

**CHILD AND YOUTH
PROGRAMS****DEPARTMENT OF THE AIR FORCE CHILD DEVELOPMENT PROGRAMS
INFANT SAFE SLEEP INSTRUCTIONAL GUIDE****Apr 2022**

1. **TRAINING OBJECTIVE:** To assist Child Development Center (CDC) staff and managers, Family Child Care (FCC) providers and coordinators, contract workers and volunteers) in understanding their roles and responsibilities in providing a safe sleep environment to reduce the risk of Sudden Infant Death Syndrome (SIDS). This guide may not be used for evaluating staff.

2. **PURPOSE:** To provide standardized procedures and guidelines for creating a safe sleep environment for infants.

3. **REFERENCES:** The American Academy of Pediatrics (AAP); the United States Consumer Product Safety Commission (US CPSC); and *Caring for Our Children: National Health and Safety Performance Standards, 4th Edition*.

4. OVERVIEW:

- a. SIDS is the leading cause of death for infants under the age of 12 months.
- b. Despite the decrease in deaths attributed to sleeping practices and the decreased frequency of prone (tummy) infant sleep positioning over the past two decades, some caregivers/ teachers continue to place infants to sleep in positions or environments that are not safe. The majority of deaths in child care facilities occur within the first day or first week an infant starts attending a child care program.
- c. One of the most important ways to reduce infant deaths in child care settings is for CYP personnel to implement and model safe sleep practices for parents/guardians in the program.

5. SLEEP POSITION:

- a. To reduce the risk of SIDS, infants up to 12 months of age will be placed for sleep in a supine position (wholly on the back) by CYP personnel.
- b. Deviation from the Safe Sleep policy requires documentation from the child's health care provider and approval from the medical advisor, the Child and Youth Services Flight Chief, and AFSVC/SVPY. Post a notice on the infant's crib without identifying medical information. Documentation is kept in the infant's file.
- c. Infants with gastro-esophageal reflux should be placed for sleep in the supine position (wholly on their back). Elevating the head of the infant's crib while the infant is sleeping



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is not permitted. It is ineffective in reducing gastro-esophageal reflux and might result in the infant sliding to the foot of the crib into a position that might compromise respiration.

- d. Once an infant can roll from supine (back) to prone (front) and prone to supine, the infant can be allowed to remain in the sleep position that he or she assumes. Infants must be asleep before assuming whatever position they choose.
- e. Sitting devices, such as car safety seats, strollers/bye-bye buggies, swings, infant carriers, bouncy seats, and infant slings, are not used for routine sleep. If an infant falls asleep in any of these devices, he/she is immediately placed in an approved sleeping device. Infants younger than 4 months of age are particularly at risk in sitting devices because they might assume positions that can create risks of suffocation or airway obstruction.
- f. If infant cloth carriers are used by FCC providers, the infant's head must be up above the fabric, the face visible, and the nose and mouth are clear of obstructions. Infant slings are not to be used.

SLEEP ENVIRONMENT

- a. Cribs used in CDCs and FCC homes must conform to the safety standards of the US Consumer Product Safety Commission (CPSC) and the American Society for Testing and Materials (ASTM). All cribs must comply with federal safety standards, which include no drop side cribs; crib slats less than 2 3/8" apart; the top of the crib mattress at least 20" from the top of the crib rail; and crib mattresses must be 6" thick and are firm and tight-fitting.
- b. Bassinets or portable cribs/play yards used in FCC homes must conform to the safety standards of the US CPSC and ASTM.
- c. Cribs with missing hardware are not used. CYP personnel should not attempt to fix broken components of a crib. Many deaths are associated with cribs that are broken or have missing parts, including those that have been presumably fixed.
- d. Only mattresses designed for the specific product should be used. Mattresses should be firm and maintain their shape when the fitted sheet designated for that model is used. There should not be any gaps between the mattress and the side of the crib or corners of the crib, bassinet, portable crib, or play yard.
- e. Soft materials or objects such as stuffed animals, pillows, quilts, blankets, comforters or sheepskins, even if covered by a sheet, are not placed under or near a sleeping infant, 12 months or younger. Soft items may not be placed in cribs or safe sleeping equipment.
- f. Sleep clothing, such as sleepers, and wearable blankets (without hoods), may be used as alternatives to blankets.

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- g. Thin, single layer receiving blankets (approved by the AF) may be used in the play area; however, the infant must be on his/her back and be awake during this play time. Blankets may not be used during tummy time. Once an infant is able to roll independently, blankets will no longer be used in the play area.
- h. Bumper pads or similar products which attach to crib slats or sides are not permitted.
- i. Hanging crib toys (mobiles, crib gyms) should be out of an infant's reach. Any hanging crib toy must be removed when an infant first begins to push up on his or her hands and knees or when the baby is 5 months old, whichever occurs first. These toys can strangle an infant. NOTE: Mobiles are not used on fire evacuation cribs.
- j. Infants sleep in an area free of hazards, such as dangling cords, electric wires, and window-covering cords, because they might present a strangulation risk.
- k. To avoid overheating in general, infants should be dressed appropriately for the environment, with no more than one layer more than an adult would wear to be comfortable in the environment. CYP personnel should evaluate the infant for signs of overheating, such as sweating or the infant's chest feeling hot to the touch.
- l. Infants who use pacifiers will be offered their pacifier when they are placed to sleep; however, it is not reinserted once the infant falls asleep. Due to the risk of strangulation, pacifiers/bibs should not be hung around sleeping infant's neck or attached to their clothing. Objects such as stuffed toys, which might present a suffocation or choking risk, should not be attached to pacifiers.
- m. In the CDC, a copy of the AF Infant Safe Sleep Practices Poster is posted in each Infant sleeping area. In FCC, the AF Infant Safe Sleep Practices Poster is posted and visible on the parent board.
- n. Commercial devices marketed to reduce the risk of SIDS are not permitted. These devices include wedges, positioners, special mattresses, and special sleep surfaces. A request to use a device requires documentation from the infant's health care provider which has been reviewed and approved by the CYP Medical Advisor and AFSVC/SVPY.
- o. Home cardio-respiratory monitors are not used as a strategy to reduce the risk of SIDS, unless directed by a medical professional and approved by the CYP Medical Advisor. There is no evidence that use of such devices decreases the incidence of SIDS.
- p. During overnight care in FCC homes, the infant's crib, portable crib, play yard, or bassinet should be placed in the same room or near the FCC provider's own sleeping arrangements. FCC providers must sleep on the same floor as children under the age of 8 years.

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- q. Infants will not be placed to sleep on any standard bed, waterbed, couch, air mattress, or on other soft surfaces because of the risk of entrapment and suffocation. At no time will infants sleep in the FCC provider's bed.
- r. At no time, will infants (2 weeks-12 months) be placed on cots. Older infants (over 6 months) may be placed on a firm sleeping mat (approved for infants) if a crib is not available.
- s. Only one infant will be placed to sleep in each crib. Siblings, including multiples, will be placed in separate cribs.

SUPERVISION:

- a. CDP personnel, trained in safe sleep practices and approved to care for infants, will be present in each room at all times when infants are present. Infants should be directly seen and heard at all times, including when they are going to sleep, are sleeping, or are in the process of waking up. Convex or concave mirrors may augment supervision, however; mirrors are not to replace direct sight and sound supervision required at all times.
- b. CDP personnel must position themselves so someone can always hear and see any sleeping infants including when staff are engaged with other children who are awake. Note: FCC providers, providing overnight care, may sleep if the FCC provider has less than three children in care, including his/her own household members under the age of 8 years.
- c. Supervised, awake tummy time is recommended to facilitate development and to minimize development of positional plagiocephaly (flattening of the skull). Tummy time helps build strength in an infant's head/neck and builds upper body muscles. Tummy time should take place when the infant is awake and alert and CDP personnel are within arm's reach of the infant. Infants should be placed on a solid surface; blankets will not be used during tummy time.

COMMUNICATING WITH PARENTS:

- a. Upon enrollment, the Infant Safe Sleep Instructional Guide will be reviewed with parents. A copy of the policy will be provided along with the parent handbook. Parents are encouraged to follow to utilize the same measures when the infant is at home.



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**AIR FORCE CHILD DEVELOPMENT PROGRAMS
INFANT SAFE SLEEP POSITION EXCEPTION**

Child's Name: _____

DOB: _____

Parent Signature: _____

Date: _____

Physician name: _____

Date: _____

Physician signature: _____

Physician notes:

(The information below is required. If provided in other format, attach to this form.)

Medical reason not to be placed in a supine position to sleep and/or the need for positioning device:

Duration of usage (weeks/months): _____

Specific instructions regarding when to use/not use the device (e.g. during sleeping, feeding, etc.)

CYP Medical Advisor Review: _____ **Date:** _____





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CONCUR

NONCONCUR

This information should not be used as a substitute for the medical care and advice of your physician. There may be variations in treatment that your physician may recommend based on individual facts and circumstances.