Reducing the Risk of Sudden Infant Death Syndrome and Using Safe Sleeping Practices

This brief, one in a series of nine addressing health and safety requirements specified in the *Child Care and Development Block Grant Act of 2014*, provides an overview of reducing the risk of sudden infant death syndrome (SIDS) and using safe sleeping practices for center-based and home-based child care settings. Licensing administrators and Child Care and Development Fund Administrators may find the brief helpful as they begin to assess and consider future revisions to state standards for both licensed and license-exempt providers. It may also be of value to early childhood and school-age care and education programs and providers in understanding and improving the health and safety of their learning environments.

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New Federal Requirements

The *Child Care and Development Block Grant Act of 2014* includes provisions related to health and safety requirements for all providers that receive payment from the Child Care and Development Fund (CCDF).[1]

> (I) Health and Safety Requirements. The plan shall include a certification that there are in effect within the State, under State or local law, requirements designed to protect the health and safety of children that are applicable to child care providers that provide services for which assistance is made available under this subchapter. Such requirements
>
> > (i) shall relate to matters including health and safety topics consisting of
> >
> > > **(II) prevention of sudden infant death syndrome and use of safe sleeping practices**;
> > >
> > > …, and

[1] The *Child Care and Development Block Grant Act of 2014* and section 418 of the Social Security Act (42 USC 618), as amended, provide the statutory authority for implementation of the CCDF program as designated by the Administration for Children and Families. Retrieved from http://www.acf.hhs.gov/programs/occ/resource/ccdf-law.

(XI) minimum health and safety training, to be completed pre-service or during an orientation period in addition to ongoing training, appropriate to the provider setting involved that addresses each of the requirements relating to matters described in subclauses (I) through (X);

Caring for Our Children Basics

Released in 2015 by the Administration for Children and Families, *Caring for Our Children Basics: Health and Safety Foundations for Early Care and Education* (CFOCB) represents the minimum health and safety standards experts believe should be in place where children are cared for outside their homes.[2] CFOCB seeks to reduce conflicts and redundancies found in program standards linked to multiple funding streams. Though voluntary, ACF hopes CFOCB will be a helpful resource for States and other entities as they work to improve health and safety standards in licensing and quality rating and improvement systems. The following standards from CFOCB address reducing the risk of sudden infant death syndrome and the use of safe sleep practices.

1.4.1.1/1.4.2.3 Pre-service Training/Orientation

Before or during the first three months of employment, training and orientation should detail health and safety issues for early care and education settings including, but not limited to, typical and atypical child development; pediatric first aid and CPR; safe sleep practices, including risk reduction of Sudden Infant Death Syndrome/Sudden Unexplained Infant Death (SIDS/SUID); poison prevention; shaken baby syndrome and abusive head trauma; standard precautions; emergency preparedness; nutrition and age-appropriate feeding; medication administration; and care plan implementation for children with special health care needs. Caregivers/teachers should complete training before administering medication to children. See Standard 3.6.3.3 for more information. All directors or program administrators and caregivers/teachers should document receipt of training.

Providers should not care for children unsupervised until they have completed training in pediatric first aid and CPR; safe sleep practices, including risk reduction of Sudden Infant Death Syndrome/Sudden Unexplained Infant Death (SIDS/SUID); standard precautions for the prevention of communicable disease; poison prevention; and shaken baby syndrome/abusive head trauma.

3.1.4.1 Safe Sleep Practices and SIDS Risk Reduction

All staff, parents/guardians, volunteers, and others who care for infants in the early care and education setting should follow safe sleep practices as recommended by the American Academy of Pediatrics (AAP). Cribs must be in compliance with current U.S. Consumer Product Safety Commission (CPSC) and ASTM International safety standards. See Standard 5.4.5.2 for more information.

5.4.5.2 Cribs and Play Yards

Before purchase and use, cribs and play yards should be in compliance with current CPSC and ASTM International safety standards that include ASTM F1169-10a Standard Consumer Safety Specification for Full-Size Baby Cribs, ASTM F406-13, Standard Consumer Safety Specification for Non-Full-Size Baby Cribs/Play Yards, or the CPSC 16 CFR 1219, 1220, and 1500—Safety Standards for Full-Size Baby Cribs and Non-Full-Size Baby Cribs; Final Rule.

Programs should only use cribs for sleep purposes and ensure that each crib is a safe sleep environment as defined by the American Academy of Pediatrics. Each crib should be labeled and used for the infant's exclusive use. Cribs and mattresses should be thoroughly cleaned and sanitized before assignment for

[2] Administration for Children and Families, U.S. Department of Health and Human Services. (2015). *Caring for our children basics: Health and safety foundations for early care and education.* Retrieved from http://www.acf.hhs.gov/programs/ecd/caring-for-our-children-basics

use by another child. Infants should not be placed in the cribs with items that could pose a strangulation or suffocation risk. Cribs should be placed away from window blinds or draperies.

Caring for Our Children Standards

Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, 3rd edition (CFOC3), is a collection of 686 national standards that represent best practices with respect to health and safety in early care and education settings. CFOC3 can help programs and providers implement CFOCB, understand rationale, and move to higher levels of quality in health and safety. CFOC3 is available at http://cfoc.nrckids.org/.[3]

The following links to CFOC3 pertain to the prevention of sudden infant death syndrome and use of safe sleeping practices. The links go to the full text of the standard, with a rationale supported by research.

Standard 3.1.4.1: Safe Sleep Practices and SIDS/Suffocation Risk Reduction

http://cfoc.nrckids.org/StandardView/3.1.4.1

A compilation of CFOC standards about safe sleep practices and SIDS/suffocation risk reduction is available at http://cfoc.nrckids.org/StandardView/SpcCol/Safe_sleep

Trends in Child Care Licensing Requirements

The following table provides information about the number of States[4] that have requirements for safe sleep practices and SIDS prevention in their licensing regulations for child care centers[5], family child care (FCC) homes[6], and group child care (GCC) homes.[7]

According to licensing regulations from 2014, most States require providers to place infants on their backs to sleep. The inclusion of this requirement has increased significantly in the last decade. The number of States that prohibit soft bedding in cribs and require specific training in safe sleep practices has also increased.

[3] American Academy of Pediatrics, American Public Health Association, & National Resource Center for Health and Safety in Child Care and Early Education. (2011). *Caring for our children: National health and safety performance standards; Guidelines for early care and education programs*, 3rd edition. Retrieved from http://cfoc.nrckids.org/

[4] "States" includes the 50 States, the District of Columbia, and 2 U.S. Territories—Guam and the Virgin Islands.

[5] National Center on Early Childhood Quality Assurance. (2015). *Research brief #1: Trends in child care center licensing regulations and policies for 2014*. Retrieved from https://childcareta.acf.hhs.gov/resource/research-brief-1-trends-child-care-center-licensing-regulations-and-policies-2014

[6] National Center on Early Childhood Quality Assurance. (2015). *Research brief #2: Trends in family child care home licensing regulations and policies for 2014*. Retrieved from https://childcareta.acf.hhs.gov/resource/research-brief-2-trends-family-child-care-home-licensing-regulations-and-policies-2014

[7] National Center on Early Childhood Quality Assurance. (2015). *Research brief #3: Trends in group child care home licensing regulations and policies for 2014*. Retrieved from https://childcareta.acf.hhs.gov/resource/research-brief-3-trends-group-child-care-home-licensing-regulations-and-policies-2014

Number of States With SIDS Prevention Requirements in Licensing Regulations in 2014

Licensing Requirements	Child Care Centers (*N* = 53)	FCC Homes (*N* = 46)	GCC Homes (*N* = 40)
Infants must be placed on their backs to sleep	47	39	33
Physicians may authorize different sleep positions for infants	38	35	29
Parents can authorize different sleep positions for infants	6	3	1
Soft bedding/materials must not be used in cribs	30	26	20
Facilities must use cribs that meet the U.S. Consumer Product Safety Commission requirements	15	19	17
Staff/providers are required to complete training about SIDS prevention	28	17	14

N = The number of States that regulate the type of facility.

Examples of State Licensed Child Care Requirements

Licensing of center-based care and family child care homes is a process that establishes the minimum requirements necessary to protect the health and safety of children in care. State licensing requirements are regulatory requirements, including registration or certification requirements, that State law establishes as necessary for providers to legally operate and provide child care services.[8] The following excerpts, related to the prevention of sudden infant death syndrome and use of safe sleeping practices, are from licensing requirements in Florida, Georgia, Texas, and Washington. These examples do not include all States that have these requirements, but are meant to represent a range of approaches States have taken in their regulations. A document with links to all States' child care licensing regulations is available at https://childcareta.acf.hhs.gov/resource/state-and-territory-licensing-agencies-and-regulations.

Child Care Center Requirements

Texas

Minimum Standards for Child-Care Centers, Chapter 746, Title 40, Social Services & Assistance, Part 19 (June 2015), http://www.dfps.state.tx.us/documents/Child_Care/Child_Care_Standards_and_Regulations/746_Centers.pdf

> **§746.2415 Are specific types of equipment prohibited for use with infants?**
>
> Yes. The following list of equipment, identified as unsafe for infants by the Consumer Product Safety Commission and the American Academy of Pediatrics, must not be used in the child-care center:
>
> (1) Baby walkers;
>
> (2) Baby bungee jumpers;

[8] Administration for Children and Families, U.S. Department of Health and Human Services. (2015). *Caring for our children basics: Health and safety foundations for early care and education.* Retrieved from http://www.acf.hhs.gov/programs/ecd/caring-for-our-children-basics

(3) Accordion safety gates;

(4) Toys that are not large enough to prevent swallowing or choking;

(5) Bean bags, waterbeds, and foam pads for use as sleeping equipment; and

(6) Soft or loose bedding such as blankets, sleep positioning devices, stuffed toys, quilts, pillows, bumper pads, and comforters must not be used in cribs for children younger than 12 months of age**.**

§746.2427 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, unless the child's parent presents written documentation from a health-care professional stating that a different sleeping position is allowed or will not harm the infant.

§746.2428. May I swaddle an infant to help the infant sleep?

No. You may not lay a swaddled infant down to sleep or rest on any surface at any time.

§746.2429 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.

Washington

Chapter 170-295, Washington Administrative Code, Minimum Licensing Requirements for Child Care Centers (August 2015), http://apps.leg.wa.gov/WAC/default.aspx?cite=170-295&full=true

170-295-1070
What continuing state training and registry system (STARS) training is required for child care center staff?

(1) The director, program supervisor and lead teachers must complete ten clock hours or one college credit of continuing education yearly after completing the initial training required in WAC 170-295-1010.

(2) The director and program supervisor must have five of the ten hours in program management and administration for the first two years in their respective positions. Each additional year, three of the ten hours required must be in program management and administration.

(3) The continuing education must include department approved annual infant safe sleep training when licensed to care for infants.

(4) The continuing education must be delivered by a state-approved trainer, or consist of training that has been department-approved through MERIT [Managed Education and Registry Information Tool].

170-295-4110
What are infant safe sleep practices?

(1) Infant safe sleep practices must be followed when infants are napping or sleeping. The staff must:

(a) Place an infant to sleep on his or her back. If the infant has turned over while sleeping, the infant does not need to be returned to his or her back;

(b) Place an infant in sleeping equipment consistent with WAC 170-295-4100;

(c) Not allow blankets, stuffed toys, pillows, crib bumpers and similar items in the infant sleeping equipment, or allow a blanket to cover or drape over the sleeping equipment;

(d) Not cover an infant's head and face during sleep;

(e) Take steps so infants do not get too warm during sleep with the infant's arms free; and

(f) Not place the infant in another sleeping position other than on their back, or use a sleep positioning device unless required by a written directive or medical order from the infant's health care provider. This directive or medical order must be in the infant's file.

(2) The staff must:

(a) Complete annual infant safe sleep training as required in WAC 170-295-1090; and

(b) Document annual infant safe sleep training for all staff and volunteers as required in WAC 170-295-7050.

(3) When the department finds the licensee in violation of infant safe sleep practices, the licensee must:

(a) Post the notice of violation in the licensed space as required by RCW 43.215.525 (1)(c); and

(b) Within five working days of receiving notice of the violation, provide the parents and guardians of enrolled children with:

(i) A letter describing the safe sleep violation; and

(ii) Written information on safe sleep practices for infants.

Family Child Care Home Requirements

Florida

Chapter 65C-20, Florida Administrative Code, Family Day Care Standards and Large Family Child Care Homes (July 2015), http://ccrain.fl-dcf.org/documents/2/469.pdf

65C-20.010 Health and Safety Related Requirements.
(1) General Requirements.

(n) Children up to one year of age must be in an individual crib, portacrib or playpen with sides. Crib sides must be raised and secured while an infant is in the crib and bar spacing may not exceed two and three-eighths inches. Cribs must meet the construction regulations as outlined in Title 16, Sections 1508.7 and 1509.8, Code of Federal Regulations, January 2009, which are incorporated by reference. A copy may be obtained from the department's website, www.myflorida.com/childcare. No double or multi-deck cribs, cots or beds may be used. When napping or sleeping, young infants who are not capable of rolling over on their own shall be positioned on their back and on a firm surface to reduce the risk of Sudden Infant

Death Syndrome (SIDS), unless an alternative position is authorized in writing by a physician. The documentation shall be maintained in the child's record.

Georgia

Rules and Regulations, Family Child Care Learning Homes, Chapter 290-2-3 (January 2016), http://decal.ga.gov/documents/attachments/FCCLHRulesAndRegulations.pdf

(2) Policies and Procedures. Each Family Child Care Learning Home shall establish policies and procedures, which shall be kept current, made available to the Parents, and used to govern the operations of the Family Child Care Learning Home. …

(c) The policies and procedures shall also include written procedures for the following:

16. Notification of infant sleep position practices. The Provider must notify parent(s) of Sudden Infant Death Syndrome (SIDS) risk reduction practices, sleep positioning policies, and arrangements for placing all infants on their backs for sleep;

290-2-3-.19 Safe Sleeping and Resting Requirements

(1) Sleeping and Resting Equipment.

(a) Cribs and Other Approved Sleep Equipment. The Home shall provide either a safety approved crib or other equipment that is approved for infant sleep for each infant who cannot climb out of the crib or other approved equipment. Each crib shall be safety approved in compliance with Consumer Product Safety Commission (CPSC) and American Society of Testing and Materials International (ASTM) safety standards; any other equipment, such as, but not limited to, a portable crib, playpen, play yard or bassinet, shall be in compliance with current ASTM Standard Consumer Safety Specifications for Non-Full-Size Baby Cribs/Play Yards. ("Infant" refers to any child under the age of twelve (12) months or any child who is under eighteen (18) months of age who is not walking.)

1. Crib Construction. Cribs and other equipment approved for infant sleep shall be in good repair and free of hazards. Stack cribs and cribs with drop sides shall not be used.

2. Crib Mattress. A mattress shall be provided for each crib and other equipment approved for infant sleep and shall be firm, tight-fitting, at least two inches (2") thick and covered with waterproof, washable material. Before a change of occupant, each mattress shall be cleaned with a disinfectant.

3. Crib Sheet. Each crib and other equipment approved for infant sleep shall have only an individual, tight-fitting sheet which is changed daily or more often as needed and prior to a change of occupant.

(2) Environment.

A Family Child Care Learning Home shall provide a safe sleep environment in accordance with American Academy of Pediatrics (AAP), Consumer Product Safety Commission (CPSC) and American Society for Testing and Materials (ASTM) recommendations as listed in (a) through (h) below. The rules listed in (a) through (h) below shall be followed for all infants and one-year-old children when placed for sleep in a safety approved crib or in any other type of equipment approved for infant sleep.

(a) Staff shall place an infant to sleep on the infant's back unless the Parent has provided a physician's written statement authorizing another sleep position for that particular infant that includes how the infant shall be placed to sleep and a time frame that the instructions are to be followed.

(b) Staff shall not place objects or allow objects to be placed in or on the crib with an infant such as but not limited to toys, pillows, quilts, comforters, bumper pads, sheepskins, stuffed toys, or other soft items.

(c) Staff shall not attach objects or allow objects to be attached to a crib with a sleeping infant such as but not limited to crib gyms, toys, mirrors and mobiles.

(d) Sleepers, sleep sacks and wearable blankets that fit according to the commercial manufacturer's guidelines and will not slide up around the infant's face may be used when necessary for the comfort of the sleeping infant. Swaddling shall not be used unless the Home has been provided a physician's written statement authorizing its use for a particular infant that includes instructions and a time frame for swaddling the infant.

(e) The Home shall maintain the infant's sleeping area to be comfortable for a lightly clothed adult within a temperature range of sixty-five (65) to eighty-five (85) degrees depending upon the season. There shall be lighting adequate to see each sleeping infant's face to view the color of the infant's skin and check on the infant's breathing.

(f) When an infant can easily turn over from back to front and back again, staff shall continue to put the infant to sleep initially on the infant's back but allow the infant to roll over into his or her preferred position and not re-position the infant.

(g) Wedges, other infant positioning devices and monitors shall not be used unless the Parent provides a physician's written statement authorizing its use that includes how to use the device and a time frame for using the device is provided for that particular infant.

(h) Infants shall only sleep in a safety approved crib or other equipment approved for infant sleep as described in 290-2-3-.19(1)(a) and shall not sleep in any other equipment, such as, but not limited to, a car safety seat, bouncy seat, highchair, or swing. Infants who arrive at the facility asleep or fall asleep in such equipment or on the floor shall be transferred to a safety approved crib or other equipment approved for infant sleep.

Examples of State License-Exempt Child Care Requirements

States have exemptions in law or regulation that define the types of center-based facilities and home-based providers that are not required to obtain a state license to operate legally.[9] Most States allow exempt providers to receive CCDF funding. And while exempt providers are not subject to the regulatory requirements set forth by the licensing agency, the *Child Care and Development Block Grant Act of 2014* (CCDBG Act of 2014) requires States and Territories to have health and safety requirements in 10 different topic areas for all providers participating in the CCDF subsidy program, as well as preservice and ongoing training on those topics.[10] The following excerpts on the prevention of sudden infant death syndrome and use of safe sleeping practices are license-exempt requirements from Arkansas and Ohio. These examples do not include all States that have these requirements, but are meant to represent a range of approaches States take in establishing requirements for license-exempt programs.

Arkansas

Arkansas defines license-exempt FCC homes as those that serve one child up to five children. License-exempt FCC homes, relatives caring for children in their homes, and in-home care providers must complete a registration

[9] National Center on Early Childhood Quality Assurance. (2015). *Monitoring license-exempt CCDF homes*. Retrieved from https://childcareta.acf.hhs.gov/resource/monitoring-license-exempt-ccdf-homes

[10] National Center on Early Childhood Quality Assurance. (2015). *Monitoring and supporting license-exempt care: Case studies*. Retrieved from https://childcareta.acf.hhs.gov/resource/monitoring-and-supporting-license-exempt-care-case-studies

process to receive CCDF payment. The registration process is conducted by the licensing agency. Homes are inspected prior to registration approval.

Minimum Licensing Requirements for Registered Child Care Family Homes (January 2015), http://humanservices.arkansas.gov/dccece/licensing_docs/2014%20A4%20RCCFH%20Final%20Filing.pdf

402 Infant & Toddler Program Requirements

7. Infants (children 12 months and below) shall be placed flat on their backs to sleep to lessen the risk of suffocation and Sudden Infant Death Syndrome. (If a child rolls over on his/her own, the facility is not required to reposition the child.) If there is a medical reason a child cannot sleep on his/her back, then a signed statement from the child's physician must be in the file stating that a different sleep position is indicated.

8. Infants' sleep space (e.g. crib) shall be free of loose bedding. It is recommended that if light blanket is necessary, it be kept at or below the mid-chest area of the child. Staff shall not cover the faces of infants.

9. Pillows (including nursing or "boppy" pillows), bumpers/bumper pads, and stuffed animals shall not be placed in cribs.

1001 Sleeping Arrangement Requirements

1. All manufacturer guidelines shall be followed for furniture and equipment that is used by, or around, children.

2. Any cribs or playpens that have been identified as unsafe, or have been subject to recall as defined by the Consumer Product Safety Commission (CPSC) guidelines or law, shall be removed or repaired as indicated.

3. Each child under twelve (12) months of age shall have a separate well-constructed baby bed or play pen with a waterproof mattress or pad which shall be clean, dry, and in good condition. Sheets and covers are required and shall be kept clean and dry. Bassinets shall not be used.

4. Waterbeds shall not be used for sleeping children under the age of two (2) years.

5. The following guidelines shall also be required for cribs:

a. Cribs that have end panels with decorative cutout areas shall not be used

b. Mattresses shall fit snugly in the crib

c. The space between crib and mattress shall measure no more than 1 inch

d. Corner post shall be the same height as end panels

e. End panels shall extend below mattress at the lowest position of the mattress

f. Baby beds shall have slats no greater than 2 3/8" apart

6. Each child twelve (12) months of age or older shall have a cot, bed, pallet, or mat which shall be placed at least one foot apart. Sheets and covers are required. Bedding shall be of washable material and shall be kept clean. If mats or pallets are used on floors, floors shall be clean, warm, dry, and draft free. Any mat or pallet less than two (2) inches thick shall be placed on carpet.

7. Doors in rooms where children are sleeping shall remain open.

8. Infants & toddlers shall be visually monitored at all times and physically checked regularly for breathing.

9. Swaddling of infants is not recommended and shall require a not [sic] from the child's physician if continued past the age of three months.

10. Bibs, necklaces, and garments with ties or hoods shall be removed from infants prior to rest/naptime to reduce the risk of entanglement and strangulation while sleeping.

11. Children shall not nap on waterbeds, beanbags, or thick rugs.

12. Playpens or cribs shall not be placed near dangling cords.

Ohio

As of January 1, 2014, FCC home providers caring for **fewer than seven children** (i.e., Type B Providers) that receive subsidy payment must obtain a state license. County offices of the Department of Job and Family Services monitor providers and the State issues the license. Type B Providers not receiving federal or state funding are exempt from licensing.

Family Child Care Rules: Type B Licensing Requirements (2013), http://emanuals.odjfs.state.oh.us/emanuals/GetTocDescendants.do?maxChildrenInLevel=100&nodeId=%23node-id%28237%29

5101:2-14-19 Sleeping and Napping Requirements for a Licensed Type B Home Provider

(B) Each infant in attendance shall have a separate crib or playpen that meets the following requirements:

(1) Cribs, playpens and mattresses shall be thoroughly cleaned with soap and water and sanitized with an appropriate germicide at least monthly and before use by another child. The sheet shall be changed before use by another child.

(2) Cribs and playpens shall be used according to manufacturer's instructions. The use of the crib or playpen shall be discontinued when the child is able to climb out or reaches the height of thirty-five inches.

(3) Cribs and playpens shall be used with the mattress supports in their lowest positions.

(4) An infant sixteen months or older may use a cot, pad, or mat with written caretaker permission.

(5) The cribs or playpens may be placed in storage in the residence if the infant to which it was assigned is no longer using it.

(6) If the use of a crib or playpen is considered hazardous for an infant, regardless of age, the infant may use a cot, pad, or mat with written permission from the caretaker.

(7) Each crib and playpen shall be of sturdy construction, and have:

(a) Closely spaced bars and with corner posts that do not exceed one sixteenth of an inch above the top of the end panel.

(b) Spaces between the bars of the crib or playpen and between the bars and end panels of the crib or playpen shall not exceed two and three-eighths inches.

(c) Playpen mesh openings shall be less than one quarter inch.

(8) Each crib shall have a firm mattress that is at least one and one half inches thick. Each playpen shall have a firm mattress or pad that does not exceed one inch in thickness.

(a) The space between the mattress and the side or end panels of the crib or playpen shall not exceed one and one-half inches.

(b) Each mattress shall have a properly fitted clean sheet that is changed at least weekly, and more often as necessary.

(c) Each mattress shall be securely covered with a waterproof material which can be thoroughly sanitized and is not dangerous to children. The waterproof cover shall be free of rips or tears.

(d) Bumper pads shall not be used.

(e) Nothing shall be placed or be hung over the side that obstructs the provider's visibility of the infant.

(f) Infants shall not be placed in cribs or playpens with bibs or any other items which could pose a strangulation or suffocation risk.

(g) Infants shall be placed in their cribs or playpens for sleeping, and shall not be allowed to sleep in bassinets, swings, car seats or other equipment. If a medical condition exists where a child needs to sleep in equipment other than a crib or playpen, written permission shall be obtained from a physician and shall be on file.

(h) Infants shall be placed on their backs to sleep unless the caretaker provides written authorization on the JFS 01930 "Sleep Position Waiver" (rev. 1/2014) signed by the child's physician. The JFS 01930 shall be maintained on file for review. Infants who are able to turn themselves over shall be placed initially on their back for sleeping but allowed to sleep in a position they prefer.

(i) Cribs or playpens shall not be used for storage of toys and other materials.

(C) Any crib manufactured before June 28, 2011 shall have a certificate of compliance (COC) on file to be permitted for use. Providers may have to contact the manufacturer of the crib to receive a COC if they do not request one from the retailer when they purchase the crib. Cribs with a documented manufacture date after June 28, 2011 have to meet the new federal standards to be sold, so they do not require a COC.

(D) Stacked cribs are prohibited.

Additional Resources

- **Better Kid Care**, Penn State Extension, Penn State College of Agricultural Sciences. http://extension.psu.edu/youth/betterkidcare/early-care
- **Head Start Program Performance Standards**, U.S. Department of Health and Human Services, Administration for Children and Families, Office of Head Start. http://eclkc.ohs.acf.hhs.gov/hslc/standards/hspps/45-cfr-chapter-xiii/45-cfr-chap-xiii-eng.pdf. The Head Start Program Performance Standards include standards related to this topic in the following section:
  - Section 1304.53 Facilities, materials, and equipment
- **Safe Sleep Campaign**, Healthy Child Care America, a program of the American Academy of Pediatrics. http://www.healthychildcare.org/sids.html This web page has several resources about safe sleep, including brochures, training materials, and policy and research articles. Selected materials are available in Spanish.
- **Safe to Sleep Public Education Campaign**, Eunice Kennedy Shriver National Institute of Child Health and Human Development at the National Institutes of Health, U.S. Department of Health and Human Services. https://www.nichd.nih.gov/sts/about/Pages/default.aspx
- **About SUID [Sudden Unexpected Infant Death] and Sudden Infant Death Syndrome**, U.S. Centers for Disease Control and Prevention. http://www.cdc.gov/sids/aboutsuidandsids.htm.
- **Virtual Early Education Center (VEEC): Room by Room Practices for Health and Safety**, National Center on Early Childhood Health and Wellness. https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/health-services-management/program-planning/veec.html
- **Virtual Lab School**, The Ohio State University in partnership with the Office of the Secretary of Defense and the National Institute of Food and Agriculture. https://www.virtuallabschool.org/about

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National Center on Early Childhood Quality Assurance

9300 Lee Highway
Fairfax, VA 22031

Phone: 877-296-2250
Email: QualityAssuranceCenter@ecetta.info

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