



# The Commonwealth of Massachusetts

## Department of Early Education and Care

Policy	
<b>Safe Sleep for Infants</b>	<b>Field Operations – All Licensed and Funded Programs</b>
Effective Date: September 8, 2021	

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

In accordance with the recommendations of the American Academy of Pediatrics (November 2016), the following safe sleep practices must be followed by all childcare providers caring for infants:

- **Back to Sleep.** Infants under 12 months in age must be placed on their backs for sleeping. Unless the child's health care professional provides a written order for a medical reason, all infants under 12 months should be put down to nap, rest, or sleep on their back for every sleep and by every caregiver.
- **Use a Firm Sleep Surface.** Infants should be placed on a firm sleep surface (i.e. mattress in a safety-approved crib) covered by a fitted sheet with no other bedding or soft objects. Each child must nap in an individual crib, port-a-crib, playpen, or bassinet; with a firm, properly fitted mattress and a clean fitted sheet with no potential head entrapment areas. Always use a firm sleep surface. Car seats and other sitting devices are not allowed for sleep. Cribs and toddler beds must meet CPSC and ASTM safety standards. Slats on cribs must be no more than 2- 3/8 inches apart. All adults caring for infants should frequently check to make sure that equipment used for sleeping infants has not been recalled, is not missing any hardware, and is in good repair.
- **Appropriate Mattresses.** 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 or cushions should not be used as substitutes for mattresses or in addition to a mattress. Mattress toppers, designed to make the sleep surface softer, should not be used for infants younger than 1 year. (AAP)
- **No Soft Objects or Loose Bedding.** 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. Sleepers and sleep sacks that leave the infant's arms free to move are good alternatives to blankets. Swaddling is prohibited for any child who can roll over. Swaddles may be allowed if recommended in a written order issued by the child's health care provider and must allow the infant's arms to move freely.
- **No 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. Falling asleep with milk pooled in the mouth leads to serious dental caries in developing teeth.

- **No Jewelry.** Jewelry of any kind must be removed prior to placing a child to sleep. Necklaces, earrings, bracelets, and anklets, including those used to help with teething or those worn for cultural or aesthetic purposes are not safe and are prohibited for sleeping or resting children.
- **No Hanging Objects.** Hanging objects such as mobiles, crib toys, or mirrors that can be reached by the infant present a potential hazard and are not allowed.
- **Supervision:**
  - Children younger than six months of age at the time of enrollment must be under direct visual supervision at all times, **including while napping**, during the first six weeks they are in care.
  - Home monitors or commercial devices marketed to reduce the risk of SIDS must not be relied upon for the supervision of sleeping babies.
  - The infant should sleep in an area free of hazards, such as dangling cords, electric wires, and window-covering cords, because these may present a strangulation risk. (AAP)
  - Group childcare 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].
- **Crib Safety:**
  - Beginning December 28, 2012, all cribs in licensed and funded childcare programs must comply with current CPSC crib standards. To demonstrate that a crib meets the current CPSC crib standards, one of the following must be observed:
    - A “tracking label”, which is a permanent, distinguishing mark on the crib which contains, at minimum, the source of the product, the date of manufacture, and cohort information, such as batch or run number. (Any date of manufacture on or after June 28, 2011, will be accepted);
    - 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.
- **Training Requirements:**

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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: F406-101 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.

- All educators, residential care staff including programs serving teen parents, and foster and adoptive parents caring for children under 12 months in age must be trained on the requirements outlined above.
- All new staff in group programs and any assistants caring for infants in family childcare programs must be trained on safe sleep practices prior to caring for infants.

## **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 attached Safe Sleep Parent Letter - First Citation of Noncompliance Findings (Appendix B) 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 5 business days of the citation, Providers/Program Administrators must request complete training from their Licensor via email for all educators and staff involved in the care of infants on Safe Sleep, including Sudden Infant Death Syndrome (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 Licensor. 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 Licensor 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 provide the Licensor with the contact information of all parents with infants enrolled in the program. The Licensor will send written notification (email preferred), using the attached "Safe Sleep Parent Letter - Second Citation of Noncompliance Findings"

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<sup>2</sup> For GSA, the Provider is either the Licensee or the center director, as applicable to that specific program.

(Appendix C), to notify all parents of infants enrolled at the program of the Safe Sleep non-compliance. This letter also shares 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 each letter, signed and dated by the parents, is to 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 to review.

#### **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 (Appendix A). 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.

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

## **Appendix A: Childcare Provider Safe Sleep Pledge**

*Massachusetts Department of Early Education and Care*

### **Childcare Provider Safe Sleep Pledge to Reduce the Risk of Sudden Infant Death Syndrome (SIDS)**

All childcare Providers caring for infants must pledge that they are adhering to EEC's Safe Sleep regulations, policies, and procedures always for each infant in their care that is under 12 months of age. These include but are not limited to:

TALKING ABOUT SAFE SLEEP WITH FAMILIES by:

- Discussing Safe Sleep practices with parents and provide Safe Sleep information;
- Informing parents about the program's obligations to abide by EEC's Safe Sleep policies and regulations; and
- Informing parents about the program's procedures should an emergency occur.

MAKING SLEEP A SAFE TIME by:

- Always putting all infants under 12 months of age to sleep on their back;<sup>4</sup>
- Always putting infants in a crib, bassinet, or port-a-crib (never in a bed, car seat, swing, swing bassinet, sofa, or chair) that contains no toys, no stuffed animals, and no soft bedding;
- Never covering an infant's head;
- Keeping all sleeping infants where they can be heard and checked on frequently while they sleep; (Note: all infants enrolled in the childcare program under 6 months of age must be in direct visual supervision at all times for the first six weeks they are in care.)
- Keeping the room temperature comfortable (between 68-72 degrees F); and
- Keeping the sleep environment smoke free.

IN CASE OF AN EMERGENCY, we will:

- Call 911 immediately.
- Ensure that at least one person with current CPR and First Aid certification is always on the premises when children are present

**I understand that EEC may take swift and significant adverse action if any further violations related to Safe Sleep are found at my childcare program, including freezing enrollment of infants, revocation, suspension, and/or refusal to renew my program's license.**

\_\_\_\_\_  
Licensee or Designee Signature

\_\_\_\_\_  
Date

<sup>4</sup> Unless the infant's health practitioner has ordered an alternative sleeping position in writing or the infant can turn on his or her own and had turned onto his or her back under his or her own power.

**Appendix B: SAFE SLEEP PARENT LETTER, FIRST CITATION**

**SAFE SLEEP PARENT LETTER - First Citation of Non-Compliance Findings (Provider)**

Date:

Dear \_\_\_\_\_,

Each year, there are about 3,400 Sudden Unexplained Infant Death (SUID) or Sudden Infant Death Syndrome (SIDS) deaths in the United States. To reduce the risk of infant death in a childcare setting from SUID or SIDS, and in accordance with CMR 7.11(13)(e), EEC has established a policy regarding Safe Sleep practices for all children under 12 months in age. There are four times fewer SUID or SIDS deaths now than in 1990, as a result of these practices. All programs are required to follow this policy by adhering to Safe Sleep practices while providing care to infants.

Recently, a representative from the Department of Early Education and Care (EEC) visited our childcare program. During this visit, issues were identified concerning infant Safe Sleep procedures which involved your child. Specifically, EEC found:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

As a result of the recent EEC visit, I have been made aware of the Safe Sleep issues identified in our program and will submit a plan of correction to EEC. This plan will include:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I assure you that we will follow this plan and, in doing so, comply fully with EEC Safe Sleep Policies and Regulations in the future. I am aware that programs that continue to violate infant Safe Sleep regulations may be asked to cease caring for infants.

Please help me by supporting Safe Sleep practices at home. Talk to everyone who takes care of your child about the importance of Safe Sleep practices. Together, we can keep sleep time safe.

If you have any questions about the content of this letter, please do not hesitate to contact me.

Sincerely,

Program Director or Family Childcare Provider

**Acknowledgement of Parent receipt: Please sign, date, and return to the program.**

Date \_\_\_\_\_ Parent Signature \_\_\_\_\_

**Appendix C: SAFE SLEEP PARENT LETTER, SECOND CITATION**

**SAFE SLEEP PARENT LETTER - Second Citation of Noncompliance Findings (EEC)**

Date: Click or tap here to enter text.,

Dear Click or tap here to enter text. ,

Recently, a representative from the Department of Early Education and Care (EEC) visited the childcare program your child attends. During this visit, the representative identified, for the second time, issues of noncompliance with infant Safe Sleep procedures which involved your infant or the other infants in care. Specifically, EEC found:

Click or tap here to enter text.

**This was a second visit of noncompliance findings for this program regarding infant Safe Sleep.**

To reduce the risk of infant death in a childcare setting from Sudden Unexplained Infant Death (SUID) or Sudden Infant Death Syndrome (SIDS), EEC has established a policy regarding Safe Sleep practices for all children under 12 months in age. All programs are required to follow this policy while providing care to infants. This policy also states that repeated non-compliance with Safe Sleep requirements may result in legal action on the program’s license up to and including a prohibition from caring for infants and/or revocation of the program’s license.

As a result of the recent EEC visit, your child’s program has been made aware of the Safe Sleep issues identified and will be required to submit a plan of correction to EEC. Please note that this is the program’s second violation related to Safe Sleep and that, due to the risk to infants, EEC may restrict or revoke this program’s license to care for infants if further non-compliances related to infant Safe Sleep are found. If you have concerns about your current childcare provider and need assistance with identifying an alternative childcare option, please contact your local Child Care Resource and Referral (CCRR) agency.

Thank you for your continued help in supporting Safe Sleep practices. If you have any questions about the content of this letter, please do not hesitate to contact me.

Sincerely,

Click or tap here to enter text.

Licensors

MA Department of Early Education and Care

**Acknowledgement of Parent receipt: Please sign, date, and return to the program.**

Date \_\_\_\_\_ Parent Signature: \_\_\_\_\_

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

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

A: As of January 1, 2015, no blankets of any type may be used for the napping of children under 12 months in age. EEC is aligning its policy with the latest research and recommendations of the National Institutes 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. Beginning December 28, 2012, all programs must be prepared to show documentation that their cribs meet the new standards ([16 CFR 1219](#) for full size cribs or [16 CFR 1220](#) for non-full size cribs). 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 five 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 are able to 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 his 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 s/he can breathe freely). The infant must be moved to 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 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 three feet between children's faces while resting or napping.