

Infant/Toddler Safe Sleep Policy



Trinity-First Weekday Ministries

A safe sleep environment for infants reduces the risk of sudden infant death syndrome (SIDS) and other sleep related infant deaths. According to T.X. Law, childcare providers caring for infants 12 months of age or younger are required to implement a safe sleep policy and share the policy with parents/guardians and staff. We implement the following safe sleep policy.

References: T.X. DFPS Chapter H, requirements for Infants, Caring for Our Children standards, and NAEYC recommendations

Safe Sleep Practices

1. We train all teachers, substitutes, and volunteers caring for infants aged 12 months or younger on how to implement our Infant/Toddler Safe Sleep Policy.
2. We always place infants on their **backs to sleep**, unless a signed *waiver of liability, TX Form 3019*, is in the infant’s file and posted at the infant’s crib. We retain the waiver in the child’s record for as long as they are enrolled.
3. We place infants on their backs to sleep even after they can easily turn over from the back to the stomach. We then allow them to adopt their own position for sleep.
 - We document when each infant can roll from back to stomach and tell the parents. We put a notice in the child’s file and on or near the infant’s crib. *
4. We visually check sleeping infants every 15 minutes and record what we see on a *Sleep Chart*.
 - We check infants 2-4 month of age more frequently. * N/A our children are not of this age group
5. We maintain the temperature in the room where infants sleep between 68-75°F and check it on the thermometer in the room.
 - We further reduce the risk of overheating by not over-dressing infants*
6. We provide all infants supervised “tummy time” daily.
7. We follow T.X. Child Care and NAEYC recommendations regarding breastfeeding.
 - We further encourage breastfeeding in the following ways: * we offer a comfortable rocker in the classroom or a private space in the school library with the option to have a notice posted for “privacy- restricted entrance” and the lock may be used or a “nursing/pumping in progress” notice posted. Mothers may choose which posting is most comfortable.

Safe Sleep Environment

8. We use Consumer Product Safety Commission (CPSC) approved cribs or other approved sleep spaces for infants. Each infant has his or her own crib or sleep space.
9.
 - We allow pacifiers **without** any attachments. Pacifiers attached to clothing will be removed when placed to sleep.
 - We do not reinsert the pacifier in the infant’s mouth if it falls out. *
 - We remove the pacifier from the crib once it has fallen from the infant’s mouth. *
10. We do not allow infants to be swaddled.
11. We do not allow garments that restrict movement. * Provide a zippered sleeper sack for comfort.
12. We do not allow any objects, such as, pillows, blankets, or toys other than pacifiers in the crib or sleep space.
13. Infants are not placed in or left in car safety seats, strollers, swings, or infant carriers to sleep.
14. We give all parents/guardians of infants a written copy of the *Infant/Toddler Safe Sleep Policy* before enrollment. We review the policy with them and ask them to sign a statement saying they received and reviewed the policy.
 - We encourage families to follow the same safe sleep practices at home to ease infants’ transition to our program. *
15. We post a copy of this policy in the infant sleep room where it can easily be read.

**Indicates we follow this best practice recommendation*

Effective date: 1/3/2022 **Review date(s):** _____ **Revision date(s):** _____

Distribution: We give parents/guardians a copy of the policy. We give all teachers, substitutes, and volunteers a copy to review. We inform them of changes 14 days before the effective date. We give parents/guardians a copy of the policy they signed and put a copy in child's file.

I, the undersigned parent/guardian of _____ (child's full name), have received a copy of the facility's *Infant/Toddler Safe Sleep Policy*. I have read the policy and discussed it the facility director or other designated staff member.

Child's Enrollment Date: _____ Parent/Guardian Signature: _____

Program Representative Signature: _____ Date: _____