

California Child Care Resource and Referral Network Considerations as they pertain to the "Safe Sleep Regulations Concepts" paper

Thanks to everyone who worked to develop the Safe Sleep Regulation Concepts Paper. It will be very helpful for licensees to have specific information on this critical topic, because keeping infants in child care safe and healthy, is vitally important. Supporting caregivers in their understanding of safe sleep practices for babies and children is a necessity in all child care settings in order to reduce the risk of Sudden infant death syndrome (SIDS) and Sudden unexplained infant death (SUID). We have reviewed the concept paper developed by CCL and would like to offer the following feedback and questions to consider as you move forward in developing these regulations. We also appreciate that you will be including child care providers in this conversation. Their experiences, knowledge, and suggestions are critical to creating standards that impact their work, as well as the children and families they serve.

Pacifiers

We appreciate and agree with the guidance on pacifiers and have no recommendation on this section.

Individual Sleeping Plan

It is clear that the intent of the Individual Sleeping Plan is a good one—making sure that licensees have crucial information about each infant they care for. But requiring licensees to keep an Individual Sleeping Plan may not be in the best interest of the very young children enrolled in their programs, because usual sleeping times and the length of time that growing babies sleep changes frequently, and the time it takes to update an Individual Sleeping Plan would better be spent providing care.

Licensees need to be aware of infants and how they sleep, and FCC providers should be in regular communication with parents/guardians about the needs of each infant in their care. Providers and parents need to be able to communicate in the ways that work best for them; language differences and literacy may make written communication ineffective. We want to make sure that new regulations don't have the unintended consequence of pushing people out of the field or cause them to operate without the benefit of a FCC license.

Back to Sleep

No recommendations for this section.

CCL Recommendation: Infants must not be swaddled while in care.

We regard the following American Academy of Pediatrics (AAP) Recommendations as valuable: "Swaddling, or wrapping the infant in a light blanket, is often used as a strategy to calm the infant and encourage the use of the supine position. There is a high risk of death if a swaddled infant is placed in or rolls to the prone position. [88.105.106](#) If infants are swaddled, they should always be placed on the back. Swaddling should be snug around the chest but allow for ample room at the hips and knees to avoid exacerbation of hip dysplasia. When an infant exhibits signs of attempting to roll, swaddling should no longer be used. [88.105.106](#) There is no evidence with regard to SIDS risk related to the arms swaddled in or out. These decisions about swaddling should be made on an individual basis, depending on the physiologic needs of the infant." (See recommendation number 15, which refers to swaddling) <http://pediatrics.aappublications.org/content/early/2016/10/20/peds.2016-2938>

Here is another article which discusses swaddling for your review from the American Academy of Pediatrics.

<https://healthychildren.org/English/ages-stages/baby/diapers-clothing/Pages/Swaddling-Is-it-Safe.aspx>

CCL Recommendation: If an infant falls asleep before being placed in a crib or play yard, the licensee must move the infant to a crib or play yard as soon as possible.

We are concerned about this regulation not being specific enough. Additionally, the requirement to remove an infant from a wearable baby carrier if the provider chooses to use one may not be in the best interest of the baby. Sometimes an infant may fall asleep in a wearable carrier while a provider is helping other children, taking a walk, etc. If a baby is placed in a carrier correctly it should not be necessary to remove the child as soon as possible.

The following statements are from the California Childcare Health Program which identifies specific equipment: “Infants will not be allowed to sleep on a sofa/couch, chair cushion, bed, pillow, or in a car seat, stroller, swing or bouncy chair. If an infant falls asleep any place other than a crib, the infant will be moved to a crib right away.”

We suggest using the language from UCSF, “An infant who arrives asleep in a car seat will be moved to a crib.” <https://cchp.ucsf.edu/sites/cchp.ucsf.edu/files/Safe-Sleep-Policy.pdf>

Supervision

A note about an item under “Supervision—Family Child Care Home;” the concept paper says, “...the licensee must be on the same floor as the sleeping infant.” Since homes vary so much, this might not be practical. Some FCC homes are “split level” (so a sleeping area for an infant could be merely two or three steps away from the provider), or the infant sleeping area that is on a second floor might be closer than an alternate one on the first floor. For example, if a baby is sleeping in a room which is at the end of a long hallway and far from where the provider is supervising other children in a play area, it might be closer to have the infant sleeping in a room near the top of the stairs in a two-story home.

Proposed Additions from Early Care and Education Program Staff: Issue with center based supervision. It would be a burden for staff, they would have to hire additional staff.