Program Administrator Guide to Evaluating Safe Sleep and SIDS Reduction Practices: Criterion 5.A.12

Purpose: This resource is designed to assist program administrators in programs serving infants less than 12 months of age who wish to focus program improvement efforts on safe sleep and SIDS reduction practices.

Instructions for Administrators:

1. First, read and familiarize yourself with the NAEYC Accreditation criteria 5.A.12, 3.C.02 and 3.C.03 and related guidance (www.naeyc.org/torch).
2. Then, read the information related to safe sleep and SIDS reduction below.
3. Respond to the series of questions and/or complete the optional activities related to each topic. Note references to applicable NAEYC Accreditation criteria throughout this document. Items noted as a "best practice" are not NAEYC Accreditation requirements, but reflect current research on best practices for safe sleep/SIDS reduction.
4. Make a list of your program's strengths and weaknesses related to safe sleep, focusing on specific related topics.
5. Develop and implement a program improvement plan to address any weaknesses in your program. Be sure to include a plan for monitoring your program's progress over time, as program quality can fluctuate with major programmatic changes, such as changes in program administration, teaching staff, enrolled children, and families served.
6. While a program administrator may complete this activity alone, NAEYC encourages collaboration amongst administrative staff, teaching staff members, and program stakeholders (i.e., families, board members) when completing this activity.

SIDS and Other Infant Deaths Defined: As defined by the American Academy of Pediatrics (AAP), "Sudden infant death syndrome (SIDS) is a cause assigned to infant deaths that cannot be explained after a thorough case investigation, including a scene investigation, autopsy, and review of the clinical history." In addition to SIDS deaths, sudden unexpected infant death (SUID) "is a term used to describe any sudden death, whether explained or unexplained that occurs during infancy," such as suffocation (AAP 2011).

While the cause of SIDS is not fully understood, research has identified environmental risk factors, such as non-back sleep positioning, soft bedding, and inappropriate sleep surfaces, which can be eliminated in an effort to reduce SIDS rates. While rates of SIDS incidents in the U.S. have initially decreased over several years after the launch of the "back to sleep" campaign, the rate of SIDS deaths in center and family-based child care are still disproportionately higher than rates while infants are in parental care, considering the average number of hours infants spend in childcare (AAP 2008).

Linking Research to NAEYC Criteria

5.A.12: While site visit data suggests that the vast majority of programs pursuing and maintaining NAEYC Accreditation meet criterion required indicator 5.A.12.a, NAEYC Assessors occasionally observe program staff members place infants less than 12 months to sleep in a non-back position, such as on their stomachs or sides, in the absence of a documented medical reason for an alternative sleep position. Research indicates that program staff members are more likely to report using the back to sleep position when programs have written sleep policies, protocols for informing parents and staff members about safe sleep policies, and required training in which safe sleep policies were discussed (Moon et al. 2008). Barriers to using safe sleep practices include perceived or stated objections from parents or colleagues, such as concerns about flat head, infant sleep quality, and misconceptions about the importance of back to sleep positioning and safe sleep practices. Additional efforts to understand and address barriers to changes in provider attitudes and behaviors about safe sleep are important to continue progress in achieving safe sleep environments in child care settings (Moon et al. 2008).

3.C.02 and 3.C.03: Data from NAEYC accreditation site visits also reveals that some programs pursuing accreditation use practices (e.g., the use of monitors, mirrors, or periodic "checks" of sleeping infants) that do not meet required criterion 3.C.02, which requires teachers to supervise infants by sight and sound at all times, including when they are awake, when they are falling asleep, when they are sleeping, and when they are waking up.

Standard *3.1.4.1: Safe Sleep Practices and SIDS/Suffocation Risk Reduction* of Caring for our Children, 3rd edition (CFOC3) recommends the following best practices regarding supervision of infants (AAP et al. 2011):

- Teaching staff members trained in safe sleep practices are present in the room with each infant.
- Teaching staff members caring for infants remain alert, actively supervising sleeping infants in an ongoing manner.
- Teaching staff members are able to see each infant's face and the color of his/her skin, check the infant's breathing and pacifier placement, and ensure that the infant's head remains uncovered.

Topic #1: Observable Safe Sleep Practices

Reflective Questions	Optional Related Activities
Do teaching staff members place all infants less than 12 months on their backs to sleep on a firm surface designed for sale as infant sleep equipment that meets the CPSC standards (5.A.12.**a**, **required**)?	Use the Infant Observation Tool for Self-Assessment, criterion 5.A.12, indicator **a**, to conduct observations of infant groups, record ratings, and discuss results with teaching staff members.
If an infant falls asleep in equipment not specifically designed for infant sleep (i.e., a car safety seat, bouncy seat, infant seat, swing, jumping chair, stroller, or highchair), do teaching staff or family members immediately move the infant and place him/her on his/her back on "a firm surface manufactured for sale as infant sleeping equipment that meets the standards of the US CPSC?" (best practice)	Post notices near infant equipment not specifically designed for infant sleep to remind teaching staff members and families to move infants to safe sleep equipment. Remind families that if they bring their sleeping infant to the program in a car seat, it is best practice to move the infant to a safe sleep environment, such as a crib.
Do all cribs or other infant sleep equipment products used by your program meet the current CPSC standards (5.A.12.**a, required**)?	Use the NAEYC Academy's optional resource NAEYC Accreditation Criterion 5.A.12: Infant Safe Sleep Environments for safe sleep environment tips.
Do teaching staff members prohibit pillows, quilts, comforters, sheepskins, stuffed toys, and other soft items in infant sleep equipment (5.A.12.**b**)?	Use the Infant Observation Tool for Self-Assessment (www.naeyc.org/torch), criterion 5.A.12, indicator b, to conduct observations of infant groups, record ratings and discuss results with teaching staff members.
Do infant sleep environments include a firmly fitting sheet but nothing else, not even firm bumper pads (5.A.12.**b**)?	
If teaching staff members use a mattress cover in infant sleep equipment, is it tightly fitting and thin (5.A.12.**b**)?	
Do teaching staff members prohibit the use of wedges, unless otherwise authorized by the infant's doctor (5.A.12.**b**)?	
Are lightweight infant clothing sacks or other clothing designed for sleep used as an alternative to blankets (5.A.12.**c**)?	Use the Infant Observation Tool for Self-Assessment (www.naeyc.org/torch), criterion 5.A.12, indicator c, to conduct observations of infant groups, record ratings, and discuss results with teaching staff members.

Reflective Questions	Optional Related Activities
Do teaching staff ensure that each infant's head remains uncovered during sleep (5.A.12.**d**)?	Use the Infant Observation Tool for Self-Assessment (www.naeyc.org/torch), criterion 5.A.12, indicator d, to conduct observations of infant groups, record ratings, and discuss results with teaching staff members.
While infants are sleeping, do you prohibit the use of bibs, necklaces, infant garments with hoods or ties, or other items that could potentially cause choking/suffocation (best practice)?	Incorporate a safe garment "check" during daily health checks when infants arrive to the facility, when their clothing is changed, and every time infants are placed to sleep. Observe infant groups to ensure that there are no potential choking/suffocation hazards and discuss results with teaching staff members.
Do program staff members eliminate hazards from infant sleep environments, such as window blind cords, electrical cords, mobiles or toys designed to attach to infant sleep equipment, and blankets or sheets, which should not be hung on the sides of cribs (9.C.07.**c**, 9.C.08.**a**)?	When conducting infant group observations, look for potential strangulation hazards, particularly near infant sleep equipment, and immediately correct any unsafe conditions.
Does your program utilize pacifiers as a SIDS reduction practice (best practice)?	Review recommendations from the American Academy of Pediatrics regarding the use of pacifiers as a SIDS reduction practice. Observe infant groups to ensure that the AAP recommendations are followed.
Do you prohibit smoking in your program facility and outdoor play areas (9.D.06, 10.D.01.**i**)?	Conduct a tour of your program facility and outdoor play areas to ensure that your "no smoking" policy is clearly indicated with appropriate signage and look for signs of smoking on the premises (i.e., cigarette butts, the smell of smoke, or ash trays). Provide educational materials to new and current staff and families about your "no smoking" policy and the link between infant exposure to cigarette smoke and SIDS rates. Discourage program staff members from smoking off the premises during the program's paid time, including break time. See Caring for Our Children, 3rd edition (CFOC3) Standard 3.4.1.1: Use of Tobacco, Alcohol, and Illegal Drugs for more information.
Do teaching staff supervise each infants by sight and sound at all times, including when infants are awake, falling asleep, sleeping, or waking up (3.C.02, **required** and 3.C.03)?	Use the Infant Observation Tool for Self-Assessment (www.naeyc.org/torch), criteria 3.C.02 and 3.C.03, to conduct observations of infant groups, record ratings, and discuss results with teachers.
Do infants receive tummy time 2-3 times/day to promote brain development and strengthen neck, arm, and shoulder muscles?	Review infant schedules, notes home, and other documentation to ensure that tummy time is set aside and documented daily for each infant in your care.
Do teaching staff members supervise each infant by sight and sound during tummy time by remaining within arm's reach of the infant (3.C.02, **required**)?	Observe infant groups to ensure that teaching staff members remain engaged with and in close proximity to infants during tummy time and do not leave infants unattended at any time, especially during tummy time.

Topic #2: Clear Written Policies and Procedures – Program Portfolio Evidence and Beyond

Reflective Questions	Optional Related Activities
Does your Program Portfolio include your program's written safe sleep and SIDS reduction **policies** that address all indicators (a, b, c, and d), the full language of criterion 5.A.12, and all guidance for this criterion? By definition, a **policy** is a broad, overarching principle, guideline, or rule.	Use the Self-Assessment Program Portfolio Tool (www.naeyc.org/torch) to review your Program Portfolio documentation for criterion 5.A.12 to ensure that all indicators, language, and guidance are addressed. If not, revise your policies, which may live elsewhere (i.e., in a parent or staff handbook), and update your Program Portfolio evidence.
Does your program have clear, written operating **procedures** on safe sleep and SIDS reduction policies? By definition, a **procedure** is the established method or a sequence of instructions to be followed when implementing a policy.	Your safe sleep and SIDS reduction procedures may not be included in your Program Portfolio. Review all staff and family procedure manuals, orientation checklists, training guides, staff and family meeting agendas, and other program communications on safe sleep/SIDS, to ensure that they include clear written instructions to staff and families on how to implement your policies.
Are your program's safe sleep/SIDS reduction **policies** and **procedures** shared with both program staff members and families (6.A.03, 6.A.04, 7.B.02)?	Consider where your policies and procedures "live," if they're easily accessible to staff and families, and if you regularly remind current staff, new staff, and families about these procedures. For example, consider requiring that staff and families sign a statement that they've received all policies/procedures upon hiring or child enrollment, and update these forms at least yearly.
Are your program's safe sleep/SIDS reduction **policies** and **procedures** in line with all licensing, regulatory, or legal rules, regulations, or laws that apply to your program?	Review all licensing, regulatory, or legal rules, regulations, or laws that apply to your program and are applicable to safe sleep/SIDS reduction. If you identify inconsistencies, revise your policies/procedures to conform to the most stringent rules/regulation/laws and NAEYC Accreditation criteria that apply to your program. For example, your state may allow infant side sleep positioning, but NAEYC Accreditation criteria require back sleep positioning only.

Topic #3: Staff Education, Orientation, Training, and Retraining

Reflective Questions	Optional Related Activities
Do you require infant teaching staff members to have education or training in infant development or learning prior to employment, or is it a preferred qualification?	Consider adding required or preferred education or training in infant development or learning to hiring policies, employment advertisements, and position descriptions for infant teaching staff members.
Do all current teaching staff members who work with infants have specialized college-level course work or professional development training in knowledge and skills relevant to infants (6.A.10)?	Review education and training records for each infant teaching staff member and look for college courses, contact hours, or continuing education units specific to infant development and learning. Locate and share information with infant teaching staff about local professional development opportunities that cover topics related to infants.
Does your orientation for all teaching staff, substitutes, volunteers, and other adults include topics in program policies & procedures and health & safety procedures, including safe sleep and SIDS reduction (6.A.03 and 6.A.04)?	Review your orientation checklist and materials to ensure that safe sleep policies and procedures are covered.
Do all program staff members receive regular and on-going training on safe sleep practices and SIDS reduction?	Review education and training records to identify any staff members who haven't received recent safe sleep/SIDS reduction training. Locate and share information with infant teaching staff about local safe sleep/SIDS reduction professional development opportunities.
Do individual and program-wide professional development plans and individual staff performance reviews refer to education, training, and performance on safe sleep and SIDS reduction policies and procedures (6.B.01, 10.E.11, 10.E.12)?	Develop a professional development plan for any infant teaching staff members who have not been trained recently or at all. Create incentives to encourage staff to obtain training or incorporate them into staff performance reviews or professional development plans.

Topic #4: On-Going Monitoring Plan

Reflective Questions	Optional Related Activities
Do you require new teaching staff members, volunteers, substitutes and other adults to demonstrate competency in your program's safe sleep practices prior to working with infants?	Upon hiring or during orientation, use the NAEYC Infant Observation Tool for Self-Assessment (www.naeyc.org/torch) to observe and rate each new adult working with infants and provide feedback about his/her performance, considering each indicator of 5.A.12.
Do you observe and monitor the ability of infant teaching staff members to recognize health and safety hazards and protect children from harm, including sleep hazards and SIDS reduction (6.A.02.b)?	During regular and on-going observations of infant groups, use the NAEYC Infant Observation Tool for Self-Assessment (www.naeyc.org/torch) to observe and rate each infant teaching staff member on their safe sleep practices, considering each indicator of criterion 5.A.12.
Do you have a corrective action and/or professional development plan for infant teaching staff members working with infants in the event that an individual fails to demonstrate competency on safe sleep practices?	Consider what you would do if you observed an infant teaching staff member place an infant in a non-back position, on a surface that isn't designed for infant sleep, or with soft items. Ensure that you have a written corrective action policy that is shared with all staff, volunteers, substitutes, and other adults.

Topic #5: Collaboration with Families

Reflective Questions	Optional Related Activities
Do your staff members use a variety of formal and informal strategies (including conversations) to become acquainted with and learn from families about their family structure; their preferred child-rearing practices (including safe sleep practices); and information families wish to share about their socioeconomic, linguistic, racial, religious, and cultural backgrounds (7.A.02)?	Review your family orientation materials, intake forms, and year-round communications to ensure that families have the opportunity to share information about how their infant sleeps at home, including pre-sleep routines, sleep positioning, and sleep environment.
Are your program's safe sleep/SIDS reduction policies and procedures provided in a language(s) that families can understand (7.B.02)?	Consider how you gather information from families about languages used and proficiency with each language. If families would benefit from a translation of policies/procedures into an additional language, research resources to assist with translation.
Do your program's safe sleep/SIDS reduction policies and procedures inform families that you require a doctor's note if an infant has a medical reason for an alternative (non-back) sleep position (5.A.12.**a**, **required**)?	If your written family policies don't address alternative sleep positioning, revise your existing policy and share it with families.
Does your program work with families on shared care giving issues, including sleeping arrangements and safe sleep practices (7.A.10)?	Ask infant teaching staff members to review written and oral family feedback about home sleep practices to identify any families who may benefit from additional information about the rationale behind safe sleep practices.
If families voice concerns about their infant's sleep positioning or environment, do program staff members work collaboratively with them to find mutually satisfying solutions that staff then incorporate into classroom practice (7.C.02)?	During a staff meeting, compile a list of common family concerns about back-to-sleep positioning and a safe sleep environment. Refer to the "Related Resource" section of this document and www.healthychildcare.org to identify research-based, family-friendly resources that explain the safe sleep rationale. Share tips with families that your program uses to help infants fall asleep and stay asleep when they're tired.
Do you have a way for families to raise concerns if they observe a program staff member who fails to follow your program's safe sleep policies and procedures?	Provide families with a variety of in-person and electronic means to communicate with program administration regarding concerns and highlight the importance of reporting health and safety concerns. Conduct a family survey to solicit feedback regarding your program's health and safety practices, including safe sleep/SIDS reduction.

Myth or Fact?

1. Infants sleep longer and more deeply on their stomachs.
   Fact. While infants may sleep more deeply while on their stomachs, they are also less reactive to noise, experience less movement, and are less easily aroused than back sleepers, all of which may place an infant at higher risk of SIDS (Moon et al. 2008).

2. Infants are more likely to choke if they vomit or spit up while sleeping on their backs.
   Myth. Data shows no evidence of an increased risk of death from aspiration as a result of the "Back to Sleep" campaign. Considering the human anatomy of the esophagus (food tube) and trachea (windpipe), it's actually harder to aspirate when and infant is on her back (Malloy 2002).

3. Back sleeping can contribute to flat heads (i.e., plagiocephaly).
   Fact. Back sleeping can contribute to flat head; however, as infants grow and become more active, their skulls tend to round out. If a teacher or family member is concerned about flat head, limit time infants spend in car seats, strollers, swings, etc. and provide plenty of well-supervised tummy time or consult the child's health care provider for more tips (AAP 2005).

Tips on Infant Sleep Hygiene

Infants new to an early childhood setting, classroom/group, or teaching team may at first experience difficulties falling asleep or staying asleep. Here are some tips to help infants adjust to sleeping in your program (Bronson 2000):

- Develop a predictable and consistent sleep routine, including pre-sleep rituals, such as feeding, rocking, infant touch (i.e., massage, patting, rubbing), reading a book, or listening to soothing music (3.B.06, 3.D.09).
- Incorporate each infant's familiar pre-sleep routines used at home into classroom practice, as long as they are in line with safe sleep practices (i.e., not soft items from home should be allowed in the crib, etc.) (3.B.10).
- Be responsive to an infant's activity levels and need for sleep or active play; provide natural light and stimulation during awake time, and look for signs that an infant is tired, such as fussing, crying, eye rubbing, or individual cues (1.B.07, 1.B.13, 3.A.03, 3.B.09).
- Quickly respond to infants' cries or other signs of distress by providing physical comfort and needed care (1.B.14, 3.E.07).
- During times when infants are awake, play games such as peek-a-boo to help with separation during sleep (2.E.01.**a**).
- To help infants to fall asleep when tired, consider using the following strategies:
  - Place infants to sleep in their crib or other CPSC compliant sleep equipment when the infant shows signs of being tired, but is not yet asleep.
  - Use repetitive, monotonous, and rhythmic sounds (e.g., "Shhh") or sounds that mimic a heartbeat. You can use CDs, downloadable music, or sound machines designed for this purpose.
  - Provide a quiet room that also allows teachers to see the color of the infant's face and allows for sight and sound supervision of sleeping infants at all times.
  - Provide a sleeping space with a comfortable room temperature ("Children and Sleep").
- For infants who exhibit difficulties with sleep over several weeks or months, encourage the family to consult a health care provider to rule out health conditions that can contribute to sleep issues, such as sleep apnea, respiratory disorders (i.e., asthma), allergies, or ear infections.

Related Resources:

- See the NAEYC Academy's optional resource NAEYC Accreditation Criterion 5.A.12: Infant Safe Sleep Environments for safe sleep environment tips.
- American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. "Safe sleep practices and SIDS risk reduction: Applicable standards from: Caring for our children: National health and safety performance standards; Guidelines for early care and education programs." 3rd Edition. Elk Grove Village, IL: American Academy of Pediatrics; Washington, DC: American Public Health Association, 2012. Available at http://nrckids.org.
- Healthy Childcare America: SIDS Resources: http://www.healthychildcare.org/sids.html
- Moon RY; American Academy of Pediatrics, Task Force on Sudden Infant Death Syndrome. Policy statement: SIDS and other sleep-related infant deaths: expansion of recommendations for a safe infant sleeping environment. Pediatrics. 2011;128(5): 1030–1039 (http://pediatrics.aappublications.org/content/128/5/1030.full)
- The Centers for Disease Control and Prevention, Sudden Unexpected Infant Death (SUID) and Sudden Infant Death Syndrome: http://www.cdc.gov/SIDS/index.htm/
- The National SUID/SIDS Resource Center through Georgetown University: http://www.sidscenter.org/
- First Candle, a nonprofit devoted to decreasing infant mortality rates with info for grieving families: http://www.firstcandle.org/

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