



# The Commonwealth of Massachusetts

## Department of Early Education and Care

Policy	
Safe Sleep for Infants	Field Operations – All Licensed and Funded Programs
Effective Date: October 1, 2023	

EEC has established the following policy regarding sleep practices for **all infants under 12 months in age** in order to reduce the risk of infant death in child care settings from Sudden Unexplained Infant Death (SUID) and Sudden Infant Death Syndrome (SIDS).

In accordance with the recommendations of the American Academy of Pediatrics (June 2022), the following safe sleep practices must be followed by all providers caring for infants:

- **Back to Sleep.** Infants under 12 months in age must be placed on their backs for sleeping. Unless the infant's health care professional provides a written order for a medical reason, all infants under 12 months must always be put down to nap, rest, or sleep on their back.
  - Group child care programs must include in their written health care policy "a plan to ensure that all children twelve months of age or younger are placed on their backs for sleeping, unless the child's health care professional orders otherwise in writing" [See 606 CMR 7.11(19)(a)9].
- **A Firm Sleep Surface.** Infants must be placed on a firm, flat, non-inclined sleep surface.
  - Each infant must have access to an individual crib, port-a-crib, playpen, or bassinet with a firm, properly fitted mattress and a clean fitted sheet. Only mattresses designed for the specific product should be used.
  - Mattresses should be firm and should maintain their shape even when the fitted sheet designated for that model is used, such that there are no gaps between the mattress and the wall of the crib, bassinet, portable crib, or play yard.
  - Pillows, cushions, and mattress toppers designed to make the sleep surface softer must not be used as substitutes for mattresses or in addition to a mattress.
  - Car seats and other sitting devices are not allowed for sleep.
- **Safe Cribs and Sleep Equipment.** Cribs and toddler beds must meet current U.S. Consumer Product Safety Commission (CPSC) and American Society for Testing and Materials (Now called ASTM International) safety standards.
  - Each piece of equipment used for sleeping and resting infants must be checked regularly to make sure it has not been recalled, is not missing any hardware, and is in good repair.

- To demonstrate that the crib or other sleeping equipment meets the current CPSC crib standards, one of the following must be observed on any equipment used for sleeping children:
  - A “tracking label,” which is a permanent, distinguishing mark on the crib that contains, at minimum, the source of the product, the date of manufacture (any date on or after June 28, 2011 will be accepted), and cohort information, such as batch or run number;
  - A registration form including the manufacturer’s name and contact information, model name, model number, and a date of manufacture on or after June 28, 2011; and
  - A Children’s Product Certificate (CPC) or test report<sup>1</sup> from a CPSC-accepted third party lab demonstrating compliance with 16 C.F.R. part 1219 or 16 C.F.R. part 1220.
- **Co-sleeping is prohibited.** Infants must not be placed to sleep or rest on an adult bed or sofa.
- **No Soft Objects or Loose Bedding.** Use of soft objects or loose bedding in and around the crib is prohibited.
  - Blankets, comforters, pillows, stuffed animals, wedges, positioners, bumper pads or other soft padded materials or toys must not be placed in the crib with the baby.
  - Swaddling is prohibited for any child who can roll over or as soon as the infant begins to try to roll over. Weighted swaddles, weighted clothing or weighted objects are prohibited.
- **Avoid Overheating and Head Covering.** Dress infants appropriately for the environment, with no more than one layer more than an adult would wear to be comfortable in that environment. Evaluate the infant for signs of overheating, such as sweating, flushed skin, or the infant’s chest feeling hot to the touch. Avoid over-bundling and covering of the face and head. Do not place hats on infants when indoors. Room temperature should be maintained between 68-72 degrees Fahrenheit.
- **Remove Bottles.** Bottles must never be propped, and babies should not suck on a bottle while sleeping. Propping the bottle increases the risk of choking and of ear infections.

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<sup>1</sup> While manufacturers, importers, and retailers are not required to supply CPCs or test reports to consumers, many will provide these documents upon request, or they post them on their websites. A CPC or test report indicating compliance with any of the following standards is acceptable for full size cribs: F1169-10, 10a, or 11. A CPC or test report indicating compliance with any of the following standards is acceptable for non-full size cribs: F406-10l 10a, 10b, 11, 11a, 11b, 12, or 12a. If a crib purchased after June 28, 2011 does not have a tracking label or registration form, contact CPSC’s Office of Compliance and Field Operations at [jjrgl@cpsc.gov](mailto:jjrgl@cpsc.gov). Receipts alone are not an indicator of compliance and should only be used to support the documents identified above when determining compliance.

Falling asleep with milk pooled in the mouth leads to serious dental caries in developing teeth.

- **Remove Jewelry.** Jewelry of any kind must be removed prior to placing a child to sleep, unless the child's parent has given the program written consent to leave jewelry on during sleep. Necklaces, earrings, bracelets, and anklets, including those used to help with teething or those worn for cultural or aesthetic purposes, are not encouraged for sleeping or resting children.
- **Remove Hanging Objects.** Hanging objects such as mobiles, crib toys, or mirrors that can be reached by the infant are not allowed. Areas used for infant sleep must be free of hazards, such as dangling cords, electric wires, and window-covering cords, and any potential strangulation risks.

#### **Supervision:**

- Infants younger than 6 months of age at the time of enrollment must be under direct visual supervision at all times during the first 6 weeks they are in care, including while they are sleeping, falling asleep, and waking [See 606 CMR 7.10(5)(a)].
- Infants younger than 6 months of age who have been in care for more than 6 weeks and infants older than 6 months of age must be seen and/or heard at all times during sleep.
- Spaces used for sleeping infants must be lit enough to allow supervising staff to see each infant's face and skin color.
- Home monitors or commercial devices marketed to reduce the risk of SIDS must not be relied upon for the supervision of sleeping babies.
- In family child care programs, napping infants over 6 months of age must be visually observed at least every 15 minutes. When children are placed in a separate room for naps, the door must remain ajar [See 606 CMR 7.10 (07)(d)].

**Training Requirements:** All staff working with infants under 12 months of age must be trained on safe sleep practices prior to caring for infants. In accordance with the [EEC Essentials Policy](#), Infant Safe Sleep Practices and Shaken Baby Syndrome trainings must be completed prior to working with infants and toddlers in an unsupervised capacity. An educator trained in safe sleep practices must be present at all times where there is a sleeping infant.

#### **Results of Failure to Comply**

##### **1<sup>st</sup> Safe Sleep Citation**

##### **A. Provider Notification to Families with Children Involved**

On the day of the citation, the Provider<sup>2</sup> must issue written notification of the visit findings and plans to immediately make corrections to the parents of infants involved in the non-compliance. Providers must use the [Safe Sleep Parent Letter - First Citation of Noncompliance Findings](#) by completing the open fields and sending home to each family of an infant involved in the Safe Sleep non-compliance. The Provider may also use a different safe sleep parent letter if approved by EEC. A copy of each letter, signed and dated by the parent(s), must be returned to the program within 2 business days and must be retained by the program in the child's file and available for EEC review.

## **B. Education**

Within 10 business days of the citation, all educators and staff involved in the care of infants must complete training on Safe Sleep, including SIDS, through the StrongStart Professional Development System. Providers/Program Administrators must request training access from their Licensors via email for all educators and staff involved in the care of infants on Safe Sleep, including SIDS, through the StrongStart Professional Development System, and complete the training.

## **C. Safe Sleep Follow-Up Visit**

A Safe-Sleep Follow-Up Monitoring Visit shall be conducted by an EEC Licensors. All Safe Sleep Follow-Up Monitoring Visits shall be in-person and unannounced. In addition to observing all Safe Sleep arrangements and nap materials, the Licensors shall interview the Provider to review the previous citation(s), identify the Safe Sleep improvements that have been made since the last visit, and to support the Provider in making a plan for what will be done to ensure ongoing compliance with all Safe Sleep regulations.

**If Safe Sleep violations are observed during a Safe Sleep Follow-Up Visit**, all immediate safety concerns must be addressed and corrected on-site, and the program shall automatically be subject to the enforcement protocols outlined below for 2<sup>nd</sup> Safe Sleep Citation. At EEC's discretion, additional enforcement actions may be taken.

## **2<sup>nd</sup> Safe Sleep Citation**

When a program is cited for a violation of EEC's Safe Sleep regulations for a second time, regardless of the duration of time between the two citations, the following enforcement actions shall be applied.

### **A. EEC Notification to All Families with Infants Enrolled**

On the day of the citation, the Provider must notify in writing all parents of infants enrolled at the program of the Safe Sleep non-compliance using the "[Safe Sleep Parent Letter - Second Citation of Noncompliance Findings](#)." The letter may be given to parents in-person or via email. The letter indicates that the program may be at risk of EEC restricting the program's ability to care for infants or revoking the program's license. A copy of the letter, signed and dated by

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<sup>2</sup> For group and school age programs, the provider is either the licensee or the center director, as applicable to that specific program.

each parent of an infant in the program, must be returned within 2 business days and must be retained in the child's file and available for EEC to review. The Provider must provide the EEC Licensors with a copy of the written notification via LEAD as part of the response to the safe sleep citation. The Provider must confirm with their Licensors as soon as signed letters from parents of each infant are received.

#### **B. Office Conference**

Within 7-10 business days of the citation, the Provider must attend a conference, in-person or virtually, with their EEC Regional Licensing Office (Licensor, Regional Director, and Licensing Supervisor) to discuss the regulatory violations and required corrections. At the conclusion of this conference, the Provider must sign and date the [EEC Provider Safe Sleep Pledge](#). Both EEC and the Provider shall maintain the signed and dated pledge on file.

#### **C. Ongoing Documentation of Safe Sleep Practices**

Effective immediately upon the second finding of non-compliance and applicable until otherwise advised by EEC, the Provider must maintain a daily log of all infant sleep activities<sup>3</sup>, including the dates, times, staff involved, children involved, children's ages, time napped and awoke, and specific Safe Sleep practices used (sleep position, whether the infant can roll over, sleep space details including room and sleeping equipment used, supervision). The daily log may be requested by and must be available to review by EEC staff at any time.

#### **D. Safe Sleep Follow Up Visit**

Licensors shall follow the same Safe Sleep Follow-Up protocol used for a first citation and as outlined above. In addition, the Licensor shall review the ongoing documentation of Safe Sleep Practices.

#### **E. Subsequent Safe Sleep Violations**

If Safe Sleep violations are observed during a second safe sleep follow-up visit, monitoring visit, investigation, or other type of visit, all immediate safety concerns must be addressed and corrected on-site. The program shall be required to cease care of infants as of the close of business that same day and shall be subject to legal sanctions against the program's license.

A program has the right to appeal any sanctions placed on their license through a request for administrative reconsideration. For additional information, please see 102 CMR 1.08(1).

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<sup>3</sup> For larger group and school age programs, each infant classroom must be observed for Safe Sleep on a weekly basis at different times of the day.

## **Questions and Answers about Infant Safe Sleep**

### **Q: What type of blanket may be used for infants?**

A: No blankets of any type may be used for the napping of children under 12 months in age. This policy aligns with the latest research and recommendations of the National Institute of Health and the American Academy of Pediatrics that recommend children be slept in a bare crib with no blankets. Blanket-sleeper type pajamas or sleep sacks are a good alternative to a blanket.

### **Q. What is an “approved” crib, bassinet, port-a-crib, etc.?**

A: Any piece of sleep equipment used must be approved by the U.S. Consumer Product Safety Commission. All programs must be prepared to show documentation that their cribs meet the standards ([16 CFR 1219](#) for full size cribs or [16 CFR 1220](#) for non-full size cribs). Note: beginning June 28, 2011, all cribs manufactured or offered for sale, lease, or resale were required to meet the new crib standards. Cribs should have slats that are spaced no more than 2 3/8 inches apart. A firm mattress must be snug to the crib, port-a-crib, etc. The space between the mattress edge and crib should not be more than the width of 2 adult size fingers. The mattress must have a tight-fitting sheet. Bumper pads may not be used.

### **Q. How long can I use a bassinet for sleep?**

A. Bassinet use should be discontinued once the infant reaches 5 months old, or once an infant begins moving and turning around unassisted (whichever comes first).

### **Q. Can I use a bassinet swing for sleep?**

A. A bassinet swing (an infant swing which is intended for use by a child lying completely flat), may be used for sleep provided that the surface remains completely flat both while in motion and while at rest. The infant using the bassinet must not exceed the length or weight limits recommended by the manufacturer. Use of all other infant swings for sleep is prohibited.

### **Q. How long can I use a crib to nap a toddler?**

A. Toddlers should not be placed in a crib to sleep once they are able to climb out independently. Usually, children who are 35” tall and/or are between 18 and 30 months old can climb over the side railings of a crib and should be moved to another sleep surface. Before children reach that age, the crib mattress should be moved to a lower level to protect a baby who can push up on their hands and knees, sit or stand. Further, cribs should *only* be used for napping purposes, and may not be used to “restrain” or “contain” a toddler for the convenience of staff.

### **Q. When can I transition a child to a mat for napping?**

A. EEC regulations require that infants (children from birth to 15 months old) be placed in individual cribs, portable cribs, playpens, or bassinets for napping. As a general rule, children may be transitioned to a mat or other approved sleep surface for napping at 15

months old. However, under certain circumstances infants aged 12 months or older may be transitioned to a mat or cot for rest.

**Q: What should educators do when an infant falls asleep while they are outside?**

A: Educators should not disrupt their program activities if an infant falls asleep while outside if they are safely in a stroller that is able to recline. They should still follow all procedures, including not over-bundling infants in strollers in the winter, making sure they are not overheated in the summer, making sure they are supervised and making sure nothing interferes with breathing (stroller straps secure but not too tight, no blankets or soft objects in strollers with infants; baby is positioned so that they can breathe freely). The infant must be moved to a safe sleep environment immediately after returning to the licensed program space.

**Q: What should an educator do if a parent drops off an infant in a car seat and says that the infant just fell asleep? Does the educator have to remove the infant's outerwear and move the infant to a crib?**

A: If a parent drops off an infant in a car seat that infant must be moved to a crib, bassinet, or porta-crib. The educator must assure that the infant is not dressed too warmly for the indoor environment, which may require removing outdoor clothing.

**Q: If the infant falls asleep in a swing, is it okay to leave them in the swing?**

A: If an infant falls asleep in a swing, the infant must be moved to a crib, bassinet, or port-a-crib.

**Q: If an infant rolls over on their own, should the educator re-position the infant on their back?**

A: Once an infant can roll over on their own, the infant should not be rolled back over during nap. The educator should document when the child is first able to roll over on their own. The educator must always place the infant to sleep on their back initially and must follow all other safe sleep regulations. The educator must be sure that the infant has enough supervised tummy time while awake and alert so that the infant can develop proper head and neck control and become comfortable with this position.

**Q: What should an educator do if a parent brings in a special sleep toy?**

A: The educator must share the program's SIDS reduction practices which prohibit toys, stuffed animals, soft bedding or other soft padded material in cribs, bassinets, port-a-cribs, etc. An educator may use the special sleep toy to comfort the infant before they go to sleep.

**Q: What if an infant uses a pacifier to go to sleep?**

A: Use of a pacifier can help reduce the risk of SIDS. The educator may offer the pacifier to the infant while placing them to sleep. The pacifier should not have cords or clips that might be a strangulation risk. The pacifier should not be fabric or have a blanket attached that might be a suffocation risk.

**Q: How close can the cribs, bassinets, port-a-cribs be to each other?**

A: They must be at least 2 feet apart, or there must be a distance of at least 3 feet between children's faces while resting or napping.