Learning objectives:
1. State the recommendations to reduce Sudden Unexpected Infant Death (SUID) including SIDS, suffocation, and other sleep related infant deaths.
2. Create a safe sleep environment for infants.
3. Be familiar with MN child care regulations related to safe infant sleep.
4. Identify the consequences of non-compliance with regulations.
5. Develop a safe sleep policy.

Safe Sleep Recommendations

1. Babies 12 months and younger should be placed on their backs for every sleep time.
   - Less potential for re-breathing expired air (carbon dioxide)
   - Infant is more easily aroused from sleep
   - Better airway
   - Side sleeping is not safe (easy for baby to roll to tummy)

A baby on their back does not lead to choking or aspiration (inhale into the lungs). The breathing tube lies on top of the swallowing tube so that anything coming up from esophagus has to work against gravity to be aspirated into the trachea.

Minnesota child care regulation, Minnesota Statutes, section 245A.1435
- When a license holder is placing an infant to sleep, the license holder must place the infant on the infant's back, unless the license holder has documentation from the infant's physician directing an alternative sleeping position for the infant.
- The physician directive must be on a form approved by the commissioner and must remain on file at the licensed location. www.dhs.state.mn.us/main/groups/licensing/documents/pub/dhs16_177975.pdf
- An infant who independently rolls onto his stomach after being placed to sleep on his back may be allowed to remain sleeping on his stomach if the infant is at least six months of age or the license holder has a signed statement from the parent indicating that the infant regularly rolls over at home.
2. **Place baby on a firm mattress in a safety approved crib, covered by tight fitted sheet.**

![Image of a baby on a firm mattress]

**Minnesota child care regulation, Minnesota Statutes, section 245A.1435b, c**
- The license holder must place the infant in a crib directly on a firm mattress with a fitted sheet that is appropriate to the mattress size that fits tightly on the mattress, and overlaps the underside of the mattress so it cannot be dislodged by pulling on the corner of the sheet with reasonable effort. Nothing should be placed between the mattress and sheet to soften the surface of the mattress. Infants need to sleep on a firm surface to sleep safely.
- Licensed child care providers must meet the crib requirements under section 245A.146.
- If an infant falls asleep before being placed in a crib, the license holder must move the infant to a crib as soon as practicable, and must keep the infant within sight of the license holder until the infant is placed in a crib.
- When an infant falls asleep while being held, the license holder must consider the supervision needs of other children in care when determining how long to hold the infant before placing the infant in a crib to sleep. The sleeping infant must not be in a position where the airway may be blocked or with anything covering the infant’s face.

3. **Keep soft objects, toys, bumpers, and loose bedding out of baby’s sleep area.**

- Do not use bibs on baby when baby is placed for sleep.
- Do not place burp pads etc. in crib.
- Consider using a one piece blanket sleeper to keep baby warm.

**Minnesota child care regulation, Minnesota Statutes, section 245A.1435**
- The license holder must not place pillows, quilts, comforters, sheepskin, pillow-like stuffed toys, or other soft products in the crib with the infant.
- The license holder must not place anything in the crib with the infant except for the infant’s pacifier. The requirements of this section apply to license holders serving infants younger than one year of age.

4. **Offer baby a dry pacifier that is not attached to a string for naps and nighttime sleep.**

- If baby refuses, do not force use. Pacifier does not need to be reinserted if it falls out during sleep.

**Minnesota child care regulation, Minnesota Statutes, section 245A.1435b**
- The license holder must not place anything in the crib with the infant except for the infant’s pacifier, as defined in Code of Federal Regulations, title 16, part 1511. The requirements of this section apply to license holders serving infants younger than one year of age.
5. Create a smoke free zone around baby
- Babies and young children exposed to smoke have more colds and other upper respiratory tract infections as well as an increased risk of SIDS.

<table>
<thead>
<tr>
<th>Minnesota Statutes, section 144.414, Subd. 2. Day care premises.</th>
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<tbody>
<tr>
<td>• Smoking is prohibited in a day care center licensed under Minnesota Rules, parts 9503.0005 to 9503.0175, or in a family home or in a group family day care provider home licensed under Minnesota Rules, parts 9502.0300 to 9502.445, during its hours of operation.</td>
</tr>
<tr>
<td>• The proprietor of a family home or group family day care provider must disclose to parents or guardians of children cared for on the premises if the proprietor permits smoking outside of its hours of operation. Disclosure must include posting on the premises a conspicuous written notice and orally informing parents or guardians.</td>
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6. Do not let baby overheat.
- Babies should be kept warm, but they should not be allowed to get too warm.
- Keep the temperature in the baby’s room so that it feels comfortable to an adult.
- Dress baby in one more layer than what an adult would wear for comfort.

7. Use tummy time when baby is awake and being supervised.
- Start with short sessions (3-5 minutes).
- Limit use of car seats, swings, and infant carriers when infants are awake.

8. Breastfeed for 6 months or as long as possible.

9. Avoid products that claim to reduce the risk of SIDS and other sleep related infant deaths.
- There is no evidence that these products are effective. (Consumer Product Safety Commission).

10. Do not use home heart or breathing monitors to reduce the risk of SIDS
- There is no evidence that home monitoring of a healthy infant for heart and breathing is an effective method to reduce SIDS.
- The American Academy of Pediatrics has recommended that home monitoring not be used as a strategy to reduce SIDS.

<table>
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<tr>
<th>Recommendations for Parents</th>
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<tr>
<td>• Woman should get regular health care during pregnancy and not smoke, drink alcohol or use illegal drugs during pregnancy or after the baby is born.</td>
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<tr>
<td>• Baby should never sleep in adult bed, on a couch, on a chair, or with another adult or sibling.</td>
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<tr>
<td>• Follow health care provider’s guidance on baby’s immunizations.</td>
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<tr>
<td>• Baby can be brought to bed for breastfeeding or consoling but should be returned to his/her own sleep space before adult goes back to sleep. Accidental suffocation is attributed to some infant deaths due to bed sharing.</td>
</tr>
<tr>
<td>• Baby may sleep in a crib placed in the same room with the parent. If parents make a request for an alternate sleep position, use this opportunity to educate them about safe sleep practices to reduce infant death and positively explain the policy to stress that the safety of their children while in your care is a top priority.</td>
</tr>
</tbody>
</table>
**Swaddling:**
- Swaddling for sleep is not recommended for use in child care settings.
- May reduce lung capacity, and exacerbate overheating
- Decreases the protective arousal response – baby sleeps more deeply
- Loose swaddling poses the risk of strangulation

**Minnesota child care regulation, Minnesota Statutes, section 245A.1435d**
- Placing a swaddled infant down to sleep in a licensed setting is not recommended for an infant of any age.
- Is prohibited for any infant who has begun to roll over independently.
- However, with the written consent of a parent or guardian according to this paragraph, a license holder may place the infant who has not yet begun to roll over on its own down to sleep in a one-piece sleeper equipped with an attached system that fastens securely only across the upper torso, with no constriction of the hips or legs, to create a swaddle. Ensure that the part that fastens around the infant’s torso does not move toward the infant’s face. Keep in mind that if the infant rolls while wearing this device, they will be unable to use their arms to lift or position their face away from the mattress.
- Prior to any use of swaddling for sleep by a provider licensed under this chapter, the license holder must obtain informed written consent for the use of swaddling from the parent or guardian of the infant on a form provided by the Commissioner.

- American Academy of Pediatrics (AAP) suggests that if you swaddle:
  - Do not swaddle beyond two-three months when baby begins to roll over.
  - Never place swaddled baby on her side or on her tummy.
  - Remove swaddle if it becomes undone.
  - Swaddle should not be too loose or too tight.

**Infant Sleep Supervision:**
- Check on a sleeping baby frequently.
- “Checking” means to stand next to each crib and look directly at each sleeping child.
- Check for chest rise to indicate the baby is breathing, there is nothing obscuring the infant’s airway, their skin color is normal, and baby is not overheated.

**For Family Childcare**
**Minnesota Rules, part 9502.0315 Subp.29a:**
- Supervision means a caregiver being within sight or hearing of an infant, toddler, or preschooler at all times so that the caregiver is capable of intervening to protect the health and safety of the child.
**Minnesota Statutes, section 245A.147**
- Encourages family child care providers to monitor sleeping infants by conducting in-person checks every 30 minutes and every 15 minutes during the first four months of care or if the infant has an upper respiratory infection. In addition to in person checks, providers are encouraged to use an audio or visual monitoring device to monitor each sleeping infant in care during all hours of sleep.

**For Child Care Centers**
**Minnesota Statutes, section 245A.02, Subd. 18**
- For purposes of child care centers, "supervision" means when a program staff person is within sight and hearing of a child at all times so that the program staff can intervene to protect the health and safety of the child.
- When an infant is placed in a crib room to sleep, supervision occurs when a staff person is within sight or hearing of the infant.
- When supervision of a crib room is provided by sight or hearing, the center must have a plan to address the other supervision component.
Consequences of Not following Safe Sleep Regulations

1. If licensor finds non-compliance:
   - A correction order will be issued.
   - The provider will be required to return the correction order documenting how the violation has been corrected.
   - $200 fine will likely be ordered for each violation.
   - Correction and fine orders are required to be posted at the licensed program in a location easily seen by parents for two years.
   - Fine orders are posted on the public DHS website. These documents remain posted for at least seven years.
   - Repeat violations will result in additional sanctions, up to and including revocation of license.

2. If there are sleep violations and a death occurs:
   - A temporary immediate suspension will be issued requiring the child care program to immediately stop operating.
   - There will be investigations by law enforcement, child protection, and licensing.
   - The law enforcement investigation may result in criminal charges.
   - Licensing sanctions.
   - The licensed providers name, address, license number, and licensing sanctions, including any license revocation will be posted on the public DHS Licensing Information website.
   - Parents may bring a civil lawsuit against the provider for wrongful death.

Participant Action Plan – Develop a Safe Sleep Policy

Create a written safe sleep policy incorporating the best practice recommendations.

1. All babies are placed on their backs for every sleep.
2. All babies will be placed in a safety approved crib or mesh-sided play yard (only allowed in family child care).
3. Nothing will be placed in crib with baby other than tight fitting sheet over a firm mattress. If baby accepts a pacifier it will be clean and dry with no strings.
4. If parent requests that baby be swaddled:
   - Parent must sign a directive that has been approved by the Commissioner of DHS.
   - Only a one-piece sleeper equipped with an attached system that fastens securely only across the upper torso, with no constriction of the hips or legs will be used.
   - Swaddling will be discontinued when baby begins to roll on his own.
5. A physician directive on a form approved by the Commissioner of DHS is required for an alternative sleep position to be followed in child care. This directive will be regularly reviewed with parents and physician to determine when baby can be placed on his back for sleep.
6. Discuss safe sleep policy on intake interview so parents are aware of policy.
7. Offer parents brochure, “Safe sleep for your baby” or information sheet, “What does a safe sleep environment look like” as part of the intake and registration process. (Both are available free from the MN SID Center).
### FAMILY CHILD CARE SUID/AHT TRAINING

**What is required?**
Minnesota Statutes, section 245A.50, requires sudden unexpected infant death (SUID) training for all license holders, staff persons, caregivers, and helpers who assist in the care of infants. Abusive head trauma (AHT) training is required for all license holders, staff persons, caregivers, and helpers who care for infants and children under school age.

The training must have been developed by the commissioner and approved by the Minnesota Center for Professional Development. The training must be completed face-to-face, through classroom training, or through online training at least once every two years. On the years when the license holder is not receiving SUID and AHT training face-to-face, in a classroom, or online, the license holder must receive SUID and AHT training through a video of no more than one hour in length. The video must be developed or approved by the commissioner.

**SUID Video**

The Department of Human Services has approved the following series of videos to meet the SUID component when individuals are not receiving face-to-face, classroom, or online SUID training. All videos must be viewed to meet the SUID training requirement.

Please Note: The videos below include portrayals of infant sleep environments in private, non-licensed, homes that are not subject to the requirements of Minnesota Statutes, section 245A.1435. Licensed child care providers must comply with statutory safe sleep requirements when sleeping infants including nothing in the crib except for an infant’s pacifier. In addition, attachments or modifications to the crib are prohibited.

1. [https://www.youtube.com/watch?v=JNWBSZZm3no&list=UUJDcgrMl0B2Og4ZdeOOrnFA&feature=c4-overview](https://www.youtube.com/watch?v=JNWBSZZm3no&list=UUJDcgrMl0B2Og4ZdeOOrnFA&feature=c4-overview) Produced by Hennepin County (4:17)
2. [http://vimeo.com/51317716](http://vimeo.com/51317716) Produced by Eastern Virginia Medical School (5:50)
3. [https://www.co.dakota.mn.us/HealthFamily/ChildCare/Providing/Pages/sleep-on-it.aspx](https://www.co.dakota.mn.us/HealthFamily/ChildCare/Providing/Pages/sleep-on-it.aspx) Produced by Dakota County (6:28)

**AHT Video**

The Department of Human Services has approved the following series of videos to meet the AHT component when license holders are not receiving face-to-face, classroom, or online AHT training. All videos must be viewed to meet the AHT training requirement.

2. [https://www.youtube.com/watch?v=THhFoYk7U40](https://www.youtube.com/watch?v=THhFoYk7U40) The Doctors (1:48)

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**Child Care Aware of MN:** [http://childcareawaremn.org/](http://childcareawaremn.org/)

**Period of Purple Crying**  [https://www.youtube.com/watch?v=3f97psdLPC4](https://www.youtube.com/watch?v=3f97psdLPC4)

**Minnesota Child Care Licensing Forms Related to Safe Sleep Regulations**

- Physician order for an alternate sleep position: [www.dhs.state.mn.us/main/groups/licensing/documents/pub/dhs16_177975.pdf](http://www.dhs.state.mn.us/main/groups/licensing/documents/pub/dhs16_177975.pdf)
- Parent directive regarding swaddling: [www.dhs.state.mn.us/main/groups/licensing/documents/pub/dhs16_177973.pdf](http://www.dhs.state.mn.us/main/groups/licensing/documents/pub/dhs16_177973.pdf)
- Crib inspection form – Family Child Care: [www.dhs.state.mn.us/main/groups/licensing/documents/pub/dhs16_178540.pdf](http://www.dhs.state.mn.us/main/groups/licensing/documents/pub/dhs16_178540.pdf)
- Crib inspection form – Center-based Child Care: [www.dhs.state.mn.us/main/groups/licensing/documents/pub/dhs16_178568.pdf](http://www.dhs.state.mn.us/main/groups/licensing/documents/pub/dhs16_178568.pdf)


**MN SID Center:** [www.childrensmn.org/sidcenter](http://www.childrensmn.org/sidcenter) 612-813-6285 or 1-800-732-3812