

Infant Safe Sleep Policy

Safe Sleep Practices

1. All child care staff working in the infant room, or child care staff with scheduled hours in the infant room will receive training on our Infant Safe Sleep Policy and SIDS risk reduction.
2. Infants will always be placed on their backs to sleep.
3. We will follow the American Academy of Pediatrics recommendation to allow babies who can roll over on their own to assume the position they prefer for sleep. We will discuss with parents how to address the circumstance when a baby turns onto their side or stomach on their own. A sign or note card will be placed on or above any child's crib that can roll over to indicate that ability.
4. Sleeping infants will be visually monitored frequently by staff. A sleep chart will be used to document that each infant has been monitored at a minimum every 15 minutes. Staff will be especially alert to the rise and fall of each infant's chest. Staff will initial the sleep chart to document that they have visually checked the infant.

A Safe Sleep Environment

1. Room temperatures will be monitored so that it does not exceed 75 degrees Fahrenheit and babies will not be over wrapped. A thermometer will be placed in each infant room to assist in monitoring the room temperature.
2. Infant's will not be covered with blankets or beddings. A sleep sack may be used instead (Please provide).
3. No loose bedding, pillows, or bumper pads will be used in cribs.
4. One toy / stuffed animal will be removed from the crib when the baby is sleeping.
5. A crib with a firm mattress will be used for sleeping babies.
6. Only one infant will be in a crib at a time, unless we are evacuating infants in an emergency or during practice evacuations such as fire drills.
7. No smoking is permitted in any area used by children, including the playground areas.
8. Awake babies will be given supervised "tummy time".

Note* All Parents/ Guardians of infants cared for in this facility will receive a written copy of our Infant Safe Sleep Policy and information about SIDS risk reduction before enrollment.

Parent Signature _____ Date _____