

Infant/Toddler Safe Sleep Policy



Child Care Facility: Lewinsville Montessori

A safe sleep environment for infants reduces the risk of sudden infant death syndrome (SIDS) and other related infant deaths.

Safe Sleep Practices

1. We train all staff, substitutes, and volunteers, caring for infants aged 12 months or younger on how to implement our Infant/Toddler Safe Sleep Policy.
2. We always place infants under 6 months of age on their **back to sleep** unless a signed *Alternate Sleep Position Health Care Professional Waiver* is in the infant's file and posted at the infant's crib. We retain the waiver in the child's record for as long as they are enrolled.
3. We placed infants on their backs to sleep even after they can easily turn over from their back to the stomach. We then allow them to adopt their position for sleep.
 - We document when each infant can roll from back to stomach and tell the parents. We put a notice in the child's file and on or near the infant's crib.
4. We visually check sleeping infants every 15 minutes and record what we see on a sleep chart. Sleeping infants 2-4 months of age are visually check frequently.
5. We maintain the temperature in the room where infants sleep between 68-75° and check it on the thermometer in the room. We further reduce the risk of overheating by not overdressing infants.
6. We provide all infants supervised "tummy time" daily.

Safe Sleep Environment

1. We use Consumer Product Safety Commission (CPSC) approved cribs. Each infant has his or her own crib to sleep.
2. We do not allow any objects, such as pillows, toys, mobiles or other than pacifiers in the crib.

Effective date: _____ (Policy has been observed always but not documented)

Distribution: We give parent/guardians a copy of the policy, they signed, and put a copy in the child's file. We give all staff, substitutes, and volunteers a copy to review. We inform them of changes 14 days before the effective date.

I, the undersigned parent of _____, have received a copy of LMS Infant/Toddler Safe Sleep Policy. I have read the policy and discussed it with the facility administrator.

Child's Enrollment Date: _____ Parent/Guardian Signature _____ Date: _____

Facility Representative Signature: _____ Date: _____