

Safe Sleep Policy

Name of Facility _____

Sudden Infant Death Syndrome (SIDS) is “the sudden death of an infant under one year of age which remains unexplained after a thorough case investigation, including: performance of a complete autopsy, examination of the death scene, and a review of the clinical history. (National Institute of Child Health and Human Development, Willinger et al, 1991)

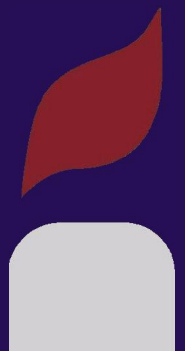
The American Academy of Pediatrics (AAP) recommends that infants be placed to sleep on their backs, in their own crib, with nothing in the crib other than a fitted sheet covering a tightly fitting mattress.

In order to follow this recommendation, this facility has implemented the following Safe Sleep Policy:

Mandatory Safe Sleep Practices:

1. All child care staff working in the infant room will receive training on the Safe Sleep Policy and SIDS risk reduction.
2. Unless an infant has a sleep position waiver signed by their physician specifying otherwise, infants shall be placed in a supine (back) position for sleeping to reduce the risk of Sudden Infant Death Syndrome. A notice will be posted near the infant’s crib for those infants.
3. The infant’s head shall remain uncovered during sleep.
4. Room temperature will not exceed 75⁰ F.
5. Only one infant in a crib at a time.
6. No smoking in the child care facility, or in vehicles when transporting infants. Employees must wash hands before returning to the infant room after smoking.
7. Infants will be provided appropriate “tummy time” when awake.
8. Caregivers will visually check on infants every _____ minutes while the infant is sleeping.
9. No additional items; such as pillows, blankets or toys will be allowed in the infant’s crib.
10. When infants can easily turn over from the supine (back) to the prone (stomach) position, they will be placed to sleep on their back, but allowed to adopt whatever position they prefer for sleep.

NOTE: All parents/guardians of infants cared for in this facility will receive a written copy of this facility’s Infant Safe Sleep Policy and SIDS risk reduction information before enrollment.





NETWORK OF KANSAS, INC.

I, the undersigned parent/guardian of _____ (child's full name), do affirm that I have read and received a copy of the facility's Infant Safe Sleep Policy and that the designated facility staff has discussed the Infant Safe Sleep Policy with me.

Date of Enrollment: _____

Signature of Parent/Guardian: _____ Date: _____

Signature of Child Care Provider _____ Date: _____

One copy provided to parent/guardian, one copy placed in child's file.

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