

0518.0 Safe Sleeping of Infants in Child Welfare Cases

0518.1 Policy Approval Clearance Record

<input checked="" type="checkbox"/> DCFS Child Welfare Services	This policy supersedes:	Number of pages in Policy:
Date Effective:		
Review by Representative from the Office of the Attorney General:	Date: MM/DD/YYYY	Date Policy Effective: MM/DD/YYYY
DCFS Administrative Approval Signature:	Date: MM/DD/YYYY	
DCFS Rural Region Manager Approval Signature:	Date: MM/DD/YYYY	
DCFS Deputy Administrator Approval Signature:	Date: MM/DD/YYYY	

0518.2 Statement of Purpose

0518.2.1 Policy Statement: Unsafe safe sleep conditions are one of the leading causes of deaths in infants. They are due to accidental causes such as: suffocation, entrapment or strangulation by objects. Per the American Academy of Pediatrics the safest place for your baby to sleep is alone in their own crib with a firm mattress, and a tightly fitted sheet and on their back in a smoke-free environment.

0518.2.2 Purpose: To provide best practice guidelines to child welfare staff regarding the issue of safe sleep conditions in households/families they serve to include foster families and relative care providers.

0518.3 Authority NRS432B.190

0518.4 Definitions

0518.4.1 Agency which provides child welfare services (NRS 432B.030): Means the following:

1. In a county whose population is less than 100,000, the local office of the Division of Child and Family Services;
2. In a county whose population is 100,000 or more, the agency of the county, that provides or arranges for necessary child welfare services.

0518.4.2 Infant: A child between birth and age 1.

0518.4.3 Bed-Sharing: Bed-sharing refers to an infant and one or more adults or children sleeping together on any surface, not necessarily a bed; they could be sharing a surface such as a couch, chair or futon.

0518.4.4 Room Sharing: Refers to an infant sleeping in the same room as a caregiver or other household members, not sharing the same surface such as a bed, couch, chair or futon.

0518.4.5 Safe Sleep Environments: The American Academy of Pediatrics, recommendations include: supine positioning, use of a firm sleep surface, breastfeeding, room-sharing

without bed-sharing, routine immunizations, consideration of using a pacifier, and avoidance of soft bedding, overheating, and exposure to tobacco smoke, alcohol, and illicit drugs.

0518.5 Procedures

0518.5.1 Identifying Safe Sleep Environments:

Safe Sleep Conditions:

- Putting the infant to sleep on his/her back, alone in a crib that conforms to the safety standards of the Consumer Product Safety Commission and ASTM International (formerly the American Society for Testing and Materials) is recommended. Staff should instruct parents to check to make sure that the product has not been recalled by accessing the following websites:
<http://wemakeitsafer.com/Cribs-Toddler-Beds-Recalls>
<http://www.cpsc.gov/en/Safety-Education/Safety-Education-Centers/cribs/>
- Cribs with missing hardware should not be used, and the parent or provider should not attempt to fix broken components of a crib, because many deaths are associated with cribs that are broken or have missing parts (including those that have presumably been fixed).
- The infant's crib should ideally be located in the parent's room, if possible. It should have a firm mattress that is closely fitted to the sides of the crib, and a tight-fitting sheet.
- An infant should sleep in a smoke-free home.
- Consider offering a pacifier at nap time and bedtime.

Unsafe Sleep Conditions:

- Placing the infant to sleep on any surface where the infant's face could be wedged between two adjacent surfaces, such as on a couch, chair, or on a bed with a headboard or in a crib in which there are spaces between the mattress and frame.
- Placing the infant to sleep either on a soft surface, or with soft bedding such as pillows, blankets, crib bumpers, or with soft objects such as stuffed animals, or using an infant positioner. This includes placing an infant on a bed or crib with a soft mattress, and especially on a couch, armchair, cushion, waterbed, etc.
- Placing an infant to sleep in any position other than on their back.
- Avoid overheating. Allowing the infant to get too hot because of high room temperature or overdressing. The temperature should be comfortable for a lightly clothed adult.
- Smoking in a room where an infant sleeps. Maternal smoking during or after pregnancy.
- Bed-sharing with an infant. Bed-sharing can also increase the likelihood of an infant death while sleeping, especially when accompanied by other risk factors.
- Leaving an infant to sleep in a swing, bounce seat, car seat or any other device other than a crib.
- Loose bedding, comforters, quilts, sheepskins, stuffed animals, bumpers, wedges, and pillows should not be in the crib.

- Avoid commercial devices marketed to reduce the risk of SIDS—these devices include wedges, positioners, special mattresses, and special sleep surfaces. There is no evidence that these devices reduce the risk of SIDS or suffocation or that they are safe.

0518.5.2 Recommendations provided to parents/caregivers and Child Welfare Caseworker Requirements:

Child welfare caseworkers have opportunities to interact with the families they serve. Their duties involve the direct observation of families and their home environments. They are in a unique position to provide information on sleep safety to parents and caregivers.

As part of any assessment or ongoing work with a family, the child welfare worker is required to:

1. Inspect the home, and assess the sleep environment of any infant in the home,
2. Inquire as to sleep practices the family uses when putting the infant to sleep,
3. Provide education on safe sleep requirements,
4. Provide a verbal explanation of safe sleep and written information on safe sleep practices; and, as appropriate,
5. Provide referrals and services to the family to mitigate the identified unsafe sleep condition (See attached Cribs for Kids (C4K) Partner Agency List),
6. Document in a UNITY case note (CFS088) using the appropriate Care Provider, Parent Contact or Relative Contact case note type the information, services and referrals provided to the family and household members.

At each subsequent home visit the child welfare worker is required to assess the sleeping conditions and counsel parents on the risks of unsafe sleep situations. This information must also be documented in a UNITY case note.

There are always strongly held beliefs regarding what are considered to be appropriate sleep practices, but nevertheless child welfare workers are to see that all parents, caregivers, or soon-to-be parents of infants are made aware of the sleep conditions and practices that have been found to be safest. For many clients, engagement and discussion about how to reduce risk for their infants will be more effective in changing their practices than simply providing them with written material. Safe sleep frequently asked questions (FPO#0518A/0518B) can assist a child welfare worker in engaging the family to address the family's safe sleep questions and can be distributed to the family and caregivers to provide additional information.

0518.6 Jurisdictional Action

0518.6.1 Development of Internal Policies: Rural Jurisdictions will adhere to this policy as written.

0518.6.2 Documentation: UNITY case note documentation required under this policy.

0518.7 State Responsibilities

0518.7.1 Participants in Policy Development

- A. FPO Staff:** Melissa Faul, Social Services Program Specialist III
- B. Rural Region Staff:** Betsey Crumrine, Social Services Manager IV

0518.8 Attachments

0518.8.1 FPO 0518A: Safe Sleep Frequently Asked Questions (FPO 0518A-English)

0518.8.2 FPO 0518B: Safe Sleep Frequently Asked Questions (FPO 0518B-Spanish)

0518.8.3 FPO 0518C: Cribs for Kids (C4K) Partner Agency List