

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 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.
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 allow pacifiers without any attachments. Pacifiers attached to clothing will be removed when placed to sleep.
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: _____

ALTERNATIVE SLEEP POSITION WAIVER

PARENT REQUEST FORM

This waiver may only be used for infant over the age of 6 months.

Child' Name: _____ Date of Birth: _____ Age: _____

Parent/Guardian's Name: _____

Address: _____

Cell Phone: _____ Work Phone: _____

Fax: _____ Email: _____

This childcare facility follows the safe sleep practice of placing all infants on their backs to sleep. As the parent or guardian of the above named child, you may request that he/she be placed to sleep in an alternative sleep position.

- I would like my child placed to sleep in an alternative sleep position.
- I would like my child placed on their back and they are allowed to roll over into an alternate sleep position.

(You must check the box for this waiver to be valid)

Please describe the requested sleep position for the above named child:

Effective Dates of Waiver: from ___/___/_____ to ___/___/_____

“I, as the parent or guardian of the above mentioned child, do hereby release and hold harmless Children’s Discovery Center, its officers, directors, and employees, from any and all liability whatsoever associated with harm to my child due to Sudden Infant Death Syndrome (SIDS). I affirm and acknowledge that I have been provided with information concerning SIDS.

I further authorize the Children’s Discovery Center and its’ employees to place my child in an alternative sleep position, as described above.”

Parent/Guardian Signature: _____ Date: _____

An authorized official with the childcare facility must complete the following section.

Name of Facility: Children’s Discovery Center, Inc.

ID Number: 92001451

Facility Representative’s Signature: _____ Date: _____