards. CPSC recommends disassembling an old crib before discarding it. Local public health departments and advocacy groups can help provide low-cost or free cribs or play yards for families and child care providers with financial need.

What if infants roll over?

Once infants can roll from front to back, and from back to front easily, continue to place them on their backs for sleep, but allow them to assume their preferred position.

About swaddling...

Although some newborns and young infants may be swaddled for sleep at home, *swaddling of infants is not recommended in child care programs*. (AAP, NRC, APHA, 2011) The risk of death is high if swaddled infants are placed on, or roll onto, their stomachs. (AAP, 2016) In the home, swaddling should not be used once an infant shows signs of trying to roll over (usually before an infant is three months old).

References & Resources

American Academy of Pediatrics (AAP) *SIDS and Other Sleep-Related Infant Deaths: Updated 2016 Recommendations for a Safe Infant Sleeping Environment*, and accompanying Technical Report, Task Force on Sudden Infant Death Syndrome, Pediatrics, November, 2016. <http://pediatrics.aappublications.org/content/early/2016/10/20/peds.2016-2938>

American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (AAP, APHA, NRC), *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early care and Education Programs*, 3rd Edition (CFOC3). <http://nrckids.org/CFOC3/index.html>

California Department of Public Health Sudden Infant Death Program, SIDS Coordinators www.cdph.ca.gov/programs/SIDS/Pages/5.0SIDScoordinators.aspx

California Childcare Health Program (CCHP) *Tummy Time* <http://cchp.ucsf.edu/Tummy-Time-Note>

CCHP *Safe Sleep Policy for Infants in Child Care Programs* <http://cchp.ucsf.edu/Safe-Sleep-Policy>

Kassa, H., Moon, R., Colvin, J., *Risk Factors for Sleep-Related Infant Deaths in In-Home and Out-of-Home Settings*, Pediatrics, November 2016

National Institute of Child Health and Development (NICHD) Safe to Sleep® Campaign www.nichd.nih.gov/sts/about/Pages/default.aspx

Supporting Breastfeeding Families, a Toolkit for Child Care Providers, Los Angeles County Department of Public Health, Revised from the Alameda County Toolkit, May 2016 http://www.publichealth.lacounty.gov/mch/CAH/Breastfeeding_toolkit_May2016_C.PDF

United States Consumer Product Safety Center (CPSC) Cribs <https://www.cpsc.gov/safety-education/safety-guides/kids-and-babies/cribs>

Shaken Baby Syndrome/Abusive Head Trauma

Pediatric abusive head trauma is an injury to the skull or brain of an infant or young child due to inflicted blunt impact and/or shaking. The term “shaken baby syndrome” describes a set of symptoms seen in infants who have sustained a head injury from shaking. Medical professionals have recommended replacing the term “shaken baby syndrome” with the term “abusive head trauma” because it includes the various ways a child could suffer a head injury as a result of abuse such as: shaking; dropping; throwing; hitting; or hitting child’s head against a surface or object while shaking.

Long term Effects of Abusive Head Trauma

Children who are victims of abusive head trauma may experience mild to severe injuries. The following may occur as a result of the bleeding or damage caused by abusive head trauma: partial or total blindness; hearing loss; paralysis; problems with motor development; seizure disorders; cerebral palsy; sucking and/or swallowing disorders; intellectual disabilities; speech and language delay or disability; problems with executive function; and attention, memory, and behavior problems. Because of the serious nature of these injuries, it is crucial that child care providers have policies in place for preventing and identifying shaken baby syndrome/abusive head trauma.

Developmental Vulnerabilities and Abusive Head Trauma

Infants are especially vulnerable to abusive head trauma. Their fragile brains and skulls are rapidly developing and a sudden impact can cause irreversible injury. In addition, infants are unable to express their needs and feelings using words. Instead, they cry. A phase of alarming crying is considered a normal developmental phase in young infants. Caregiver anger or frustration over prolonged crying is associated with the risk for shaking that can result in serious injury or death. Other risk factors for abusive head trauma in infants and young children include: having special needs; having multiple siblings; living in poverty; and having colic or other kinds of pain and discomfort.

Caregiver Training

The first step to protect young children from shaken baby syndrome/abusive head trauma is to raise awareness through education. All child care providers who work with infants and young children need periodic training in preventing abusive head trauma. Training should include 1) strategies for coping with a crying, fussy, or distraught infant or child and 2) information on how to recognize the signs of shaken baby syndrome/abusive head trauma.

Strategies for Coping with a Crying Infant or Child

All babies cry. While it can be difficult to hear, the following strategies can help a caregiver act safely when faced with a persistently crying baby.

Manage your stress and practice self-care. Be aware of your feelings of increasing frustration or anger, and use a calming strategy that works for you. For example, take a few deep breaths or breathe deeply while counting to ten. If you are unable to bring your frustration under control on your own, then find a way to take a break from the situation without leaving children unsupervised, such as:

- Asking a coworker to take over with a challenging child,
- Asking for another assignment,
- Taking a short break.

Learn about typical infant development and how to manage infant crying. Try different techniques for soothing crying infants. Some babies cry more and other babies cry less, but it is normal for babies to cry. For more information about understanding and managing crying, see Period of PURPLE Crying® www.purplecrying.info

The following child care setting mitigations to reduce shaken baby syndrome/abusive head trauma are acceptable per California Child Care Licensing Regulations for providers who may be alone in family child care homes:

- The child care provider may designate a qualified substitute provider who can provide relief to a child care provider who is stressed by a baby's crying. It is appropriate to ask someone to help take care of a crying baby while the care provider gets some respite. In licensed child care, the only acceptable substitutes are those who have been fingerprint-cleared and meet all necessary requirements established by Title 22 and the Health and Safety Code.
- The parent/guardian may also designate an emergency contact, in addition to herself/himself, that can be called if the baby's crying is alarming.
- If a child care provider realizes that a baby's crying is a trigger for the provider's negative stress reactions, that provider should consider not providing care to infants.

Remember: it is never okay to shake or strike a child.

Signs of Shaken Baby Syndrome/Abusive Head Trauma

As a child care provider, you may be the first to recognize when a child has been a victim of abusive head trauma. It's important to know the signs and respond so that the child can receive medical attention as quickly as possible. In many cases there are no symptoms at all, but in more severe cases an infant or young child may have:

- Difficulty staying awake,
- Irritability, lack of smiling,
- Poor sucking or swallowing, decreased appetite, or vomiting
- Decreased muscle tone,
- Inability to lift the head,
- Difficulty breathing, blue color (due to lack of oxygen),
- Unequal pupil size,
- Inability to focus the eyes or track movement,
- Bleeding around the eyes,
- Bulging or swelling of the head, forehead, or soft spot
- Bruises around the head, neck, or chest
- Rigidity of the body,
- Tremors, seizures,
- Coma.

CONCUSSION FACT SHEET FOR PARENTS



WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury. Concussions are caused by a bump or blow to the head. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

You can’t see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs of a concussion:

SYMPTOMS REPORTED BY ATHLETE:

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not “feeling right” or is “feeling down”



SIGNS OBSERVED BY PARENTS/ GUARDIANS:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes