


Subject: Safe Sleep Policy for Infants in Shelters for Families with Children	Applicable To: DHS Division of Family Services staff, DHS Office of the Medical Director, and all Shelter Staff	Effective Date: February 12, 2018
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Administered By: Division of Family Services Office of the Medical Director	Approved By:  Joslyn Carter Administrator Department of Homeless Services
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I. Background

- A. Each year in New York City, about 50 infants die from preventable, sleep-related injuries. To increase awareness about the risk of Sudden Unexpected Infant Death (SUID) and enhance the safety of infants in shelter, the New York City Department of Homeless Services (DHS) follows the procedures and training requirements outlined below within the families with children shelter system.
- B. Several factors put infants at increased risk of sleep-related injury deaths including, but not limited to, being born prematurely, sleeping on their stomachs or sides, sleeping on soft surfaces or with soft objects (e.g., pillows or crib bumpers), sleeping under loose blankets, overheating during sleep, being exposed to secondhand smoke, sleeping on a surface not intended for infant sleep (e.g., adult bed, couch or chair), and bed sharing in an adult bed.
- C. There are also protective factors that reduce an infant’s risk of sleep-related injuries, such as breastfeeding, room sharing, and regular prenatal care and well-child visits.
- D. DHS has partnered with the New York City Administration for Children’s Services (ACS) and the New York City Department of Health and Mental Hygiene (DOHMH) on a number of initiatives related to infant and child safety and is one of many multidisciplinary stakeholders participating in the Mayor’s NYC Safe Sleep Initiative, a campaign launched in April 2015 led by ACS and DOHMH.

II. Sleep-Related Terms¹

- A. Co-Sleeping: A sleep arrangement in which the parent (or another person) and infant sleep in proximity (on the same surface or different surfaces) in order to be able to see, hear, and/or touch each other. Co-sleeping arrangements can include room sharing or bed sharing. The terms "bed sharing" and "co-sleeping" are often used interchangeably, but they have different meanings.²
1. Bed Sharing (NOT recommended): A sleep arrangement in which an infant sleeps on the same surface, such as a bed, couch, or chair, with another person, including another child or an adult, or a pet.
 2. Room Sharing (Recommended): A sleep arrangement in which an infant sleeps in the same room as parents or other adults, but on a separate sleep surface, such as a crib. The American Academy of Pediatrics now recommends room sharing for the first year of life (or at least the first six (6) months)³.
- B. Sudden Unexpected Infant Death (SUID): The death of an infant younger than one year of age that occurs suddenly and unexpectedly. Most SUIDs are reported as one of three types:⁴
1. Sudden Infant Death Syndrome (SIDS): The sudden death of an infant less than one year of age that cannot be explained after a thorough investigation is conducted, including a complete autopsy, examination of the death scene, and a review of the clinical history. SIDS is the leading cause of death among infants one to 12 months old.
 2. Unknown cause: The sudden death of an infant that remains undetermined because one or more parts of the investigation was not completed.
 3. Accidental suffocation and strangulation in bed
 - a. Suffocation by soft bedding (e.g., when a pillow covers an infant's nose and mouth)
 - b. Overlay (e.g., when another person rolls on top of or against the infant while sleeping)
 - c. Wedging or entrapment – (e.g., when an infant is wedged between two objects such as a mattress and wall)
 - d. Strangulation – (e.g., when an infant's head and neck get caught between crib railings)

¹ See Common SIDS and SUID terms and definitions. Retrieved from <https://www.nichd.nih.gov/sts/about/SIDS/Pages/common.aspx>.

² See <https://www.nichd.nih.gov/sts/about/SIDS/Pages/common.aspx>.

³ See SIDS and Other Sleep-Related Infant Deaths: Updated 2016 Recommendations for a Safe Infant Sleeping Environment. Retrieved from <http://pediatrics.aappublications.org/content/early/2016/10/20/peds.2016-2938>.

⁴ See Sudden Unexpected Infant Death and Sudden Infant Death Syndrome. Centers for Disease Control and Prevention. Retrieved from <https://www.cdc.gov/sids/aboutsuidandsids.htm>.

- C. Tummy Time: When a baby is placed on his or her stomach while awake and supervised. Tummy time helps to strengthen a baby's head, neck, and shoulder muscles and reduce flat spots on a baby's head.

III. Safe Sleep Recommendations⁵

The recommendations that follow draw from expanded guidelines for infant sleep safety from the American Academy of Pediatrics for infants under 12 months of age. DHS and shelter provider staff are expected to be familiar with these recommendations and shall receive training on safe sleep practices (see Section VI below).

A. Practicing Safe Sleep and Creating a Safe Sleep Environment

1. Always place babies up to 12 months of age on their backs for naps and at bedtime. Supervise tummy time when babies are awake, but never place babies under 12 months on their stomachs for sleep. Note: Once a baby can roll over onto his or her stomach independently, there is no need to reposition the baby on his or her back as the risk of suffocation or other external injury is reduced.
2. Avoid letting a baby get too hot during sleep. Dress the baby in no more than one extra layer of clothing than you would wear. If the baby's chest feels hot or he or she is sweating, the baby may be too hot.⁶
3. Use sleeper pajamas or a wearable blanket, such as a sleep sack. Avoid using a blanket unless it is single, thin, and tucked in around three sides of the mattress and is below the infant's nipples and under his or her arms.
4. Keep a baby's face and head uncovered.
5. Do not place a pillow, other soft bedding, or stuffed animals under a baby's head or anywhere in the baby's crib.
6. Offer a pacifier at nap time or bedtime, but do not reposition the pacifier if it falls out. Never put a baby to sleep with a bottle. If breastfeeding, wait until breastfeeding is well established (around four (4) weeks) before offering a pacifier. Due to the risk of strangulation, pacifiers should not be hung around the baby's neck or attached to the baby's clothing with a clip or string.
7. Breastfeed for six (6) months when possible, or as long as the mother and infant mutually agree.⁷
8. Use a firm mattress with a fitted sheet.
9. Use a DHS-approved crib or a Pack 'n Play playard provided by the DOHMH Newborn Home Visiting Program (NHVP)⁸.

⁵ See American Academy of Pediatrics Policy Statement: SIDS and other sleep-related infant deaths: expansion of recommendations for a safe infant sleeping environment. (2011, October). Retrieved from <http://pediatrics.aappublications.org/content/early/2011/10/12/peds.2011-2284>.

⁶ See <https://www.healthychildren.org/English/ages-stages/baby/sleep/Pages/Preventing-SIDS.aspx>.

⁷ The American Academy of Pediatrics (AAP) recommends breastfeeding because of benefits to the baby and mother. The AAP recommends exclusive breastfeeding (no food or drink other than breastmilk or a vitamin D supplement) until the baby turns six (6) months old, unless medically necessary. Breastfeeding decreases the possibility that the baby will get infectious diseases, ear infections, and diarrhea. Breastfeeding benefits mothers by reducing their risk of breast and ovarian cancer, helping them to return to their pre-pregnancy weight faster, and reducing postpartum bleeding. Breastfeeding also facilitates bonding. Retrieved from <https://www.2aap.org/breastfeeding/policyonbreastfeeding.Html>.

⁸ Pack 'n Play playards provided by the DOHMH NHVP are approved by DHS and do not require a crib refusal form.

10. Do not use sitting devices, including car seats, strollers, swings, and infant carriers for sleep. Babies placed in such devices should be securely buckled in and closely monitored at all times. If a baby falls asleep while in the device, transfer the baby to a crib as soon as it is safe and possible.
11. Do not put babies to sleep on adult beds, chairs, sofas, pillows, or cushions.
12. Share a room with a newborn/infant, but do not bed share.
13. Keep toys and soft bedding, including blankets, pillows, stuffed animals, and bumpers outside of the crib.
14. Do not smoke around infants.
15. Do not place a crib near a radiator or other heating source.
16. Ensure the infant's sleep area is free of hazards, such as dangling cords, electric wires, and window covering cords because they present a risk of strangulation.

IV. Requirements at PATH/Family Intake

- A. Medical Provider - At PATH/Family Intake, the medical provider's health educator must meet with every pregnant adult or young person, or parent of a newborn or infant up to 12 months of age, to discuss safe sleep practices and provide safe sleep literature for the client to keep. This is part of the electronic case record.
 1. Introduction to Home Visiting Programs
 - a. *New York City Nurse-Family Partnership*: The health educator must introduce the Nurse-Family Partnership (NFP) program to every first-time pregnant adult or young person who has been pregnant less than 28 weeks. The NFP is a no cost voluntary program. Participation involves a nurse conducting up to four (4) home visits per month until the child turns two (2) years old.
 - b. *Newborn Home Visiting Program*: The health educator shall also advise pregnant women and families with infants up to two (2) months of age that they will be referred to the DOHMH Newborn Home Visiting Program (NHVP). The NHVP provides up to three (3) home visits by a public health professional who screens for maternal depression and provides breastfeeding support, education on safe sleep, bonding, and child development.
- B. PATH/Family Intake – Staff shall ensure that a DHS-approved video on safe sleep practices (e.g., National Institutes of Health (NIH) video “Safe Sleep for your Baby”) plays on a loop in the PATH waiting area.
- C. DHS Office of the Medical Director – The Office of the Medical Director must review and approve any new education materials prior to distribution. Staff providing health education should use coaching and motivational interviewing to provide skills to new parents.

V. Requirements for Shelter Providers and the Division of Family Services

A. Immediate Actions Upon Shelter Entry/Arrival

1. Immediately upon a pregnant person's entry into shelter, shelter staff must meet with the family to discuss and provide education on safe sleep practices and to ensure that the family understands the difference between bed-sharing and room-sharing.
2. Immediately upon a family's entry into shelter or a baby's arrival at the shelter, shelter staff must provide one DHS-approved crib per child aged two (2) years and younger. If a family prefers to use its own crib or playard, shelter staff must check to confirm that the crib is in good working condition and advise their respective DHS Program Administrator. A designated DHS staff person shall review the specifications (i.e., make and model, as well as a photo, if available), confirm that the crib or playard has not been recalled through the United States Consumer Product Safety Commission website, and provide approval as appropriate (see Attachment B for guidance on reviewing crib specifications). Shelter staff must document such approval or lack thereof in CARES. Pending approval from DHS, shelter staff must recommend the use of the DHS-approved crib(s) offered to the family, discuss risk factors related to unsafe sleep practices, and document any refusal in a CARES progress note.

B. Within 48 Hours of Shelter Entry/Arrival

1. Within 48 hours of shelter entry, shelter staff must offer the NFP program to adults and young people who are pregnant for the first time and have been pregnant less than 28 weeks. Staff shall also advise families with infants between zero and two (2) months about the DOHMH NHVP.
2. Within 48 hours of a family's entry into shelter or a baby's arrival at the shelter, shelter staff must show the ACS video "A Life to Love: Preventing Accidental Injury to Our Most Precious Resource" ("A Life to Love")⁹ to families with children under the age of two (2) years. Staff must also show a DHS-recommended safe sleep video¹⁰ to any families with infants less than 12 months of age and have clients complete and sign the "Safe Sleep Education Acknowledgement and Crib Acceptance/Refusal Form" (DHS-7) (Attachment A). If a client refuses to watch the video(s), accept safe sleep literature¹¹, and/or accept the crib(s) provided, shelter staff must document such refusal in CARES, as well as on the "Safe Sleep Education Acknowledgement and Crib Acceptance/Refusal Form."

⁹ See <https://www.youtube.com/watch?v=ZKzFRZYCv-U>.

¹⁰ See <https://www.nichd.nih.gov/sts/news/videos/Pages/default.aspx> for the current video in use, which is also available in Spanish.

¹¹ DHS has distributed safe sleep literature for staff to provide to families. Staff may contact DHS to request additional copies.

- C. If a family is unwilling to use a DHS-approved crib or Pack ‘n Play playard provided by the NHVP, shelter staff must work with the family to understand the circumstances and make every effort to resolve any barriers.
1. For example, a parent may not want to have an infant sleep in the crib because of a pest infestation or because the unit is too cold. In such instances, shelter staff must act immediately to address the physical environment barriers and document the circumstances and any actions taken in CARES.
 2. In cases where shelter staff is unable to resolve a family’s unsafe sleep practices, staff must consult with a Client Care Coordinator, as applicable¹², or contact the DHS Family Services Clinical Services Unit for consultation and/or intervention.
 - a. Upon observation of unsafe sleep practices, the case manager and supervisor shall counsel the family and educate them again on safe sleep practices.
 - b. The case manager and/or supervisor shall check in with the family as soon as practicable, and no later than the following day, to ensure that any unsafe conditions have been alleviated.
- D. Shelter staff must conduct weekly unit inspections for families with infants up to 12 months of age to monitor the condition of the unit and ensure the safety of the infant in the environment. This must be documented with a Unit Inspection note type in CARES. This includes ensuring that the family is using the crib and using it properly, as well as taking action (and documenting in CARES) whenever an unsafe sleep condition or environment is observed.
1. When inspecting the crib, shelter staff must note the following and explain to families the importance of practicing safe sleep and how to create and maintain a safe sleep environment.
 - a. The crib may not have bumpers.
 - b. The crib may not be used for storage.
 - c. The crib may not contain any soft or loose bedding, pillows, blankets, or toys.
 - d. The crib must have a firm mattress and fitted sheet.
 2. If the adult(s) are present for a unit inspection, the shelter staff member must address the unsafe sleep condition (e.g., by asking the adult(s) to remove clutter from the crib).
 3. If no adult is present, the case manager must either remedy the situation (e.g., remove clutter from the crib) and leave a note for the adult(s) or have the front desk staff advise as soon as the family returns so the case manager can go to the unit, address the unsafe condition, and speak with the adult(s) about remedying the situation.

¹² Only sites with DHS contracts will have Client Care Coordinator (i.e., LMSW) staff.

- E. Shelter staff must ensure that DHS-approved safe sleep signage is posted throughout the facility in the languages preferred by families residing there as well as in families' units above cribs to serve as a reminder.
- F. As part of the DHS Division of Family Services Monitoring Tool evaluation, Program Analysts must inspect a random selection of units of families with infants up to 12 months of age. The inspection monitors and documents a unit's condition and the infant's sleep environment. Results shall be provided to the Office of the Medical Director.
- G. The NHVP serves mothers residing in shelter with newborns up to two (2) months. If NHVP staff learn about unsafe sleep practices, they shall notify DHS and/or shelter staff for follow up in instances where the mother has provided informed consent and pursuant to the Data Use Agreement established between DHS and DOHMH.

VI. Training Requirements

A. Safe Sleep Training

1. To ensure that staff understand the importance of practicing safe sleep and how to create a safe sleep environment, DHS and shelter providers must orient social services staff to this policy and ensure that staff complete DHS-approved training on safe sleep within three (3) months of hire, or upon beginning a position with direct client contact. Staff must provide evidence of training completion to their supervisors for their personnel files, which may be requested by DHS.
2. In order to receive credit for participation in such training, the curriculum must be approved by the DHS Office of the Medical Director.

B. Mandated Reporter Training¹³

DHS staff and shelter staff must complete Mandated Reporter training within 30 days of hire, or upon beginning a position with direct client contact, and must provide copies of certificates of completion to their supervisors for their personnel files.

VII. Attachments

- A. Safe Sleep Education Acknowledgment and Crib Acceptance/Refusal Form (**DHS-7**)
- B. Checklist for Reviewing Alternative Crib Requests (**DHS-7a**)

¹³ For information about online self-directed training, see www.nysmandatedreporter.org.

Safe Sleep Education Acknowledgement and Crib Acceptance/Refusal Form

Date: ____/____/____ **Facility Name:** _____

Client Name: _____

Family Composition: ____/____ **CARES Case #:** _____

Date of Birth of Infant/ Child: ____/____/____ **Age of Infant/ Child:** _____

Date Infant Entered Shelter: ____/____/____ **Height and Weight of Infant/Child:** _____

Check all that apply:

- I have watched the videos “A Life to Love” and “Safe Sleep for your Baby.”
- I refuse to watch the videos “A Life to Love” and “Safe Sleep for your Baby.”
- I have received information about preventing accidental injuries and child safety.
- I have been informed about safe sleep practices.
- I accept and will use the DHS-approved crib.
- I have been offered a DHS-approved crib, but I would like to use an alternate crib/playard.
- I have been offered a DHS-approved crib, but I will not use it. I do not have a safe sleep alternative.

SAMPLE

(Client Name) (Client Signature) (Date)

(Shelter Staff Name) (Shelter Staff Signature) (Date)

Provide a description (i.e., make and model) of the alternative crib and attach photos.

(TO BE COMPLETED BY DHS)

_____ Alternate crib/playard **approved** by DHS

_____ Alternate crib/playard **not approved** by DHS

(DHS Designee Signature) (Date)

If an alternate crib is **not approved**, the client must provide another alternative for review or must use the crib issued by the shelter provider or DOHMH Newborn Home Visiting Program.

Complete and send to your Program Administrator or Program Analyst. Document any refusal to use an approved crib in CARES.

Checklist for Reviewing Alternate Crib Requests (Cribs, Bassinets, and Playards)

Before Requesting a Review by DHS

- Obtain the manufacturer's name and model number.** If the crib was manufactured prior to June 28, 2011, it may not meet federal safety standards and will not be approved by DHS.
- Consult the Consumer Product Safety Commission (CPSC) website (<https://www.cpsc.gov/>) to determine if there are any recalls for the crib model.** If the model has been recalled, it will not be approved by DHS.
- Search online for the alternative crib by manufacturer and model number.**
 - Obtain model specifications: length, width, depth, and height in inches.
 - For a full size crib, the mattress must be at least 27 ¼ inches by 51 ¼ inches with a mattress that is no more than six (6) inches thick.
 - Check recommended use.
 - Check weight/height parameters
 - Check the weight/height of the child against the crib's weight/height parameters.
- Obtain pictures as needed.**
- If the submitted photos depict an unsafe sleep environment,** advise shelter staff to take immediate action (e.g., by removing unsafe sleep items) and provide counseling and education to the family.
- Check that the mattress is firm, and that the plastic covering has been removed.**
- Confirm that no more than the width of two (2) fingers exists between the side of the mattress and crib frame.**
- Check the stability of the crib.** The hardware must be intact and secure.
- Confirm that there are no drop sides, but that the railing is at a height appropriate for the parent.**
- Confirm that you cannot fit a soda can through the slats of the railing (2 3/8 inches railing measurement).**

If the crib appears to meet DHS safety standards based on the information above, submit the request to the DHS point person.

Safe Sleep Education Acknowledgement and Crib Acceptance/Refusal Form

Date: ____/____/____	Facility Name: _____
Client Name: _____	
Family Composition: ____/____	CARES Case #: _____
Date of Birth of Infant/ Child: ____/____/____	Age of Infant/ Child: _____
Date Infant Entered Shelter: ____/____/____	Height and Weight of Infant/Child: _____

Check all that apply:

- I have watched the videos “A Life to Love” and “Safe Sleep for your Baby.”
- I refuse to watch the videos “A Life to Love” and “Safe Sleep for your Baby.”
- I have received information about preventing accidental injuries and child safety.
- I have been informed about safe sleep practices.
- I accept and will use the DHS-approved crib.
- I have been offered a DHS-approved crib, but I would like to use an alternate crib/playard.
- I have been offered a DHS-approved crib, but I will not use it. I do not have a safe sleep alternative.

 (Client Name)

 (Client Signature)

 (Date)

 (Shelter Staff Name)

 (Shelter Staff Signature)

 (Date)

Provide a description (i.e., make and model) of the alternative crib and attach photos.

(TO BE COMPLETED BY DHS)

_____ Alternate crib/playard **approved** by DHS

_____ Alternate crib/playard **not approved** by DHS

 (DHS Designee Signature)

 (Date)

If an alternate crib is **not approved**, the client must provide another alternative for review or must use the crib issued by the shelter provider or DOHMH Newborn Home Visiting Program.

Complete and send to your Program Administrator or Program Analyst. Document any refusal to use an approved crib in CARES.