

Plymouth Preschool Learning Center 202 N. Clifton, Wichita Ks 67208

**Infant Safe Sleep Policy**

**Date Adopted: August 2012**

Sudden Infant Death Syndrome (SIDS) is the unexpected death of a seemingly healthy baby for whom on cause of death can be determined based on an autopsy, an investigation of the place where the baby died and a review of the baby’s medical history.

The Child Care Law requires that child care provider caring for child 12 months of age and younger implement a safe sleep policy, share this information with parents, and participate in training.

This facility believes that all families have a right to safe and healthy child care and will practice the following safe sleep policy.

**Mandatory Safe Sleep Practices**

1. All child care staff working in the infant room, or child care staff with scheduled hours in the infant room, will receive training on our Infant Safe Sleep Policy and SIDS reduction.

2. Infants will always be placed on their backs to sleep, unless there is a signed sleep position wavier on file as allowed by law. A notice will be posted for quick reference near the infant’s crib.

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

4. Infants will be place to sleep in a crib with a firm mattress.

5. Infants heads will **NOT** be covered with blankets or bedding.

6. Room temperature will be between 68-75 degrees F.

7. Only one infant will be in a crib at a time, unless we are evacuating infants in an emergency or a practice drill.

8. No smoking is permitted in the building while children are present. No smoking is allowed in vehicles when transporting children.

9. Awake babies will be given supervised “tummy time.”

10. Caregivers will visually check on sleeping infants every 10 minutes.

**Note:** All parents/guardians of infants cared for in this facility will receive a written copy of our Infant Safe Sleep Policy.

I, the undersigned parent or guardian of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(child’s full name), do hereby state that I have read and received a copy of the facility’s Infant Safe Sleep Policy that the facility’s director or other designated staff member has discussed the facility’s Safe Sleep Policy with me.

Date of Child’s Enrollment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Signature of Child Care Provider\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_