

BUREAU OF CHILD CARE

Promoting Safe Sleep for Infants Younger than 12 Months of Age at Permitted Group Child Care Services As Required by Article 47 of the NYC Health Code

The New York City Department of Health and Mental Hygiene (DOHMH) recently enacted changes to Article 47 of the NYC Health Code, designed to enhance the safety and supervision of infants and toddlers in our child care centers. These changes will assist program operators in maintaining a safe sleep environment for infants, define line of sight supervision during periods of sleep, and add structure to the activities of program staff assigned to infant/ toddler rooms while children are asleep.

CREATE AN INFANT SAFE SLEEP POLICY & MAINTAIN SAFE SLEEP ENVIRONMENTS FOR INFANTS

As part of your Written Safety Plan, create an Infant Safe Sleep Policy. This policy must detail practices and policies that establish a safe sleep environment, promote an infant's comfort and well-being, and reduce the risk of suffocation or injury while infants are in cribs or asleep.

Ensure that your Infant Safe Sleep Policy is consistent with Article 47 and based on the current recommendations of [Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, Third Edition, 2011](#), or successor recommendations.

Your Infant Safe Sleep Policy must contain the following as required by Article 47:

Safe sleep environment for infants

- Always place infants to sleep on their backs, unless written medical instructions from the infant's primary health care provider directs otherwise. Infants capable of turning over by themselves – from their backs to their fronts and back again – may remain in the position the infant attains. Side sleeping is not safe and not advised.
- Always place one infant per single crib or bassinet that is approved by the [US Consumer Product Safety Commission \(CPSC\)](#), and that complies with standards of the American Society for Testing and Materials [ASTM] International for infant sleep equipment. Stackable cribs are prohibited. Traditional drop-side cribs and immobilizers are also prohibited under Federal regulations.
- Place infants on a firm mattress specifically designed for the equipment used and covered by a tight fitting sheet flush with the sides of the crib/bassinet.
- The Health Code prohibits the following conditions or materials for use in an infant crib or bassinet: loose bedding, blankets, bumper pads, pillows, toys, and sleep positioning devices not medically prescribed.
- Change bedding prior to placing an infant in a crib or bassinet previously occupied by another infant.
- Do not allow infants to sleep or nap in a car safety seat except during transportation.
- Never allow infants to sleep on bean bag chairs, futons, bouncy seats, infant swing or highchairs, playpens or other furniture/equipment not designed and approved for infant sleep purposes and meeting safe sleep environment criteria.
- Infants found sleeping in other than a safe sleep environment must be moved to a safe sleep environment upon discovery.

- Before placing an infant in a crib or bassinet, remove bibs, necklaces, and garments with ties or hoods. This reduces choking and tangling hazards.
- Avoid letting the infant get too hot. Maintain adequate ventilation, temperature and humidity in each room used by children. Keep the room at a temperature that is comfortable for a lightly clothed adult. Dress the infant lightly for sleep; generally in no more than one layer more than an adult would wear to be comfortable at a particular temperature. The infant could be at risk if you notice sweating, damp hair, flushed cheeks, heat rash, and/or rapid breathing.
- Take the following precautions to eliminate conditions in the sleeping area that pose a safety or health hazard to infants:
 - Make sure the crib has no loose or missing parts or slats.
 - Only repair a crib with parts provided by the manufacturer. Makeshift repairs can create a hazard.
 - Never place a crib near a window with blind, curtain cords or baby monitor cords.

Constant line of sight supervision and 15-minute observations of sleeping infants

- Staff must supervise infants directly and keep children within their line of sight at all times including when they are sleeping.
- Observe sleeping infants every 15 minutes for signs of stress or distress that may require intervention (overheating, irregular breathing, etc.). If an infant is in any physical or medical distress, take immediate emergency response as needed.
- Document each observation on forms provided or approved by the Department.
- The use of infant movement monitors or infant apnea monitors does not relieve the child care service from observing sleeping infants and noting the observations.
- The Education Director must maintain the completed infant sleep observation forms for two weeks, unless any intervention was taken by staff to assist an infant in distress. In cases where intervention was taken, this form shall be maintained in the child's medical records while the child remains enrolled in the child care service.
- Make the observation forms available for inspection by the Department.

TRAIN STAFF/ VOLUNTEERS IN THE INFANT SAFE SLEEP POLICY & EMERGENCY RESPONSE

Provide all staff and volunteers with copies of the Written Safety Plan, including the *Infant Safe Sleep* policy. Instruct them how to implement the plan's policies and procedures, including procedures for child supervision, how to create and maintain safe sleep environments for infants, and how and when to observe sleeping infants actively for signs of distress.

Each year, train all staff, volunteers and other individuals providing services on a regular basis in the written safety plan's emergency procedures. This training shall review the written safety plan in detail, and provide real-time drills (announced and unannounced) demonstrating staff competency in:

- Emergency medical response
- CPR and first aid proficiency of certified staff
- Critical incident response
- Evacuation procedures other than the monthly fire drills required by Article 47

The Educational Director shall maintain documentation showing that staff have received the written Safety Plan and completed training in how to implement it, and emergency response drills, including:

- Dates and times conducted
- Evaluation of staff performance

- Recommendations for improvements in training or amendments to the safety plan.

This documentation must be available for inspection by the Department.

PARENT ORIENTATION UPON CHILD ENROLLMENT

When children are enrolled in the program, inform parents of the program's policies and procedures for supervision, including the Infant Safe Sleep Policy and emergency and illness management as specified in the Written Safety Plan and the Health Code. Parents must also be provided with the DOHMH brochure "How to get information about Child Care".

RESOURCES

For a copy of Article 47 regulations, or the *Infant Sleep Observation Form*, visit www.nyc.gov/health and type "child care" in the search box.

If you have questions about safe sleep practices or if you are not sure how to create a safe sleep policy, please contact your early childhood educational consultant at your [local DOHMH borough office](#).

For crib, bassinet, or play yard recalls, or for more information about crib safety standards, visit the Consumer Product Safety Commission's Web site at www.CPSC.gov or call the CPSC hotline at **(800) 638-2772**.

For the safe sleep standards within [*Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, Third Edition, 2011*](#), visit www.nrckids.org.

For training on SIDS and Shaken Baby, visit www.ecetp.pdp.albany.edu, click on "LEARN," and click on "e-Learning Course Catalog."

To make a complaint about a child care program, please call **311**.