



COLORADO

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Safe Sleep Environments For Infants

Licensed Child Care Programs

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Introduction

This rule package seeks to reduce the risk of infant mortality related to Sudden Unexpected Infant Death Syndrome (SUIDS) in licensed child care facilities by removing environmental hazards that researchers correlate to sudden infant death syndrome and other environmental causes of unexpected infant death.

“SIDS is the number one cause of death in infants 1 month-1 year of age, Most SIDS deaths occur when in babies between 1 month and 4 months of age, and the majority (90%) of SIDS deaths occurs before an infant reaches 6 months of age. However SIDS deaths can occur anytime during the infant’s first year. Slightly more boys die of SIDS than do girls”.

(<http://www.nichd.nih.gov/sts/about/SIDS/Pages/fastfacts.aspx>)

What is SIDS/SUID?

According to the Center for Disease Control (CDC): “Sudden Infant Death Syndrome (SIDS) is defined as the sudden death of an infant less than 1 year of age that cannot be explained after a thorough investigation is conducted, including a complete autopsy, examination of the death scene, and a review of the clinical history. SIDS is the third leading cause of infant deaths in the United States and the leading cause of death in infants 1 to 12 months old”.

(<http://www.cdc.gov/sids/aboutsuidandsids.htm>)

There are approximately 4,000 sudden infant deaths a year in the United States. About half of those deaths are diagnosed as SIDS.

However, SIDS is not the cause of every sudden infant death. When an infant suddenly and unexpectedly dies, the death is called Sudden Unexpected Infant Death or SUID.

Sudden Unexpected Infant Death includes all unexpected infant deaths, including SIDS, as well as other infant deaths with an identifiable cause, such as suffocation or positional asphyxiation. Approximately one half of all SUID cases are identified as SIDS. Other infant deaths occur as a result of accidental causes, including suffocation; entrapment (when the infant gets trapped between two objects and can’t breathe); strangulation on or by an object; when something presses on or wraps around the infant’s neck, blocking the airway or positional asphyxiation (where the infant is placed in an unsafe sleep environment or unsafe sleep position, such as on the side with a positioning device or in a swing). Other causes of unexpected infant deaths are a result of disease or child abuse/neglect.

SIDS is not:

- ❖ SIDS is not the same as suffocation and is not caused by suffocation.
- ❖ SIDS is not caused by vaccines, immunizations, or shots.
- ❖ SIDS is not contagious.

- ❖ SIDS is not the result of neglect or child abuse.



- ❖ SIDS is not caused by cribs.
- ❖ SIDS is not caused by vomiting or choking.
- ❖ SIDS is not completely preventable, but there are ways to reduce the risk.

(<https://www.nichd.nih.gov/sts/about/SIDS/Pages/SIDSisNot.aspx>)

Research shows that there are many ways to reduce the risk of Sudden Unexpected Infant Death and other sleep-related causes of infant death:

Always use an approved crib

- Only use a crib that meets Consumer Product Safety Standards.
- Use of drop-side crib is prohibited by Federal Law.
- All cribs must have a certificate of compliance from the manufacturer.
- Read and follow manufacturer instructions, including instructions for set up, use, and care of the crib.
- Use a crib that has been manufactured for commercial use.
- Use a firm mattress that is manufactured for the specific crib type.
- Bare is Best! (cpsc.gov) remove all soft bedding such as pillows, sleep positioners, blankets, bumper pads, and stuffed toys.
- Use a fitted sheet that is tight-fitting (but not so tight the corners of the mattress pull upward, creating gaps between the crib and the mattress).
- Ensure the mattress supports are connected on all four sides and all hardware is tight and in good condition.
- Never hang anything on or above the crib including blankets, mobiles or other toys.
- Do not use a crib with loose or missing attachments or support hardware; contact the manufacturer for replacements.

Always place the infant on his or her back to sleep:

- Sleeping on the back reduces the risk of SUID.
- Sleeping on the stomach or side increases the risk for SUID.
- Infants who are accustomed to sleeping on their backs but are then placed to sleep on their stomachs are at a much higher risk for SUID.
- The back sleep position, (also called supine) is the safest position for all infants.



Always use a firm sleep surface, in an approved crib, covered by a fitted sheet, to reduce the risk of SUID and other sleep-related causes of infant death.

- Infants who sleep on soft surfaces are at higher risk for SUID and suffocation.
- Infants who sleep with a blanket, quilt or other soft bedding, are at higher risk for SUID and suffocation.
- Always place the infant to sleep on the back, on a firm sleep surface, in an approved crib, using a firm mattress that is designed to fit the make and model of crib.
- Only use well-fitting sheet, specifically made to snugly fit the mattress, to help prevent the infant from getting tangled up in the bedding or having the loose bedding create a suffocation hazard. On the other hand, a sheet that is too tight which causes the corners and sides of a mattress to curve upward can cause an entrapment and/or suffocation hazard. The mattress should lay flat on the base of the crib.
- Unless medically indicated by a physician, never allow an infant to sleep in a car seat, carrier, swing, or similar product, even with parent permission. An infant may only sleep in a crib using an alternate sleep position with a signed health care plan from the child's physician (tummy or side sleep).
- Never place the infant to sleep on soft surfaces, including, but not limited to: a couch, pillows, comforters, quilts, or sheepskins. Never place the infant to sleep on a waterbed, soft mattress, bean bag, mat, air mattress or other soft bed that allows the infant's head to sink into the surface.

Avoid inappropriate sleep positions (positional asphyxiation)

- An infant's airway is very soft, when the infant's neck is too far forward onto the chest, too far back, or too far to the side, the airway can become constricted making it harder for the infant to breath. Infants aged one year and younger are especially susceptible due to their lack of head and neck control and the weight of the head. Positional asphyxiation can occur when infants sleep in a semi-seated or slightly reclined position in car seats, swings or other infant equipment other than one their back, in an approved crib.

Always remove crib bumper pads from cribs

- While a crib may seem safer with bumper pads or similar products that attach to crib slats or sides, evidence does not support using crib bumpers to prevent injury. Unfortunately an infant can suffocate in a crib where bumper pads are used.



Always keep soft objects, toys, crib bumpers, and loose bedding out of the crib to reduce the risk of SUID and other sleep-related causes of infant death.

- Loose bedding and other items placed under or over the infant or in the infant's sleep area could end up covering the infant's face, which could:
 - Put the infant at higher risk for suffocation or strangulation
 - Put the infant at higher risk for rebreathing air that is low in oxygen and high in carbon dioxide (rebreathing)
 - Put the infant at higher risk of overheating
- It is reported that the majority of other sleep-related infant deaths are due to accidental suffocation involving soft bedding.
- Sleep positioners (i.e. wedges) are not necessary and may contribute to suffocation.

Avoid rebreathing

- What is rebreathing? Instead of breathing clean, fresh air, an infant “rebreathes” the exhaled air, which is high in carbon dioxide and low in oxygen. Normally, an infant would respond by coughing, crying or change positions. For whatever reason, there are occasions where an infant’s brain does not trigger a response and the infant continues to sleep through the rebreathing, which in turn can cause the infant to die suddenly and unexpectedly. Rebreathing can be caused by tummy sleeping, soft bedding or other items in a crib that traps carbon dioxide in and around the infant’s face and mouth.

Avoid over heating

- Infant sleep environments should be maintained at a comfortable temperature. The ideal temperature is maintained between 68 and 72 degrees.
- Infants are sensitive to extremes in temperature and cannot regulate their body temperatures well. Studies have shown that multiple layers or heavy clothing, heavy blankets, and warm room temperatures increase the risk of SUID. Infants who are in danger of overheating feel hot to the touch. (US Department of Health and Human Services, National Institutes of Health November 2, 2010 <http://www.nih.gov/news/health/nov2010/nichd-02.htm>)
- An overheated infant is more likely to go into a deep sleep which may make waking more difficult.
- Sleep sacks should be used instead of blankets.



- Infants in child care must not be swaddled, even with parent permission. Swaddling may only be done if medically indicated by a physician and the child care facility has a current, signed health care plan for swaddling.

Allow infants to use a pacifier, (only if the infant already uses a pacifier)

- Allowing an infant to use a clean, dry pacifier may reduce the risk of SUID.
- Research shows that babies who used pacifiers while sleeping were at significantly lower risk for SUID.
- Never force an infant to use the pacifier.
- Consider the following when using a pacifier:
 - Because of the risk of strangulation, do not hang the pacifier around an infant's neck or attach it to his or her clothing with a string or cord.
 - Do not coat the pacifier with anything sweet or sticky such as honey.
 - Clean and replace the pacifier regularly.
 - Follow the manufacturer age recommendation for the age of the infant and size of pacifier.
 - For breastfed infants, introduction of the pacifier should be delayed until 1 month of age to ensure that breastfeeding is firmly established.
 - If the pacifier falls out of the infant's mouth during sleep, it does not need to be placed back in the mouth during that sleep time.

Avoid exposure to second hand smoke

- Infants whose caregivers smoke and who are exposed to second-hand smoke in their environment are at greater risk for SUID.
- Chemicals in secondhand smoke appear to affect the brain in ways that interfere with its regulation of infants' breathing. (Center for Disease Control http://www.cdc.gov/tobacco/data_statistics/fact_sheets/secondhand_smoke/health_effects/index.htm#sids)

Avoid the use of products that claim to reduce the risk of SUID

- Wedges, positioners, and other products that claim to reduce the risk of infant death have not been tested for safety or effectiveness. The U.S. Food and Drug Administration, the Consumer Product Safety Commission, and the American Academy of Pediatrics warn against using these products because of the dangers they pose to infants.



- Avoid using products made from foam rubber or Memory Foam™ because of the risk of suffocation.
(<https://www.nichd.nih.gov/sts/about/risk/Pages/reduce.aspx>)

Do provide supervised tummy time when infant is awake

- Research shows that:
 - Placing the infant on his or her tummy for short periods while the infant is awake and when someone is actively supervising the infant is an important part of healthy development.
 - Active supervision of tummy time helps the infant's neck, shoulder, and arm muscles get stronger.
 - When an infant spends too much time in the same position, pressure on the same part of the infant's head can cause flat spots. These flat spots are usually not dangerous, are not associated with long-term problems with head shape, and typically go away on their own once the infant starts sitting up. Tummy time can help reduce or prevent flat spots.
 - Other ways to prevent flat spots:
 - Hold the infant when he or she is not sleeping.
 - Limit the amount of time the infant spends in car seats, bouncers, swings, and carriers.
 - Change the direction the infant lies in the crib from one week to the next (i.e. have the infant's feet point toward one end of the crib one week, and then have the feet point toward the other end of the crib the next week).

(<https://www.nichd.nih.gov/sts/about/Pages/tummytime.aspx>)

- Position the infant so that he or she will have to turn away from the flattened side of the head to look at you or to track movement or sound in the room. Move the crib occasionally to give the infant a new vantage point. Never rest an infant's head on a pillow or other type of soft bedding. (<http://www.mayoclinic.org/healthy->



[living/infant-and-toddler-health/in-depth/healthy-baby/art-20045964?pg=2](http://www.colorado.gov/CDHS/living/infant-and-toddler-health/in-depth/healthy-baby/art-20045964?pg=2))

Below are the additional or expansion of the Safe Sleep rules for Child Care Centers and Family Child Care Homes; these rules expand upon the existing safe sleep regulations in both homes and centers rules that are designed to help reduce the risk of Sudden Unexpected Infant Death:

New Rule effective April 1, 2015	Family Child Care Home 7.707.75	Child Care Center 7.702.64
All staff working with infants must complete safe sleep training prior to working with infants and annually ✓ Training will be posted on the Colorado Office of Early Childhood	7.707.75H	7.702.64C
Expands definition of soft bedding: ✓ Soft bedding or materials that could pose suffocation hazards are not permitted in cribs, futons approved for infants or other approved sleep/rest equipment. ○ Soft bedding means, but is not limited to, any soft sleep surface such as bumper pads, pillows, blankets, quilts, comforters, sleep positioning devices, sheepskins, blankets, flat sheets, cloth diapers (infant may wear cloth diaper, a that is being used as a “burp cloth may not be placed in the crib with the infant), bibs, plush toys, and stuffed animals.	7.707.75I2	7.702.64D2
Back to sleep, unless there is a physician order and health care plan for alternate sleep position:		



<ul style="list-style-type: none"> ✓ Infants must be placed on his/her back for sleeping. ✓ Alternative sleep positions for infants must only be allowed with a health care plan completed and signed by the child's physician. 	7.707.75I3	7.702.64D3
<p>Swaddling only with health care plan signed by physician:</p> <ul style="list-style-type: none"> ✓ Swaddling of infants must only be allowed with a health care plan completed and signed by the child's physician. 	7.707.75I4	7.702.64D4
<p>Pacifiers offered to infants one month and older:</p> <ul style="list-style-type: none"> ✓ Infants whose parents/guardians provide a pacifier must have the pacifier <i>offered</i> when being put down to sleep as the parent directs. (pacifier is offered, not forced). ✓ A pacifier shall be offered to infants one month of age or older for every nap or sleep time unless the infant's parent/guardian has completed a signed waiver indicating that the child should not be given a pacifier. ✓ If the infant refuses the pacifier, s/he should not be forced to take it. ✓ After the infant falls asleep, there is no need to reinsert the pacifier if it falls out. ✓ Pacifiers should not be coated in any sweet solution. ✓ Pacifiers should be cleaned and replaced regularly. 	7.707.75I5	7.702.64D5
<p>Sleep equipment must be safe and free of hazards.</p> <ul style="list-style-type: none"> ✓ Each infant up to twelve (12) months of age must be provided with an individual crib or futon approved for infants or other approved sleep/rest equipment meeting Consumer Product Safety Commission (CPSC). ✓ All sleep/rest equipment must be safe, sturdy, and free from hazards including, but not limited to: broken or loose slats, torn mattress, chipping paint or loose screws. ✓ Approved crib mattress must be firm and must fit snugly 	7.707.75I6	7.702.64D6
<ul style="list-style-type: none"> ✓ Each infant up to twelve (12) months of age must be provided with an individual crib or futon approved for infants or other approved sleep/rest equipment meeting Consumer Product Safety Commission (CPSC). ✓ All sleep/rest equipment must be safe, sturdy, and free from hazards including, but not limited to: broken or loose slats, torn mattress, chipping paint or loose screws. ✓ Approved crib mattress must be firm and must fit snugly 	7.707.75I7	7.702.64D7



<p>ensuring no more than two adult fingers are able to be inserted between the mattress and crib the side</p> <ul style="list-style-type: none"> ✓ Toys, including mobiles and other types of play equipment that are designed to be attached to any part of sleeping equipment must be kept away from sleeping infants and out of sleep environments including hanging toys, blankets and other items must not be hung from or draped over the sides or any part of sleeping equipment. ✓ Drop side and stacking cribs prohibited. ✓ Bassinets and pack and plays may not be used in centers unless licensed as a teen parent program and parent is on site. ✓ Other sleep equipment that is not manufactured for commercial use is prohibited. 	<p>7.707.7518 7.707.7519 7.707.75110 Not Applicable 7.707.75111</p>	<p>70702.64D8 7.702.64D9 7.702.62D10 7.702.64D11 7.702.64D12</p>
<p>Expands infant sound monitoring equipment.</p> <ul style="list-style-type: none"> ✓ Infant sound monitors may only be used in separate sleeping rooms (centers) or Family Child Care Homes under the following conditions: <ol style="list-style-type: none"> a. The sound monitoring equipment is able to pick up the sounds of all sleeping infants. b. The receiver of the sound monitoring equipment is actively monitored by staff at all times. c. All sleeping infants must be physically observed at least every ten (10) minutes by a staff member. d. Sound monitoring equipment must be regularly checked to ensure it is working correctly. 	<p>7.707.75112</p>	<p>7.702.64D13</p>
<p>After 12/31/15 prohibits separate sleep rooms in new construction and when there is a change of governing body or change of capacity.</p> <ul style="list-style-type: none"> ✓ The change of capacity is only in effect if there is a change of capacity to the infant room, either increasing or decreasing the number of infants the room is licensed for. 	<p>Not Applicable</p>	<p>7.702.64D14</p>
<p>Expands definition of infants who fall asleep outside of crib (i.e. swing, car seat).</p> <ul style="list-style-type: none"> ✓ Infants who fall asleep in a swing car safety seat, bean bag chair, bouncy seat, infant seat, swing, jumping chair, play pen or play-yard, highchair, chair, sofa, adult futon, adult bed or other piece of equipment not approved for sleep must immediately be moved to their approved sleep area and placed on their back to sleep. 	<p>7.707.7513</p>	<p>7.702.64D15</p>
<p>Cribs used only for sleeping, not for extended play or</p>		



<p>confinement.</p>	7.707.75I14	7.702.64D16
<p>Infants not confined to cribs or high chairs for more than 15 minutes unless sleeping or actively eating.</p> <ul style="list-style-type: none"> ✓ Children who are awake must not be confined for more than fifteen (15) minutes at a time to cribs, playpens, swings, high chairs, infant seats, or other equipment that inhibits freedom of movement. Children who are actively eating may be in a high chair or other approved feeding equipment for longer than fifteen (15) minutes. Children must be moved away from the feeding location once feeding is complete. 	7.707.7515	7.702.64D17
<p>Music must not be played so loud that an infant cannot be heard or within 3 feet of sleeping infant.</p> <ul style="list-style-type: none"> ✓ If music is played in the infant sleep area, the music must not be played at a loud volume that would prevent infants from being heard by staff. Music equipment must not be placed under a crib or within three (3) feet of the sleeping infant. 	7.707.75I15	7.702.64D18
<p>Tummy time</p> <ul style="list-style-type: none"> ✓ Supervised tummy time shall be offered to infants one month of age or older up to 20-30 minutes per day. If the infant falls asleep during tummy time, immediately place them on their back in approved sleeping equipment. ✓ Why is tummy time important? Supervised tummy time helps the infant's neck, shoulder, and arm muscles get stronger. 	7.707.75I17	7.702.64D19
<p>Addresses comfortable room temperature and removing bibs, necklaces or clothing with hoods or ties are removed and use of sleep sacs in lieu of blankets (not sleep sacks that confine arms).</p> <ul style="list-style-type: none"> ✓ When staff place infants in approved sleeping equipment for sleep, they must check to ensure that the temperature in the room is comfortable for a lightly clothed adult, check the infants to ensure that they are comfortably clothed (not overheated or sweaty), and that bibs, necklaces, and garments with ties or hoods are removed. Clothing sacks or other clothing designed for sleep must be used in lieu of blankets if needed for additional warmth. 	7.707.75I18	7.702.64D20
<p>The facility must have policies for safe sleep environments for infants.</p>	7.707.75J	Will be defined in



		New Center Rule Package
The facility must have a policy on the protection of infants from second hand smoke.	7.707.75K	7.702.64E

Resources and References

Safe to Sleep® Public Education Campaign Led by the Eunice Kennedy Shriver National Institute of Child Health and Human Development in collaboration with other organizations.
<https://www.nichd.nih.gov/sts/Pages/default.aspx>

U.S. Consumer Product Safety Commission website about crib safety:
<http://www.cpsc.gov/en/Safety-Education/Safety-Education-Centers/cribs/>

First Candle, Helping Babies Thrive and Survive <http://www.firstcandle.org/>

American Academy of Pediatrics, Guidelines for Infant Sleep Safety <http://www.aap.org/en-us/about-the-aap/aap-press-room/Pages/AAP-Expands-Guidelines-for-Infant-Sleep-Safety-and-SIDS-Risk-Reduction.aspx>

Center for Disease Control, Parents and Caregivers, Sudden Unexpected Infant Death and Sudden Infant Death Syndrome <http://www.cdc.gov/sids/parents-caregivers.htm>

A Child Care Providers Guide to Safe Sleep, Helping You Reduce the Risk of SIDS; from Healthy Child Care <http://www.healthychildcare.org/pdf/SIDSchildcaresafesleep.pdf>

Caring for our Children 3.1.4 Safe Sleep
http://cfoc.nrckids.org/StandardView/SpcCol/Safe_sleep

Caring for our Children Recommendations:

Facilities should develop a written policy that describes the practices to be used to promote safe sleep when infants are napping or sleeping. The policy should explain that these practices aim to reduce the risk of sudden infant death syndrome (SIDS) or suffocation death and other infant deaths that could occur when an infant is in a crib or asleep.

All staff, parents/guardians, volunteers and others approved to enter rooms where infants are cared for should receive a copy of the Safe Sleep Policy and additional educational information and training on the importance of consistent use of safe sleep policies and practices before they are allowed to care for infants (i.e., first day of employment/volunteering/subbing). Documentation that training has occurred and that these individuals have received and reviewed the written policy should be kept on file.

All staff, parents/guardians, volunteers and others who care for infants in the child care setting should follow these required safe sleep practices as recommended by the American Academy of Pediatrics (AAP) (1):

- Infants up to twelve months of age should be placed for sleep in a supine position (wholly on their back) for every nap or sleep time unless the infant's primary care provider has completed a signed waiver indicating that the child requires an alternate sleep position;

Infants should be placed for sleep in safe sleep environments; which includes: a firm crib mattress covered by a tight-fitting sheet in a safety-approved crib (the crib should meet the standards and guidelines reviewed/approved by the U.S. Consumer Product Safety Commission [CPSC] and ASTM International [ASTM]), no monitors or positioning devices should be used unless required by the child's primary care provider, and no other items should be in a crib occupied by an infant except for a pacifier;

Infants should not nap or sleep in a car safety seat, bean bag chair, bouncy seat, infant seat, swing, jumping chair, play pen or play yard, highchair, chair, futon, or any other type of furniture/equipment that is not a safety-approved crib (that is in compliance with the CPSC and ASTM safety standards) (4);

If an infant arrives at the facility asleep in a car safety seat, the parent/guardian or caregiver/teacher should immediately remove the sleeping infant from this seat and place them in the supine position in a safe sleep environment (i.e., the infant's assigned crib);

If an infant falls asleep in any place that is not a safe sleep environment, staff should immediately move the infant and place them in the supine position in their crib;

Only one infant should be placed in each crib (stackable cribs are not recommended);

Soft or loose bedding should be kept away from sleeping infants and out of safe sleep environments. These include, but are not limited to: bumper pads, pillows, quilts, comforters, sleep positioning devices, sheepskins, blankets, flat sheets, cloth diapers, bibs, etc. Also, blankets/items should not be hung on the sides of cribs. Swaddling infants when they are in a crib is not necessary or recommended, but rather one-piece sleepers should be used (see Standard 3.1.4.2 for more detail information on swaddling);



Toys, including mobiles and other types of play equipment that are designed to be attached to any part of the crib should be kept away from sleeping infants and out of safe sleep environments;

When caregivers/teachers place infants in their crib for sleep, they should check to ensure that the temperature in the room is comfortable for a lightly clothed adult, check the infants to ensure that they are comfortably clothed (not overheated or sweaty), and that bibs, necklaces, and garments with ties or hoods are removed (clothing sacks or other clothing designed for sleep can be used in lieu of blankets);

Infants should be directly observed by sight and sound at all times, including when they are going to sleep, are sleeping, or are in the process of waking up;

Bedding should be changed between children, and if mats are used, they should be cleaned between uses.

The lighting in the room must allow the caregiver/teacher to see each infant's face, to view the color of the infant's skin, and to check on the infant's breathing and placement of the pacifier (if used).

A caregiver/teacher trained in safe sleep practices and approved to care for infants should be present in each room at all times where there is an infant. This caregiver/teacher should remain alert and should actively supervise sleeping infants in an ongoing manner. Also, the caregiver/teacher should check to ensure that the infant's head remains uncovered and re-adjust clothing as needed.

The construction and use of sleeping rooms for infants separate from the infant group room is not recommended due to the need for direct supervision. In situations where there are existing facilities with separate sleeping rooms, facilities should develop a plan to modify room assignments and/or practices to eliminate placing infants to sleep in separate rooms.