



# Safe Sleep for Oregon's Infants

## A Self-Study Training Opportunity

**CKC:** Health, Safety, and Nutrition

**Length:** One Hour

**Set One**

### All the Moments in a Young Child's Day Matter



Dear Early Educator,



Thank you for your commitment to the safety of Oregon's youngest children in your care. Safe sleep practices for infants may or may not be a new topic for you in your professional development. The goal of this training is to provide Early Educators with an opportunity to learn about safe sleep practices and to identify and prevent risks to the babies in your child care program.

*Dawn Taylor*

Office of Child Care (OCC) Director, Early Learning Division

# Completing This Self-Study Training

**1.** Read the self-study training and:

- a. Complete the reflections and activities as you progress through the training. These activities are private and will not be shared.
- b. Complete the "**Safe Sleep for Infants Quiz**" and the Evaluation at the end of the training.
- c. Submit the Quiz and Evaluation to the Office of Child Care in one of the ways below:
  - Electronically:** If you are taking this training online, click "submit." At the end of the online training and your quiz will be automatically emailed to the Office of Child Care (OCC) at the Early Learning Division (ELD).
  - Scan and Email the Quiz to:**  
[ELD.SafeSleep@state.or.us](mailto:ELD.SafeSleep@state.or.us)
  - Print and Mail to:** Office of Child Care (OCC)  
Attn: Safe Sleep for Infants Training  
700 Summer St. NE, Suite 350  
Salem, OR 97301
  - Print and Fax to:** (503) 947-1428 (Note: This fax is in Salem, Oregon, which may be long-distance for you.)



**2.** If you achieve **eight out of ten** correct answers on the Quiz, you will qualify for a certificate.

- a. You will receive a copy of the certificate in an email or by mail.
  - b. The OCC will email you a copy of the certificate but you **will not** need to submit it to ORO because the OCC will submit the training to your ORO account on your behalf.
- You will find your training by visiting myORO at: <https://my.oregonregistryonline.org/>

**3.** If you achieve **less** than eight correct answers on the questionnaire, you will not qualify for a certificate. OCC will notify you by email or mail and give you information about how you can try again. We know how important a timely response is. We will make every effort to respond quickly, however, be aware that this may take up to 10 business days.

You may contact OCC with questions by email at [ELD.ProfessionalDevelopment@state.or.us](mailto:ELD.ProfessionalDevelopment@state.or.us), by phone at (800)556-6616, or by mail at the address given above.

Throughout this training you will be called an **Early Educator**. We at the Early Learning Division know the huge impact you make on the lives of the children in your care. From Aide to Director and Assistant to Owner, you are more than a babysitter, you are an Educator. Each person that takes this training has a vital role in caring for the whole child. It is critical for you to know and follow the requirements to keep infants safe. You are part of the child's team, and their parents or guardians expect you to follow all health and safety rules. This training will give you valuable information about the specifics of safe sleep practices for infants.

## **Objectives:**

1. Explore how your own experiences and preferences about sleep interact with our attitudes about safe sleep practices for infants.
2. Understand sleep-related risks.
3. Understand the safe sleep practices for infants required by licensing rules.



## **The Sections of This Self-Study Training Cover:**

Part 1: Understanding SIDS/SUID and Risk Factors

Part 2: Safe Sleep Practices in Licensing Rules

Part 3: Communicating with Parents



## **By the end of this training, you will be able to:**

- Define sleep related Sudden Unexpected Infant Death (SUID).
- Identify behaviors that decrease the risk factors of SIDS and sleep-related infant deaths.
- Identify compliance with safe sleep licensing rules
- Communicate safe sleep practices to families.

## Part 1: Understanding Sleep-Related SUID/SIDS and Risk

### Examine Your Current Practices

When I saw you I fell in love, and  
you smiled because you knew.

-William Shakespeare



Imagine that you are sitting in a rocking chair holding a baby. He hungrily sucks from a bottle while you both enjoy exploring each other's face and eyes. You are getting to know each other well these days. After several burps over your shoulder, you hold him in the crook of your arms again. You just can't get enough of that marvelous face (he's probably thinking the same about you). "I know this person", he seems to say as he relaxes and his muscles become heavier in your arms. He starts to drift off, but wakes slightly, to make sure you're still there keeping him safe. He falls asleep and you hear his breathing as his chest rises and falls. He's finally asleep. You get up to put him in his crib. You are confident that you have made his sleeping area safe and free from all risks.

#### What do you already know about safe sleep for infants?

What did you do in the story above to make the sleeping space safe and free from all risks?

#### What does sleeping comfortable look like for you as an adult?

Imagine that it is the end of a long day. All you want is to get comfortable and just sleep for a few hours. What have you done to make this happen for you? What comforts have you prepared to help you get the sleep you so need and want? Why is it so comfortable? For example, think about your sleep position, bedding, pillows and clothes. What gets you ready for sleep?

## Exploring Your Own Beliefs about Infant Safe and Safe Sleep Practices

We do hope that you can get relaxing sleep each night that helps you to approach each day with a fresh start. In this training you will realize that an adult's sleeping behaviors and comfort needs are different from an infant's sleeping needs. Some adult sleep comforts can be risky to an infant's safety while they sleep. This does not mean the infants in your care will be uncomfortable. It means they will sleep safe. You can make that happen each time you lay an infant down to sleep.



As Early Educators hold infants throughout their day, they carry the responsibility of making sure they meet all the infant's needs. Sometimes it feels like the smaller the child, the greater the need to pay attention to all the signs of the infant's needs. Often, Early Educators rely on experiences, knowledge, culture, friends and family to understand how to care for an infant. Who do you rely on for information about taking care of infants?

### Your Role in Safe Sleep

You will see the words "safe sleep practices" a lot in this training. Safe sleep practices include many factors that you will learn about in this training. Early Educators must get these safe sleep practices ready in their program before caring for infants.

This training uses current information and research from multiples sources. Please carefully read the information and complete the activities to test your knowledge along the way.

To the world  
you may be one person,  
but to one person,  
you may be the world!



## Why Safe Sleep Practices are Important

You touch the lives of young children and their families in many important ways. Safe sleep practices are critical. Not following these practices could have a devastating effect. Look at this risk timeline. You will see that the time with the highest risk is in the first few months of an infant's life. Is this information surprising to you?



The child care licensing rules and the information in this training are designed to help Early Educators reduce the risk for Sudden Infant Death Syndrome (SIDS) and other sleep-related deaths. Once a child reaches one month of age, the MOST COMMON cause of death is **Sudden Unexplained Infant Death (SUID)**. SIDS is a type of SUID. Here are the definitions of SUID and SIDS:

SUID	SIDS ( a type of SUID)
Sudden and unexpected death of a seemingly healthy baby, under 12 months of age in which cause of death is not immediately obvious.	SIDS: A SUID death that is still unexplained <u>after a death scene investigation, autopsy, and review of the baby's medical history.</u> <sup>1</sup>

Want to learn more? <https://www1.nichd.nih.gov/sts/about/SIDS/Pages/common.aspx>

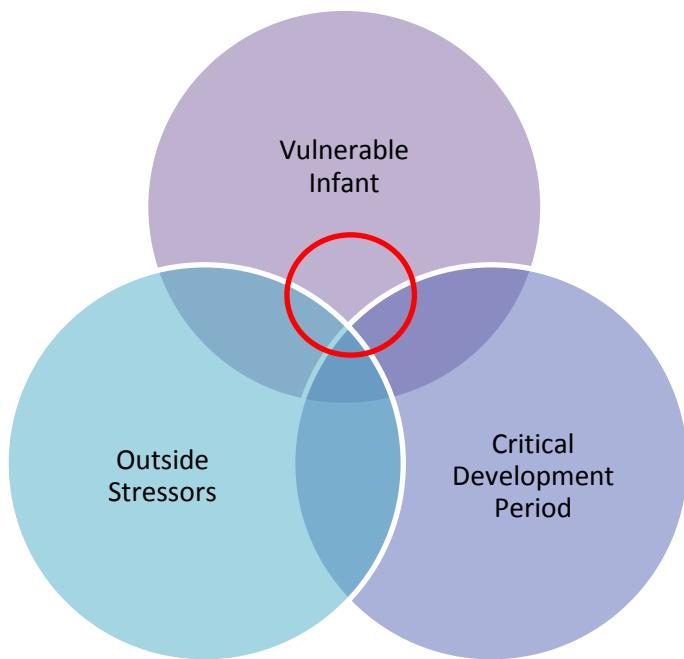
In 2016 there were 211 infant deaths in the state of Oregon. Of these, 33 were sleep-related SUID or SIDS deaths.

Once a child reaches one month of age, the MOST COMMON cause of death is SUID.

While SIDS is not preventable, there are actions an Early Educator can do to lower risk.

## What causes SIDS?

There are multiple causes of SIDS



The diagram shows how three common risk factors interact. When an infant is experiencing risk factors from all the three circles, as shown in the center area of the diagram, they are at a much higher risk for SIDS. Although these factors contribute to higher risk, all infants are at risk and it is important to follow safe sleep practices.

These risk factors do not cause sleep-related SUID/SIDS, but may increase risk. It is critical that you understand these risk factors, and are able to identify infants in your care who are at higher risk. You will also learn what increases and reduces risk to infant sleep-related deaths.

Let's look at each of the risk categories in the diagram individually.



### VULNERABLE INFANT

**All infants are vulnerable to SIDS.** Some factors can make an infant more vulnerable. These can include:

- Genetic conditions passed down from biological parents.
- Unknown physical developmental issues.
- Smoking during pregnancy.
- Issues with the brain development.
- Delays in development of the arousal reflex needed for an infant to wake up. An infant needs to be able to wake up to gasp for air if they stop breathing. Infants who sleep on their stomach or side often sleep more deeply. This results in having a more difficult time waking up. This makes tummy sleeping more dangerous.

## Critical Development Period

### CRITICAL DEVELOPMENT PERIOD

Infants' brains grow and develop a lot in the first six months of life. They are at highest risk for SIDS during this time because the part of the brain that allows them to wake up when their oxygen level is too low or their carbon dioxide level is too high is still developing. The muscles in the neck and core are also not fully developed during infancy. This prevents an infant from being able to roll over or pick up their head if their airway is blocked.

## Outside Stressor(s)

### OUTSIDE STRESSORS

The only risk factors that **you** can change as an Early Educator are in the “**Outside Stressors**” category. These can include things like hunger, over tiredness, and room temperature; but may also include soft bedding, bumper pads, stuffed toys, or cigarette smoke exposure from your clothing.

**You can reduce these risks!**

As an Early Educator entrusted with caring for children, you become part of a parent's team. Reducing **outside stressors** is best for an infant's health.

An easy way to remember some of the actions you can do to help reduce the risk factors is to remember:

### The 5 S's of Safe Sleep

- ✓ **Sleep surface**
- ✓ **Sleep position**
- ✓ **Smoke Free Environment**
- ✓ **Sleep Temperature**
- ✓ **Share the Message**



## S #1: Sleep Surface:



The **only** things that should be in the crib are the mattress, a tight fitted sheet, the infant, and a pacifier (if used). Blankets should **never** be in a crib with an infant.

Only mattresses designed for the specific sleeping environment should be used.

Mattresses should keep their shape even when the fitted sheet is used. Make sure your cribs are safe by checking your licensing rules and the resources at the end of this training.

Soft or squishy objects placed with an infant for sleep can increase the risks for both SIDS and accidental suffocation.

Examples of these objects are pillows,

blankets, quilts, comforters, sheepskins, stuffed toys, or bumper pads. Having an infant sleep on adult sleep surfaces such as waterbeds, couches, and armchairs, can increase those risks too.



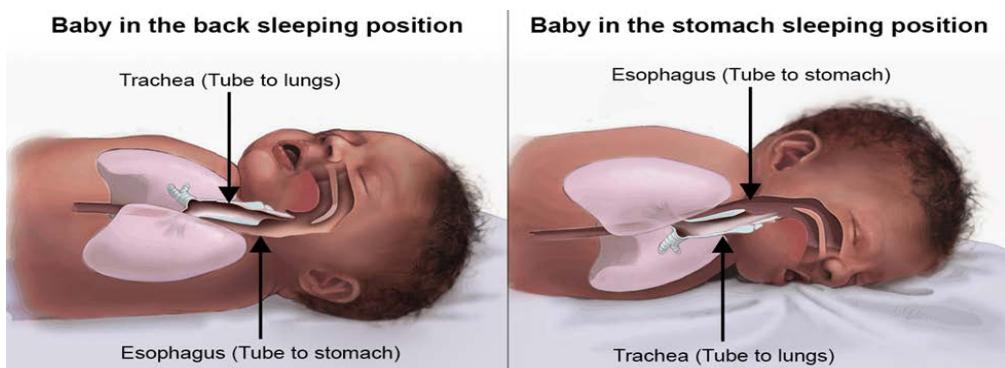
## S #2: Sleep Position:

### What is the best practice?

Always place the infant on his or her back to sleep.

### Additional Information to consider:

Some people believe that back sleeping increases the chance of choking if an infant vomits while they are sleeping. This is not true. Infants can clear fluids better when they are on their backs. When an infant is sleeping on their back, the trachea lies on top of the esophagus. Any spit up from the esophagus must work against gravity to get into the trachea. When an infant is sleeping on their stomach, any spit up will pool at the opening of the trachea. This makes it easier for the infant to choke from breathing fluid into their lungs.



If an infant is a tummy or side sleeper at home, the risk for SIDS is much higher. The side position is just as dangerous as placing the infant on the tummy because the infant can accidentally roll to the tummy. If an

infant sleeps on their side at home, back sleeping in child care is still the safest choice and **does not** increase the risk of SIDS.

## S #3: Smoke Free Environment:

### Second-hand Smoke Effect

Second-hand smoke is smoke inhaled from tobacco being smoked by others. This happens when you are in an enclosed space or sitting near someone who is actively smoking. Second-hand smoke doubles an infant's the chances of dying from SIDS. Children exposed to second-hand smoke are also at higher risk of other diseases such as asthma, the common cold, and other viruses.

### Third-hand Smoke Effect

Third-hand smoke is tobacco smoke toxin that remain after the cigarette is put out. Third-hand smoke toxins can build up on the smoker's hair, clothing and other surfaces. Even very small amounts of the toxins in smoke can cause harm to an infant's developing brain.

Early Educators who smoke before working with infants or during work breaks need to make a specific effort to reduce the risk of third-hand smoke. To reduce infants' risk of exposure to third-hand smoke, Early Educators should cover their clothing with a jacket or sweater, pull back long hair, or wear a hat while smoking. After smoking, it is important to wash your hands, face, and change clothing that will come into direct contact with the infant. Examples like these will protect each infant's vulnerable developing body systems.

## S #4: Sleeping Temperature

Overheating increases sleep-related SUID risk. Signs that an infant is too hot include sweating, damp hair, flushed cheeks, heat rash, and breathing rapidly.

The room temperature should be comfortable for a lightly clothed adult.



Many infant care providers and parents are concerned that an infant will get cold without a blanket. Blankets can increase the risk of SIDS and accidental suffocation. Instead of a blanket, use the general guideline of dressing an infant in clothes, sleepers or a nonrestrictive sleep sack that provide for one layer more than would typically be comfortable for an adult.



Swaddling is NOT allowed in early learning environments. Swaddled infants may roll more easily from back to stomach, with no ability to use their arms for support. Overheating may also occur if an infant is swaddled.

## S #5: Share the message:

The parents or guardians of children in your care look to you as a child safety and development expert. If family members have questions about safe sleep practices in their homes, the following are some messages you can share. Parents or guardians can also share this information with the family members or friends who also provide care for their infant. Infants love consistency!

### Breastfeeding and Pacifier Use



Breastfeeding helps reduce the risk of sleep-related SUID/SIDS. Breastfeeding helps to develop breathing and swallowing coordination. Pacifier use helps infants wake from sleep more easily, which is important if their breathing becomes blocked.

### Room Sharing versus Bed Sharing



The American Academy of Pediatrics (AAP) recommends that infants sleep close to the parent or guardian's bed – in the same room, but not in the same bed.

Bed sharing is *not* recommended. Bed sharing increases the risk of suffocation, entrapment, and other sleep-related causes of infant death. An adult bed is not designed for infants, and there are no safety standards for adult beds.

Although it is NOT recommended, Oregon Health Authority and AAP recommends some precautions to consider that can be found [here](#):

If a parent or guardian chooses to have their infant sleep in their adult bed, here are some precautions to consider:

- Wait until the infant is older than four months old;
- Remove pillows, quilts, or comforters;
- Do not have pets or other children in the bed at the same time as the infant;
- Avoid sleeping on soft surfaces such as a waterbed, old mattress, sofa, couch, or armchair; or
- Avoid co-sleeping if the adult is actively smoking, has consumed alcohol, taken sleep aids; or if they are overly exhausted, and there is a chance that they will not awake in an emergency.

## What did you just learn about the 5 S's?

Fill in the missing word in the 5 S's of Safe Sleep:



#1: Sleep \_\_\_\_\_.

#2: Sleep \_\_\_\_\_.

#3: \_\_\_\_\_ Free Environment.

#4: \_\_\_\_\_ Temperature.

#5: Share the \_\_\_\_\_.

## Part 2:

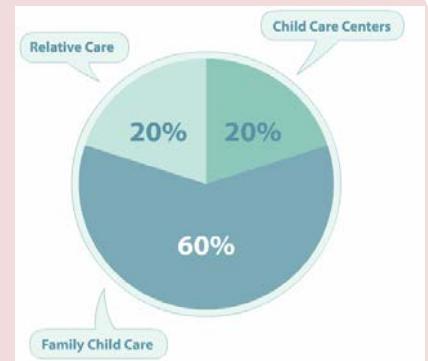
### Safe Sleep Practices in Licensing Rules

Let's explore the licensing rules that address some of the "outside stressors" in a child care setting. As an Early Educator who cares for infants, you will need to follow these rules to keep your child care facility in compliance and to make sure infants are as safe as possible.

Sleep-related deaths can and have happened in child care settings.

<sup>3</sup>Most sleep-related deaths in child care facilities occur in the first day or first week that an infant starts attending a child care program.

Many of these deaths are because infants are sleeping prone [tummy or face down], especially when the infant is not used to that position.<sup>4</sup>



After this section you will have the chance to look at scenarios that could happen in your child care setting and then see if you can recognize if the scenario is in compliance with the licensing rule.

## Where Will You Find Rules For Safe Sleep For Your Type of Child Care Program?

For **Regulated Subsidy Child Care** you will find them here: **414-180-0015**

For **Registered Family Child Care** you will find them here: **414-205-0090**

For **Certified Family Child Care** you will find them here: **414-350-0220**

For **Certified Child Care Centers** you will find them here: **414-300-0300**

In this section, we are not quoting specific rule numbers from any of the licensing rule books. Each type of child care license contains the same requirements for safe sleeping so we are going to talk about them as a topic. Later in this training you will have a chance to read the rule section on safe sleep for the type of care that you work in.

## What's in the Licensing Rules for Safe Sleep Practices?

### Sleep Surface: What are the Licensing Requirements?

- Each infant shall sleep in a crib, portable crib, bassinet or playpen with a clean, non-absorbent mattress.
- Bassinets may only be used until the infant is able to roll over on their own.
- All cribs, portable cribs, bassinets and playpens must comply with current Consumer Product Safety Commission (CPSC) standards.
- Each mattress shall fit snugly and be covered by a tight fitting sheet.

#### Rationale:

- The required sleep options are surfaces that allow an infant to lay completely flat on their back, which is the required position for infants to be placed to sleep.
- The required sleep equipment can also protect infants from harm as other children in the child care setting energetically engage in their own play.
- A mattress that is snug and tight can prevent an infant's head, hands or feet from being caught in between the crib and the mattress.
- A tight fitting sheet will not become detached when an infant moves along the surface while sleeping. A loose sheet could become entangled around the infant's body and/or face causing suffocation.

#### **Additional Guidance:**

- Always follow the weight limit on bassinets.
- If you can fit a can of soda, standing up, between the slats of a crib, it means that a child's head, hand or foot could get stuck<sup>5</sup>.
- Over time, crib sheets may stretch out after repeated washings. Have extra unused/new sheets in case you discover that your current supply is no longer tight fitting so that you are always prepared to prevent risks.
- If you can fit two fingers side by side in between the mattress and the crib, the mattress is not snug fitting.<sup>6</sup>
- The US Consumer Product Safety Commission (CPSC) is an independent federal regulatory agency that assists with protecting the public from unreasonable risk of injuries associated with consumer products. For more information on crib safety guidelines see Consumer Product Safety Commission (CPSC):  
<https://www.cpsc.gov/>



#### **Sleep Position: What are the Licensing Requirements?**

- Infants must be placed on their backs on a flat surface for sleeping (crib, portable crib, bassinet or playpen, only).
- If an infant falls asleep in a place other than their crib, portable crib, bassinet or playpen, the provider must immediately move the infant to an appropriate sleep surface.
- Car seats are to be used for transportation only. Children who are asleep in a car seat must be removed upon arrival and placed on an appropriate sleep surface.

#### **Rationale:**

- Research studies suggest that stomach sleeping may increase SIDS risks through a variety of mechanisms, including increasing the probability that the infant re-breathes their own exhaled breath, leading to carbon dioxide buildup and low oxygen levels.



- The sheets can pool around the infant's mouth and nose and contribute to breathing their own exhaled breath.
-

- When the infant sleeps on their tummy, they sleep more deeply and it is harder for them to wake up. This is especially true if they have breathed in too much carbon dioxide because carbon dioxide poisoning causes the brain to malfunction. If the infant doesn't wake up enough to be able to move, or has not yet developed the skill to roll over so that they can breathe fresh oxygen, SIDS can occur.<sup>7</sup>
- Infants need to be completely on their back while sleeping. Sleep surfaces other than those required will likely have the child in incline or other positions that are not allowed in child care settings. Other places that an infant could fall asleep on could increase the risk of injury from suffocations, entrapment, and strangulation.

**Additional Guidance:**

- If a child arrives asleep in a car seat, ask the parents to place the infant in the sleep area that you have prepared for the child.
- If a child begins to fall asleep while in other infant equipment (ie. infant seat), move the infant into the appropriate sleep area that you have prepared for the child.

### **Sleep Accessories: What are the Licensing Requirements?**

- There shall be no items in the crib with the infant (e.g. bottles, toys, pillows, stuffed animals, blankets, bumpers), except a pacifier;
- Swaddling or other clothing or covering that restricts the child's movement is prohibited;
- Clothing or items that could pose a strangulation hazard (e.g. teething necklaces, pacifier attachments, clothing drawstrings) are prohibited.

**Rationale:**

- Pillows, toys, stuffed animals, blankets and crib bumpers can become hazards if they are able to block an infant's airway.
- Swaddling may decrease an infant's arousal, so that it's harder for the infant to wake up. Decreased arousal can be a problem and may be one of the main reasons that infants die of SIDS.<sup>8</sup>
- If the infant breaks free of the swaddle, the blanket can then be available to cover their face and block their airway.

**Additional Guidance:**

- One-piece sleepers make a great alternative to blankets in the crib.

# Every child is a Story Yet to Be Told



To keep infants safe from harm and reduce outside stressors, you need to know what the rules for your child care setting say about safe sleep practices.

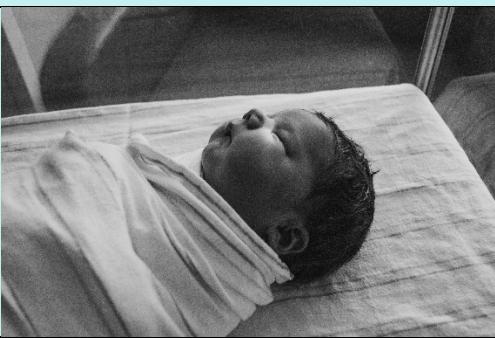
In the section below, find the column that addresses the type of child care setting that you work in. Read each of the rules in that column that shows you the licensing rules that you are required to follow while working in your child care setting.

Certified Child Care Center Rules	Certified Family Child Care Rules
<p><b>414-300-0300</b></p> <p>(6) The following safe sleep practices must be followed:</p> <p>(a) Each infant shall sleep in a crib, portable crib, bassinet or playpen with a clean, non-absorbent mattress. All cribs, portable cribs, bassinets and playpens must comply with current Consumer Product Safety Commission (CPSC) standards;</p> <p>(b) Bassinets may only be used until the infant is able to roll over on their own;</p> <p>(c) Each mattress shall:</p> <p>(A) Fit snugly; and</p> <p>(B) Be covered by a tightly fitting sheet;</p> <p>(d) A clean sheet shall be provided for each child;</p> <p>(e) Infants must be placed on their backs on a flat surface for sleeping;</p> <p>(f) If an infant falls asleep in a place other than their crib, portable crib, bassinet or playpen, the provider must immediately move the infant to an appropriate sleep surface;</p> <p>(g) No child shall be routinely left in a crib, portable crib, bassinet or playpen except for sleep or rest;</p> <p>(h) There shall be no items in the crib with the infant, except a pacifier (e.g. bottles, toys, pillows, stuffed animals, blankets, bumpers);</p> <p>(i) Swaddling or other clothing or covering that restricts the child's movement is prohibited;</p> <p>(j) Clothing or items that could pose a strangulation hazard (e.g. teething necklaces, pacifier attachments, clothing drawstrings) are prohibited; and</p> <p>(j) Car seats are to be used for transportation only. Children who are asleep in a car seat must be removed upon arrival to the center and placed in an appropriate sleep surface.</p>	<p><b>414-350-0220</b></p> <p>(1) The following safe sleep practices must be followed:</p> <p>(a) Each infant shall sleep in a crib, portable crib, bassinet or playpen with a clean, non-absorbent mattress. All cribs, portable cribs, bassinets and playpens must comply with current Consumer Product Safety Commission (CPSC) standards;</p> <p>(b) Bassinets may only be used until the infant is able to roll over on their own;</p> <p>(c) Each mattress shall:</p> <p>(A) Fit snugly; and</p> <p>(B) Be covered by a tightly fitting sheet;</p> <p>(d) A clean sheet shall be provided for each child;</p> <p>(e) Infants must be placed on their backs on a flat surface for sleeping;</p> <p>(f) If an infant falls asleep in a place other than their crib, portable crib, bassinet or playpen, the provider must immediately move the infant to an appropriate sleep surface;</p> <p>(g) No child shall be routinely left in a crib, portable crib, bassinet or playpen except for sleep or rest;</p> <p>(h) There shall be no items in the crib with the infant, except a pacifier (e.g. bottles, toys, pillows, stuffed animals, blankets, bumpers);</p> <p>(i) Swaddling or other clothing or covering that restricts the child's movement is prohibited;</p> <p>(j) Clothing or items that could pose a strangulation hazard (e.g. teething necklaces, pacifier attachments, clothing drawstrings) are prohibited; and</p> <p>(k) Car seats are to be used for transportation only. Children who are asleep in a car seat must be removed upon arrival to the home and placed in an appropriate sleep surface.</p>

Registered Family Child Care Rules	Regulated Subsidy Child Care Rules
<p><b>414-205-0090</b></p> <p>(6) Throughout the day, each infant and toddler shall receive physical contact and individual attention (e.g., being held, rocked, talked to, sung to, and taken on walks inside and outside the home).</p> <p>(7) The provider must have routines for eating, napping, diapering and toileting, with flexibility to respond to the needs of each child.</p> <p>(8) Infants shall have a variety of appropriate infant toys stimulating to the senses.</p> <p>(9) The following safe sleep practices must be followed:</p> <ul style="list-style-type: none"> <li>(a) Each infant shall sleep in a crib, portable crib, bassinet or playpen with a clean, non-absorbent mattress. All cribs, portable cribs, bassinets and playpens must comply with current Consumer Product Safety Commission (CPSC) standards;</li> <li>(b) Bassinets may only be used until the infant is able to roll over on their own;</li> <li>(c) Each mattress shall: <ul style="list-style-type: none"> <li>(A) Fit snugly; and</li> <li>(B) Be covered by a tightly fitting sheet;</li> </ul> </li> <li>(d) A clean sheet shall be provided for each child;</li> <li>(e) Infants must be placed on their backs on a flat surface for sleeping;</li> <li>(f) If an infant falls asleep in a place other than their crib, portable crib, bassinet or playpen, the provider must immediately move the infant to an appropriate sleep surface;</li> <li>(g) No child shall be routinely left in a crib, portable crib, bassinet or playpen except for sleep or rest;</li> <li>(h) There shall be no items in the crib with the infant, except a pacifier (e.g. bottles, toys, pillows, stuffed animals, blankets, bumpers);</li> <li>(i) Swaddling or other clothing or covering that restricts the child's movement is prohibited;</li> <li>(j) Clothing or items that could pose a strangulation hazard (e.g. teething necklaces, pacifier attachments, clothing drawstrings) are prohibited; and</li> <li>(k) Car seats are to be used for transportation only. Children who are asleep in a car seat must be removed upon arrival to the child care facility and placed in an appropriate sleep surface.</li> </ul>	<p><b>414-108-0015</b></p> <p>(6) The following safe sleep practices must be followed:</p> <ul style="list-style-type: none"> <li>(a) Each infant shall sleep in a crib, portable crib, bassinet or playpen with a clean, non-absorbent mattress. All cribs, portable cribs, bassinets and playpens must comply with current Consumer Product Safety Commission (CPSC) standards;</li> <li>(b) Bassinets may only be used until the infant is able to roll over on their own;</li> <li>(c) Each mattress shall: <ul style="list-style-type: none"> <li>(A) Fit snugly; and</li> <li>(B) Be covered by a tightly fitting sheet;</li> </ul> </li> <li>(d) A clean sheet shall be provided for each child;</li> <li>(e) Infants must be placed on their backs on a flat surface for sleeping;</li> <li>(f) If an infant falls asleep in a place other than their crib, portable crib, bassinet or playpen, the provider must immediately move the infant to an appropriate sleep surface;</li> <li>(g) No child shall be routinely left in a crib, portable crib, bassinet or playpen except for sleep or rest;</li> <li>(h) There shall be no items in the crib with the infant, except a pacifier (e.g. bottles, toys, pillows, stuffed animals, blankets, bumpers);</li> <li>(i) Swaddling or other clothing or covering that restricts the child's movement is prohibited; and</li> <li>(j) Clothing or items that could pose a strangulation hazard (e.g. teething necklaces, pacifier attachments, clothing drawstrings) are prohibited; and</li> <li>(k) Car seats are to be used for transportation only. Children who are asleep in a car seat must be removed upon arrival to the child care facility and placed in an appropriate sleep surface.</li> </ul>

## Activity: Recognizing Compliance with Safe Sleep Rules

If you came across these scenes in a child care setting, would you know if the sleep practice was in compliance with the licensing rules?

Sleep Practice	Compliance with rules	Rule for this scenario
	<p>Does this picture show compliance with the rules?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<b>What does the rule state?</b>
	<p>List any risks that you see:</p>	
	<p>Does this picture show compliance with the rules?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<b>What does the rule state?</b>
	<p>List any risks that you see:</p>	
	<p>Does this picture show compliance with the rules?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<b>What does the rule state?</b>
	<p>List any risks that you see:</p>	
	<p>Does this picture show compliance with the rules?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<b>What does the rule state?</b>
	<p>List any risks that you see:</p>	

## Part 3: Communicating Safe Sleep Practices with Families

### Parent or Guardian Requests For Alternate Sleep Arrangements

Parents of the infants in your child care program may have concerns or misconceptions about safe sleep practices. You may also hear ideas or opinions around this topic that you haven't thought of before. The following information as well as the 5 S's, licensing safe sleep rules and why safe sleep practices are important may help you to address those concerns.

**"Please put my baby to sleep on her stomach because she can roll over if needed."**

When infants can easily turn over from back to tummy and from tummy to back, they should still be placed to sleep on their back. After they are asleep, if they roll over, you do not need to put them on their backs again. Infants usually start to roll when they are four to six months old. This is also when the chance of SIDS decreases. However, make sure there are no blankets, pillows, bumper pads, or other items in the crib that the baby can roll against and suffocate.

While the risk of SIDS drops dramatically after four to six months, the risk does not go away completely until 12 months of age.

**"My son sleeps on his side at home. Please have him side sleep when he is here too."**

If baby is a tummy or side sleeper, the risk for SIDS is much higher. The side position is just as dangerous as placing the baby on the tummy because they can accidentally roll to the tummy. If an infant is used to sleeping on their tummy or side at home, back sleeping in child care **does not** increase the risk of SIDS. However, babies who are used to sleeping on their backs and are then placed to sleep on their tummies in child care are **18 times** more likely to die from SIDS.<sup>9</sup>

**"My son has medical concerns so he has to sleep in a swing."**

Unless you have been given a note signed by a medical professional, and an exception from the Office of Child Care, all infants should be placed flat on their backs for sleeping. The Licensing Specialist that licenses your program will need to be contacted before any alternate sleep accommodations could be used.

**"When my daughter is put to sleep on her back she wakes up scared so I need you to put her to sleep on her stomach."**

The startle response is a sudden movement that is sometimes seen as scary for the baby. Sometimes the baby gasps. This protects the baby, letting them get a breath of air or to wake up slightly from too deep of a sleep.

**"My mom said I had a bald spot from sleeping on my back, and I don't want that to happen to my son."**

Babies who sleep on their backs can develop some temporary bald spots on the back of the head. As the baby grows, moves and begins to sit up more often, the hair on the back of the baby's head will grow back. A bald spot on the back of a baby's head can be a sign of a healthy baby, one whose risk for sleep-related SUID/SIDS is lower because he or she is a back sleeper.

While the baby is awake, aware and supervised, tummy time is recommended and will help to decrease the friction on the back of the head that leads to the temporary bald spots.

**"I refuse to let my daughter sleep on her back because I have heard that she will get a flat head."**

Back sleeping can contribute to flattening of the back of the head, but head flattening is generally temporary. As babies grow and become more active, their skulls will round out. You can reduce head flattening by doing the following:

- Providing tummy time during waking hours;
- Switching which end of the crib you place the baby's feet, and when changing baby's diaper, alternating where the baby's head is on the changing table;
- Changing positions often when the baby is awake; and
- Limiting time spent in freestanding swings, bouncy chairs, car seats, and other surfaces that, with a lot of use, can lead to head flattening.

## Discussions with Families

The Office of Child Care offers a support document titled, “Child Care Enrollment: Infant and Toddler Information”<sup>10</sup>. This form gives parents an opportunity to share things they want their caregivers to know about their baby when the baby is new to a child care program. When a new infant arrives in a new early learning environment, the Early Educators caring for the new infant will want to know the following about the sleeping routines:

- Any special sleeping routines?
- Does your baby like to be rocked?
- Is your baby always put on their back to sleep?
- When does your baby usually sleep?
- How long is a typical sleep period?

### Activity: Practice Communicating with Parents around Safe Sleep Practices

Below you have a chance to practice responding to a parent’s questions or requests. In the space below, please fill in how you would respond to parents or guardians’ concerns. Remember, as with all communication with families, building and keeping trust is key!

Please take a few minutes to write your responses to the potential parent or guardian questions or comments.

**I know putting my baby to sleep in a crib is safest, but he cries when I put him down.**

**Will you put this blanket on my baby when they go to sleep so they won’t get cold?**

**If I put my baby to sleep on her back, will she get bald spots?**



## Back to Sleep, Tummy to Play

The infants that you care for will not always be sleeping! They will want to play and have social time too. The opportunity to play while on their tummy will allow the infant to strengthen their muscles all over their body and to get a good view of their world.

Beginning on his first day home from the hospital or in your family child care home or center, play and interact with the baby while they are awake and on the tummy 2 to 3 times each day for a short period of time (3-5 minutes), and increase the amount of time each day, they will eventually enjoy the experience of playing while laying on their tummy!<sup>11</sup>

**Remember that tummy time is always supervised, awake time. If an infant falls asleep during tummy time, gently place them back in the crib on their back.**



Here are some things to try in order to make this interesting and developmentally appropriate for an infant:

- Place yourself or a toy just out of the infant's reach during playtime to get the infant to reach for you or the toy.
- Place toys in a circle around the infant. Reaching to different points in the circle allows the infant to develop muscles for rolling, scooting on the tummy, and crawling.
- Lie on your back and place the infant on your chest. The infant will lift their head and use their arms to try to see your face.
- While being supervised by an adult, have a young child play with the infant during tummy time. Young children can get down on the floor easily. They generally have energy for playing with infants, really enjoy their role as "big kid," and are likely to have fun themselves.

**You did it!**



## Professional Action Plan

Fill out your action plan here. Print and keep this page to put your learning into practice!

As a result of this self-study training what are three things you will do to ensure safe sleep practices in your early learning environment?	

## QUIZ

- There are several options for submitting your quiz. You may submit:
  - Electronically:** If you are taking this training online, click “submit” at the end of the online training and your quiz will automatically be emailed to the Office of Child Care (OCC) at the Early Learning Division (ELD).
  - Scan and Email the Quiz to:** [ELD.SafeSleep@state.or.us](mailto:ELD.SafeSleep@state.or.us)
  - Print and Mail to:** Office of Child Care (OCC)  
Attn: Safe Sleep for Infants Training  
700 Summer St. NE, Suite 350  
Salem, OR 97301
  - Print and Fax to:** (503) 947-1428 (Note: This fax is located in Salem, Oregon, which may be long distance for you.)
- If you achieve **eight out of ten** correct answers on the Quiz, you will qualify for a certificate.
  - a. You will receive a copy of the certificate via email or mail.
  - b. The OCC will email you a copy of the certificate but you **will not** need to submit it to ORO because the OCC will submit the training to ORO on your behalf. You will find your training by visiting myORO at: <https://my.oregonregistryonline.org/>
- If you achieve **less** than eight correct answers on the questionnaire, you will not qualify for a certificate and will be notified by email or mail along with information about how you can try again.

We know how important a timely response is and will make every effort to respond quickly, however, be aware that these processes may take up to 10 business days from the time the quiz and evaluation are received at OCC.

You may contact OCC with questions by email at [ELD.ProfessionalDevelopment@state.or.us](mailto:ELD.ProfessionalDevelopment@state.or.us), by phone at (800)556-6616, or by mail at the address given above

# Safe Sleep for Oregon's Infants Quiz

**The following information is needed to credit this work to the right account**

Full Legal First Name:		Middle Name	Last Name	
Date of Birth (mm/dd/yyyy)	Home Phone	Email Address		
CBR Number <b>R</b>	Facility #	Former Names:		
Home Physical Address- Street		City	State	Zip
Mailing Address(if different) Street		City	State	Zip

Question	Answer options	Write the letter that matches your answer.
1. When are babies most at risk for SIDS?	A. 1-4 months    C. 0-12 months B. 0-6 months    D. 0 – 2 year	
2. Side sleeping is an acceptable and safe sleep position for an infant.	A. True B. False	
3. Which item creates a safe sleep risk?	A. Snug mattress    C. Tight fitting sheet B. Baby blanket    D. One piece sleeper	
4. Sleep-related SUID/SIDS only occurs in the infant's home.	A. True B. False	
5. Which sleep space is not appropriate for an infant?	A. Portable crib    C. Sofa B. Bassinet    D. Playpen	
6. What is a good time in a baby's development to start supervised tummy time?	A. Birth    C. 2 months B. One month old    D. 3 months	
7. What should you do if an infant falls asleep in baby swing?	A. Be very quiet B. Move the baby to an appropriate sleep space. C. Stop the swinging.	
8. Babies who sleep on their backs may develop temporary bald spots.	A. True B. False	
9. Safe Sleep practices do not include:	A. Sleep position    C. Sleep temperature B. Sleep space    D. Sleep music	
10. Infants should never be put on their stomach to sleep.	A. True B. False	

# Safe Sleep for Oregon's Infants

## TRAINING EVALUATION

Trainer Name: **Office of Child Care (OCC)**

Date you  
completed the  
training: \_\_\_\_\_

Rate your pre-training experience from 1 (*new to topic*) to 5 (*very familiar with topic*):

Before this training session, my knowledge level on this topic was:      1     2     3     4     5

Complete the sentence:

I took this training hoping to...

Rate your experience of all the following from 1 (*strongly disagree*) to 5 (*strongly agree*):

### GENERAL ORGANIZATION

The self-study information was easy to understand.

1     2     3     4     5

The self-study and information provided was useful.

1     2     3     4     5

I increased my knowledge about safe sleep practices.

1     2     3     4     5

I am able to recognize risks factors to safe sleep practices.

1     2     3     4     5

### SPECIFIC OBJECTIVES

I became aware of safe sleep practices required by the Office of Child Care licensing rules.

1     2     3     4     5

Rate your post-training experience from 1 (*new to topic*) to 5 (*very familiar with topic*):

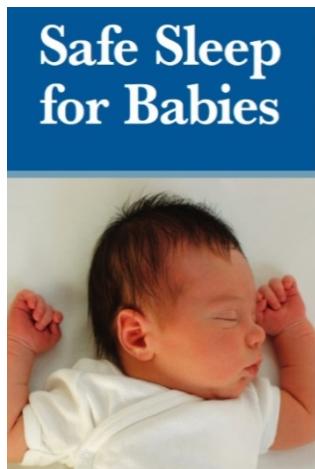
After this training session, my knowledge level on this topic is:      1     2     3     4     5

What new information did you take away from this training that you didn't expect to learn?

What are some of the ways you will use this information in your work?

What would you like to tell the trainer?

## Additional Resources:



The Safe to Sleep campaign offers a variety of materials to help with diverse family audiences (Native, African American, American Spanish) <https://www1.nichd.nih.gov/sts/materials/Pages/default.aspx>

Sleep<sup>®</sup> campaign offers a variety share safe infant sleep messages audiences (Native, African Indian/Alaska Native, and Spanish) <https://www1.nichd.nih.gov/sts/materials/Pages/default.aspx>

### Videos for parents or guardians

<https://www1.nichd.nih.gov/sts/news/videos/Pages/default.aspx>

### Public Health Safe Sleep Webpage

<https://www.oregon.gov/oha/ph/HealthyPeopleFamilies/Babies/Pages/sids.aspx>

- NICHQ webinar on Improving Infant Safe Sleep Conversations** <https://www.nichq.org/improving-infant-safe-sleep-conversations>
- Oregon Prenatal and Newborn Resource Guide (English/Spanish)**  
<http://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/WOMEN/PREGNANCY/PRENATALNEWBORNRESOURCEGUIDE/Pages/index.aspx>

<sup>1</sup> Safe to Sleep Campaign <https://www1.nichd.nih.gov/sts/about/SIDS/Pages/common.aspx>

<sup>2</sup> <http://www.oregon.gov/OHA/PH/BIRTHDEATHCERTIFICATES/VITALSTATISTICS/ANNUALREPORTS/VOLUME2/Documents/2016/Table702.pdf>

<sup>3</sup> American Academy of Pediatrics Task Force on Sudden Infant Death Syndrome. SIDS and other sleep-related infant deaths: Updated 2016 recommendations for a safe infant sleeping environment. *Pediatrics*. 2016;138(6):e20162938.  
<https://pediatrics.aappublications.org/content/138/5/e20162938>.

<sup>4</sup> Moon, R. Y., Patel, K. M., & Shaefer, S. J. (2000). Sudden Infant Death Syndrome in Child Care Settings. *Pediatrics*, 106(2), 295-300. doi:10.1542/peds.106.2.295

<sup>5</sup> Safe Kids Worldwide; Sleep Safety Tips; 2016 [safekid.org](http://www.safekid.org)

<sup>6</sup> Stepping stones to using caring for our children: National health and safety performance standards guidelines for out-of-home child care programs (3rd ed.). (2012). Aurora, CO: National Resource Center for Health and Safety in Child Care. Standard 3.1.4.1 through 3.6.4.5

<sup>7</sup> Kinney, H. C., & Thach, B. T. (2009). The Sudden Infant Death Syndrome. *N Engl J Med*, 361(8), 795-805. Retrieved August 1, 2018, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3268262/>.

Moon, R. Y. (2016). SIDS and Other Sleep-Related Infant Deaths: Updated 2016 Recommendations for a Safe Infant Sleeping Environment. *Pediatrics*, 138(5). doi:10.1542/peds.2016-2938

<sup>8</sup> American Academy of Pediatrics; Swaddling: Is it Safe?  
<https://www.healthychildren.org/English/ages-stages/baby/diapers-clothing/Pages/Swaddling-Is-it-Safe.aspx>.

<sup>9</sup> Moon, R. Y. (2016). SIDS and Other Sleep-Related Infant Deaths: Updated 2016 Recommendations for a Safe Infant Sleeping Environment. *Pediatrics*, 138(5). doi:10.1542/peds.2016-2938

<sup>10</sup> To locate the form: <https://oregonearlylearning.com/news-resources/resource-library/>

<sup>11</sup> Back to Sleep, Tummy to Play (Copyright © 2008 American Academy of Pediatrics, Updated 08/2016)