

0518 Safe Sleeping of Infants in Child Welfare Cases

Policy Approval Clearance Record

<input type="checkbox"/> Statewide Policy <input type="checkbox"/> Administrative Policy <input checked="" type="checkbox"/> DCFS Rural Region Policy	<input type="checkbox"/> New Policy <input checked="" type="checkbox"/> Modified Policy – Reformatted 11/2018 <input type="checkbox"/> This policy supersedes:
Date Policy Effective:	01/08/2015
Attorney General Representative Review:	06/20/2014
DCFS Deputy Administrator Approval	01/08/2015
DMG Original Approval	01/08/2015
DMG Approved Revisions	N/A

STATEMENT OF PURPOSE

Policy Statement and Purpose: Unsafe sleep conditions are one of the leading causes of deaths among 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 along in their own crib with a firm mattress, a tightly fitted sheet, and on their back in a smoke-free environment.

The purpose of this policy is to provide best practice guidelines to child welfare staff regarding the issues of safe sleep conditions in households/families they serve to include foster families and relative care providers.

AUTHORITY

Federal:
NAC:
NRS: [NRS 432B.190](#)
Other:

DEFINITIONS

Agency which Provides Child Welfare Services: A county whose population is less than 100,000, the agency is a local office of the Division of Child and Family Services; or in a county whose population is 100,000 or more, the agency of the county, which provides or arranges for necessary child welfare services. May also be referred to as “Agency” or Child Welfare Agency”.

Bed Sharing: 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.

Infant: A child between birth and age one (1).

Room Sharing: 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.

Safe Sleep Environments: The American Academy of Pediatrics, recommendations include: supine positioning (lying face up), 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.

STANDARDS/PROCEDURES

Identifying Safe Sleep Environments:

1. **Safe Sleep Conditions:**
 - a. 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 they product has not been recalled by accessing the following websites:
 - i. <http://wemakeitsafer.com/cribs-toddler-beds-recalls>
 - ii. <http://www.cpsc.gov/en/safety-education/safety-education-centers/cribs/>
 - b. 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).
 - c. The infants 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-fitted sheet.
 - d. An infant should sleep in a smoke-free home.
 - e. Consider offering a pacifier at nap time and bedtime.
2. **Unsafe Sleep Conditions:**
 - a. Placing the infant to sleep on any surface where the infants 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.
 - b. 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.
 - c. Placing an infant to sleep in any position other than on their back.
 - d. Avoid overheating. Allowing the infant to get too hot because of high room temperature or overdressing. The temperature should be comfortable for a lightly clothes adult.
 - e. Smoking in a room where an infant sleeps. Maternal smoking during or after pregnancy.
 - f. 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.
 - g. Leaving an infant to sleep in a swing, bounce seat, car seat, or any other device other than a crib.
 - h. Loose bedding, comforters, quilts, sheepskins, stuffed animals, bumpers, wedges, and pillows should not be in the crib.
 - i. 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.
 - j. Purchasing cribs through Craigslist, garage sales, friends, neighbors, or any other vendor that is selling or giving used cribs that are not in their original package and sealed is strongly discouraged for the follow reasons:
 - i. Unable to determine if the product was ever recalled;
 - ii. Unable to determine if parts are missing;
 - iii. Oftentimes the crib comes without the original directions so assembling is difficult;
 - iv. Normal wear and tear.

Recommendations provided to Parents/Caregivers and Child Welfare Caseworker Requirements:

1. 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.
2. As part of any assessment or ongoing work with a family, the child welfare worker is required to:
 - a. Inspect the home, and assess the sleep environment of any infant in the home;
 - b. Visually observe the safe sleep arrangement prior to approving an initial placement and/or an ongoing placement.
 - c. Inquire as to sleep practices the family uses when putting the infant to sleep;
 - d. Provide education on safe sleep requirements;
 - e. Provide a verbal explanation of safe sleep and written information on safe sleep practices; and, as appropriate,

- f. Provide referrals and services to the family to mitigate the identified unsafe sleep condition (see attached [FPO 0158C - Cribs for Kids \(C\\$K\) Partner Agency List](#));
 - g. Ask supervisor for funds to purchases a safe sleep arrangement if all other providers are unsuccessful in providing
 - h. Document in UNITY case note using the appropriate “Care Provider”, “Parent Contact”, or “Relative Contact” case note type. The case note should include type of information, services, and referrals provided to the family and household members;
3. 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.
4. 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](#) and [FPO 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.

Timeline: Ongoing

Documentation:

UNITY Documentation (electronic)

Applicable UNITY Screen	Data Required
<ul style="list-style-type: none"> • UNITY case note (CFS088); Case note type – Care Provider; Parent Contact; Relative Contact 	<ul style="list-style-type: none"> • UNITY case note documentation is required under this policy. Case note should include information, services, and referrals provided to the family and household members.

JURISDICTIONAL ACTION

Development of Internal Policies: Division of Child and Family Services - Rural Region Jurisdictions will adhere to this policy as written.

Supervisory Responsibility: To ensure compliance with policy requirements.

STATE RESPONSIBILITIES

N/A

POLICY CROSS REFERENCE

Policies: N/A

History and Updates: This policy was approved and effective as of 01/08/2015, and reformatted on 11/21/2018.

ATTACHMENTS

- FPO 0518A – Safe Sleep Frequently Asked Questions (English)
- FPO 0518B – Safe Sleep Frequently Asked Questions (Spanish)
- FPO 0518C – Cribs for Kids (C4K) Partner Agency List