



POLICY AND PROCEDURE FOR HANDLING OF INFANT SAFE SLEEP

Policy

A program must establish, train staff on, implement, and enforce a system of health and safety practices that ensure children are kept safe at all times. A program should consult *Caring for our Children Basics*, available at http://www.acf.hhs.gov/sites/default/files/ece/caring_for_our_children_basics.pdf, for additional information to develop and implement adequate safety policies and practices described in this part. (b) A program must develop and implement a system of management, including ongoing training, oversight, correction and continuous improvement in accordance with §1302.102, that includes policies and practices to ensure all facilities, equipment and materials, background checks, safety training, safety and hygiene practices and administrative safety procedures are adequate to ensure child safety. *Head Start Performance Standards 1302.47 Safety practices.*

How long are infants allowed to remain in their cribs after awakening?. An infant may remain in the crib for up to 30 minutes after awakening, as long as the infant is content and responsive. You may not allow an infant to sleep in a restrictive device. If an infant falls asleep in a restrictive device, the infant must be removed from the device and placed in a crib as soon as possible. Infants may sleep in a restrictive device if you have a completed Sleep Exception Form that includes a signed statement from a health-care professional stating that the child sleeping in a restrictive device is medically necessary. Are infants required to sleep on their backs? Infants not yet able to turn over on their own must be placed in a face-up sleeping position in the infant's own crib, unless you have a completed Sleep Exception Form that includes a signed statement from a health-care professional stating that a different sleeping position for the child is medically necessary. If the infant was born with a birth defect, often spits up after eating, or has a breathing, lung, or heart problem, a doctor or nurse may recommend a different sleep position to use. Providing "tummy time" several times each day is important because it prepares infants for the time when they will be able to slide on their bellies and crawl. The caregiver needs to stay near and closely supervise the infant during tummy time. If applicable, a copy of the Sleep Exception Form should be kept in the infant's classroom for easy review by caregivers and licensing staff. May I swaddle an infant to help the infant sleep? You may not lay a swaddled infant down to sleep or rest on any surface at any time unless you have a completed Sleep Exception Form that includes a signed statement from a healthcare professional stating that swaddling the child for sleeping purposes is medically necessary. If an infant has difficulty falling asleep, may I cover the infant's head or crib? No. Infants must not have their heads, faces, or cribs covered by items such as blankets, linens, or clothing at any time. What specific safety requirements must my cribs meet? All cribs must have a firm, flat mattress that fits snug on the sides of the crib. The mattress must not be supplemented with additional foam materials or pads. *Minimum Standards for Child Care Centers 746.2425, 746.2426, 746.2427, 746.2428, 746.2429, and 746.2409.*

The Centers for Disease Control and Prevention suggests if possible, at nap time, ensure that children's naptime mats (or cribs) are spaced out as much as possible, ideally 6 feet apart. Consider placing children head to toe in order to further reduce the potential for viral spread.

Based on the above policies UTRGV-PSJA-EHS-CCP Program staff will make sure infants not yet able to turn over on their own will be placed in a face-up sleeping position.



Procedure

1. Early Head Start Caregivers will allow infants to remain in the crib for up to 30 minutes after awakening, as long as the infant is content and responsive.
2. An infant will not be allowed to sleep in a restrictive device unless the parent has signed a Sleep Exception Form that includes a signed statement from a health-care professional stating that the child sleeping in a restrictive device is medically necessary.

Note: Infants sleeping in restrictive devices are at risk for strangulation, injury, and positional asphyxiation. Documentation from a health care professional is required for an infant to sleep in a device other than a CPSC approved crib.

3. Infants that arrive at the Child Care Center asleep in a car seat must be removed from the car seat and placed in a crib. The car seat will not be placed in the crib while the infant is still inside the car seat.

Note: If applicable, a copy of the Sleep Exception Form should be kept in the infant's classroom for easy review by caregivers and licensing staff

4. Infants that are not able to turn over on their own must be placed in a face-up sleeping position in their own crib, unless a Sleep Exception Form has been completed that includes a signed statement from a health-care professional stating that a different sleeping position for the child is medically necessary. The Sleep Exception Form may include a different sleep position from the health provider or nurse.
5. A swaddled infant down may not be put to sleep or rest on any surface at any time unless the parent has completed a Sleep Exception Form that includes a signed statement from a healthcare professional stating that swaddling the child for sleeping purposes is medically necessary.
6. Infants must not have their heads, faces, or cribs covered by items such as blankets, linens, or clothing at any time.
7. All cribs must have a firm, flat mattress that fits snug on the sides of the crib. The mattress must not be supplemented with additional foam materials or pads.
8. Parents will sign Operational Policy on Infant Safe Sleep (form 2550) prior to first day of class and a copy will be placed in the child's file.

Note: Due to COVID-19 children will be placed head to toe in order to further reduce the potential for viral spread.