MD State Mandated Infant Safe Sleep Policy

Please note: The state legislature of Maryland has taken away a parent’s right to choose how their infant should be placed to sleep in a crib. MD Child Care Law requires child care facilities to place all infants on their backs to sleep. ONLY at the written advice of the child’s physician may we be authorized to use an alternative sleep position for the child, and then only if the doctor documents medical reasons for this decision. While we strongly disagree with the legislature’s decision to interfere with parental rights, we agree that there is significant scientific research to support the “back to sleep” policy, and we are legally required to enforce this law.

Please carefully read the following information, sign at the bottom and return.

Sudden Infant Death Syndrome (SIDS) is the unexpected death of a seemingly healthy baby for whom no cause of death can be determined based on a variety of factors. Oakridge Early Education Center is required to maintain “safe sleep” environments for babies to help lower the chances of SIDS. MD law requires that Oakridge Early Education Center implement a safe sleep policy, share this information with parents, and have all Infant room staff members participate in a two hour SIDS training. In the belief that proactive steps can be taken to lower the risks of SIDS in child care, and that parents and child care providers can work together to keep babies safer while they sleep, Oakridge Early Education Centerwill practice the following “safe sleep” policy.

**Safe Sleep Practices**

1. All staff working in this room will receive training on our infant Safe Sleep Policy.

2. Infants will always be placed on their backs to sleep, unless there is a signed sleep position medical waiver on file. In that case, a notice will be posted on the infant’s crib.

3. The American Academy of Pediatrics recommends that babies be placed on their back to sleep, but when babies can easily turn over from the back to the stomach, they can be allowed to adopt whatever position they prefer to sleep.

4. We will follow this AAP recommendation. However, we can further discuss with parents how to address circumstances when the baby turns onto their stomach or side.

5. Sleeping infants will be checked periodically by staff. We will be especially alert to monitoring a sleeping infant during the first weeks the infant is at Oakridge Early Education Center.

6. Steps will be taken to keep babies from getting too warm by regulating the room temperature, avoiding excess bedding and not over-dressing or overwrapping babies.

**Safe Sleep Environment**

1. Room temperature will be kept between 68 – 72 degrees Fahrenheit.

2. Infants’ heads will not be covered with blankets or bedding. Infants’ cribs will not be covered with blankets or bedding.

3. No loose bedding, pillows, bumper pads, etc. will be used in cribs. We will tuck any infant blankets in at the foot of the crib and along the sides of the crib mattress.

4. Toys and stuffed animals will be removed from the crib when the infant is sleeping.

5. A safety-approved crib with a firm mattress and tight fitting sheet will be used.

6. Only one infant will be in a crib at a time, unless we are evacuating infants in an emergency, or during a routine fire drill.

7. No smoking is permitted in the infant room or in the building.

8. All parents and guardians of infants care for in the infant room will receive a written copy of our Safe Sleep Policy at enrollment.

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I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the undersigned parents or

guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, do hereby state that I have read and received a copy of Oakridge Early Education Center Safe Sleep Policy, and that the facility’s management has discussed any questions that I may bring to their attention.

Date of Enrollment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent or Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent or Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_