<table>
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<th>Participants’ Guide</th>
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<td>Sudden Unexpected Infant Death</td>
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<td>This module is part of the Rule 2/Rule 3 training requirements for Child Care providers 2013</td>
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Formerly SIDS
**Primary Core Competencies and CDA Content Area**
The Primary Core Competencies and CDA Content Area are listed here to help participants understand how these topics meet the child care Rule 3 training requirements.

**Core Competencies: Health, Safety, and Nutrition**
- VI-1 Actively supervises and interacts with children to ensure safety indoors

**CDA Content Area: Safe, Healthy, Learning Environment**

**Learning Objectives:**
While no training alone can ensure learning objectives, they can be designed to meet certain goals for each learner. If learners are engaged and participatory they will learn to:
- State the recommendations to reduce Sudden, Unexpected Infant Deaths (SUID) including SIDS, suffocation, and other sleep related infant deaths
- Create a safe sleep environment for infants.
- Be familiar with MN Child Care regulations related to safe infant sleep.
- Identify the consequences of non-compliance with regulations
- Develop a safe sleep policy

**Session Outline**

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<th>Section</th>
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<td>1. Welcome and Introduction</td>
<td>Large group discussion: Who is here?</td>
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<td>2. Definitions and Incidence</td>
<td>Large group presentation</td>
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| 3. Strategies to Reduce the Incidence of Sleep Related Sudden Unexpected Infant Death | Larger group presentation  
  Video clip |
| 4. Other Safe Sleep Related Issues  | Large group presentation                    |
| 5. Consequences of Not Following Safe Sleep Regulations | Large group presentation |
| 6. Reflection and Wrap Up           | • Large Group Discussion  
  • Individual Reflection  
  • Evaluation |
Minnesota child care regulation, Minnesota Statutes, section 245A.1435

- When a license holder is placing an infant to sleep, the license holder must place the infant on the infant's back, unless the license holder has documentation from the infant's physician directing an alternative sleeping position for the infant.

The physician directive must be on a form approved by the commissioner and must remain on file at the licensed location. see attachment)

www.dhs.state.mn.us/main/groups/licensing/documents/pub/dhs16_177975.pdf

- An infant who independently rolls onto his stomach after being placed to sleep on his back may be allowed to remain sleeping on his stomach if the infant is at least six months of age or the license holder has a signed statement from the parent indicating that the infant regularly rolls over at home.

Minnesota child care regulation, Minnesota Statutes, section 245A.1435b,c

- The license holder must place the infant in a crib directly on a firm mattress with a fitted sheet that is appropriate to the mattress size that fits tightly on the mattress, and overlaps the underside of the mattress so it cannot be dislodged by pulling on the corner of the sheet with reasonable effort. Nothing should be placed between the mattress and sheet to soften the surface of the mattress. Infants need to sleep on a firm surface to sleep safely.

- Licensed child care providers must meet the crib requirements under section 245A.146. (see attachment)

- If an infant falls asleep before being placed in a crib, the license holder must move the infant to a crib as soon as practicable, and must keep the infant within sight of the license holder until the infant is placed in a crib.

- When an infant falls asleep while being held, the license holder must consider the supervision needs of other children in care when determining how long to hold the infant before placing the infant in a crib to sleep. The sleeping infant must not be in a position where the airway may be blocked or with anything covering the infant's face

Minnesota child care regulation, Minnesota Statutes, section 245A.1435

- The license holder must not place pillows, quilts, comforters, sheepskin, pillow-like stuffed toys, or other soft products in the crib with the infant.
**Minnesota child care regulation, Minnesota Statutes, section 245A.1435b**

- The license holder must not place anything in the crib with the infant except for the infant's pacifier, as defined in Code of Federal Regulations, title 16, part 1511. The requirements of this section apply to license holders serving infants younger than one year of age.

**Minnesota Statutes, section 144.414, Subd. 2. Day care premises.**

- Smoking is prohibited in a day care center licensed under Minnesota Rules, parts 9503.0005 to 9503.0175, or in a family home or in a group family day care provider home licensed under Minnesota Rules, parts 9502.0300 to 9502.0445, during its hours of operation.

- The proprietor of a family home or group family day care provider must disclose to parents or guardians of children cared for on the premises if the proprietor permits smoking outside of its hours of operation. Disclosure must include posting on the premises a conspicuous written notice and orally informing parents or guardians.

**Minnesota Administrative Rule 9503.0145 subpart 7**

For Centers: The license holder must ensure that sanitary procedures and practices are used to prepare, handle and store formula, milk, breast milk, solid foods and supplements. These policies and procedures must be approved by the license holder’s Health Consultant, and the licensors ensure that those policies are followed and staff persons are trained.

**Minnesota Administrative Rule 9502.0445 subpart 3**

For Family Child Care: Bottles brought from home must be labeled with the child’s name and refrigerated when necessary. Bottles must be washed after use.

**Minnesota child care regulation, Minnesota Statutes, section 245A.1435d**

- Placing a swaddled infant down to sleep in a licensed setting is not recommended for an infant of any age.

- Is prohibited for any infant who has begun to roll over independently.

- However, with the written consent of a parent or guardian according to this paragraph, a license holder may place the infant who has not yet begun to roll over on its own down to sleep in a one-piece sleeper equipped with an attached system that fastens securely only across the upper torso, with no constriction of the hips or legs, to create a swaddle. **Ensure that the part that fastens around the infant’s torso does not move toward the infant’s face. Keep in mind that is the infant rolls while wearing this device, they will be unable to use their arms to lift or position their face away from the mattress.**
• Prior to any use of swaddling for sleep by a provider licensed under this chapter, the license holder must obtain informed written consent for the use of swaddling from the parent or guardian of the infant on a form provided by the Commissioner...

www.dhs.state.mn.us/main/groups/licensing/documents/pub/dhs16_177973.pdf

For Family Childcare

**Minnesota Rules, part 9502.0315 Subp.29a:**

"Supervision" means a caregiver being within sight or hearing of an infant, toddler, or preschooler at all times so that the caregiver is capable of intervening to protect the health and safety of the child.

**Minnesota Statutes, section 245A.147**

Encourages family child care providers to monitor sleeping infants by conducting in-person checks every 30 minutes and every 15 minutes during the first four months of care or if the infant has an upper respiratory infection. In addition to in person checks, providers are encouraged to use an audio or visual monitoring device to monitor each sleeping infant in care during all hours of sleep.

For Child Care Centers

**Minnesota Statutes, section 245A.02, Subd. 18**

For purposes of child care centers, "supervision" means when a program staff person is within sight and hearing of a child at all times so that the program staff can intervene to protect the health and safety of the child.

When an infant is placed in a crib room to sleep, supervision occurs when a staff person is within sight or hearing of the infant.

When supervision of a crib room is provided by sight or hearing, the center must have a plan to address the other supervision component.

**Minnesota Statutes 245A.50 Family Child Care training requirements.**

Subd. 1. Initial training.

(a) License holders, caregivers, and substitutes must comply with the training requirements in this section.

(b) Helpers who assist with care on a regular basis must complete six hours of training within one year after the date of initial employment.
Subd. 5. **Sudden unexpected infant death … training.**

(a) **License holders must document that before staff persons, caregivers, and helpers assist in the care of infants, they are instructed on the standards in section 245A.1435 and receive training on reducing the risk of sudden unexpected infant death.**

In addition, license holders must document that before staff persons, caregivers, and helpers assist in the care of infants and children under school age, they receive training on reducing the risk of abusive head trauma from shaking infants and young children.

The training in this subdivision may be provided as initial training under subdivision 1 or ongoing annual training under subdivision 7.

(b) **Sudden unexpected infant death reduction training required under this subdivision must be at least one-half hour in length and must be completed in person at least once every two years.**

- On the years when the license holder is not receiving the in-person training on sudden unexpected infant death reduction, the license holder must receive sudden unexpected infant death reduction training through a video of no more than one hour in length developed or approved by the commissioner.
- At a minimum, the training must address the risk factors related to sudden unexpected infant death, means of reducing the risk of sudden unexpected infant death in child care, and license holder communication with parents regarding reducing the risk of sudden unexpected infant death.

(c) Training for family and group family child care providers must be developed by the commissioner in conjunction with the Minnesota Sudden Infant Death Center and approved by the Minnesota Center for Professional Development.
Safe Sleep Position

Sleep Clothing

- Alternative to blankets
- Cotton or fleece

Remember the anatomy!
Participant Action Plan

Create a written safe sleep policy incorporating the best practice recommendations.

1) All babies are placed on their backs for every sleep.

2) All babies will be placed in a safety approved crib or mesh-sided play yard (only allowed in family child care).

3) Nothing will be placed in crib with baby other than tight fitting sheet over a firm mattress. If baby accepts a pacifier it will be clean, dry with no strings.

4) If parent requests that baby be swaddled,
   - Parent must sign a directive that has been approved by the Commissioner of DHS.
   - Only a one-piece sleeper equipped with an attached system that fastens securely only across the upper torso, with no constriction of the hips or legs will be used.
   - Swaddling will be discontinued when baby begins to roll on his own.

5) A physician directive on a form approved by the Commissioner of DHS is required for an alternative sleep position to be followed in child care. This directive will be regularly reviewed with parents and physician to determine when baby can be placed on his back for sleep.

6) Discuss safe sleep policy on intake interview so parents are aware of policy.

7) Offer parents brochure, Safe sleep for your baby, or information sheet, What does a safe sleep environment look like as part of intake and registration process. (Both are available free from the MN SID Center) (see attachments)

Suggestion for discussing ways to handle parental requests for alternate sleep position
If parents make a request for alternate sleep position use this opportunity to educate about safe sleep practices to reduce infant death and positively explain the policy to stress that the safety of their children while in your care is a top priority.

There are many other resources and materials that can be downloaded from the Child Care Aware of MN website: http://childcareawaremn.org/

OR at the following links

Minnesota Child Care Licensing Forms Related to Safe Sleep Regulations

Physician order for an alternate sleep position
www.dhs.state.mn.us/main/groups/licensing/documents/pub/dhs16 177975.pdf

Parent directive regarding swaddling
www.dhs.state.mn.us/main/groups/licensing/documents/pub/dhs16_177973.pdf

Crib inspection form –Family Child Care
www.dhs.state.mn.us/main/groups/licensing/documents/pub/dhs16_178540.pdf
Crib inspection form – Center Based Child Care

www.dhs.state.mn.us/main/groups/licensing/documents/pub/dhs16_178568.pdf

Forms for family child care are available on the MN DHS website under **Forms for family child care, child foster care, and adult foster care**

www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_028228#FS

Forms for child care centers are available on the MN DHS website under “**Forms for child care centers**”

www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_028228#FS

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Learning Log: 3-2-1 Action Plan

Take a few minutes to reflect on what you have learned in these sessions. Use the spaces below to capture your ideas and plans for action.

3 Important Things I Learned In This Training...

2 Things I Will Implement Into My Program...

1 Action I Will Take Immediately...