



**OFFICE OF POLICY, PROCEDURES AND TRAINING**

James K. Whelan  
*Executive Deputy Commissioner*

**DHS-PB-2021-009**

<b>SUBJECT:</b> Revision to Infant and Toddler Safety Policy for Families with Children Shelters	<b>APPLICABLE TO:</b> DHS Division of Family Services staff, and all Families with Children Shelter Staff	<b>ISSUED:</b> 6/24/2021  (Replaces DHS PB-2018-001)
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<b>ADMINISTERED BY:</b> Division of Family Services	<b>APPROVED BY:</b> Joslyn Carter, Administrator Department of Social Services/ Department of Homeless Services
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Table of Contents

- I. BACKGROUND..... 2**
- II. SLEEP-RELATED DEFINITIONS ..... 2**
  - A. Co-Sleeping..... 2
  - B. Sudden Unexpected Infant Death (SUID)..... 3
  - C. Tummy Time. .... 3
- III. SAFE SLEEP RECOMMENDATIONS ..... 3**
  - A. Practicing Safe Sleep and Creating a Safe Sleep Environment ..... 4
- IV. REQUIREMENTS AT PATH/FAMILY INTAKE..... 5**
  - A. Medical Provider ..... 5
  - B. PATH/Family Intake ..... 6
  - C. DHS Office of the Medical Director ..... 6
- V. REQUIREMENTS FOR SHELTER PROVIDERS AND DHS TRANSITIONAL FAMILY SERVICES . 6**
  - A. Immediate Actions Upon Shelter Entry/Arrival..... 6
  - B. Within 48 Hours of Shelter Entry/Arrival ..... 7
  - C. Expecting Parents in Shelter..... 8
  - D. Conducting Unit Inspections in Shelter ..... 9
  - E. Newborn Home Visiting Program (NHVP) ..... 10
- VI. TRAINING REQUIREMENTS..... 10**
  - A. Safe Sleep Training..... 10
  - B. Mandated Reporter Training ..... 11
- ATTACHMENTS:..... 11**
- RELATED ITEMS: ..... 12**

## I. BACKGROUND

Each year in New York City, approximately 50 infants die from 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.

Several factors put infants at increased risk of SUID: (sudden and unexpected death of a baby less than 1-year-old in which the cause was not obvious before investigation".) (CDC) or sleep-related injury or death 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, toys), 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.

There are also protective factors that reduce an infant's risk of SUID, such as breastfeeding, room sharing, avoiding alcohol, illicit drug use, and smoking after the birth of the baby, regular prenatal care and well-child visits, and ensuring a safe sleeping environment, as described below.

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 several 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 DEFINITIONS

- 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) 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.<sup>1</sup>
1. Bed Sharing (NOT recommended): A sleep arrangement in which an infant sleep 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 sleep 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

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<sup>1</sup> See <https://www.nichd.nih.gov/sts/about/SIDS/Pages/common.aspx>.

recommends room sharing for the first year of life (or at least the first six (6) months)<sup>2</sup>.

B. Sudden Unexpected Infant Death (SUID): The death of an infant younger than one year of age that occurs suddenly and unexpectedly. These deaths often happen during sleep or in infant sleep areas. Most SUIDs are reported as one of the following two types:<sup>3</sup>

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.<sup>4</sup> SIDS is the leading cause of death among infants one to twelve months old.
2. Accidental suffocation and strangulation in bed (ASSB): Occurs when something limits infants breathing. This may include:
  - a. Suffocation by soft bedding (e.g., when soft bedding or 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 something presses on or wraps around an infant's head or neck.)
3. In addition, an SUID may not be classified as SIDS or ASSB if one or more parts of the investigation were not completed.

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 RECOMMENDATIONS<sup>5</sup>

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 must be familiar with these recommendations

<sup>2</sup> 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>.

<sup>3</sup> 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>.

<sup>4</sup> Willinger M, James LS, Catz C. Defining the sudden infant death syndrome (SIDS): deliberations of an expert panel convened by the National Institute of Child Health and Human Development. *Pediatric Pathology* 1991; 11 (5).

<sup>5</sup> 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>.

and must receive training on safe sleep practices (see Section VI below). DHS and shelter provider staff must receive and review the DHS Infant Safe Sleep Advisory for Providers with Safe Sleep Recommendations (**DHS-7d**). Additionally, DHS and shelter provider staff must review the Safe Sleep Recommendations, DHS Safe Sleep Advisory Letter for Parents (**DHS-7c**), Safe Sleep Brochure from the Administration for Children's Services (ACS) and Department of Health and Mental Hygiene (DOHMH) (**Attachment A**; **Attachment C**), and the ACS/DOHMH Safe Sleep Flyer (**Attachment B**; **Attachment D**) with the head of case and have the head of case sign the Safe Sleep Education Acknowledgement and Crib Acceptance/Refusal Form (**DHS-7**).

#### 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 their stomach independently, there is no need to reposition the baby on their 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.<sup>6</sup>
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. 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.
6. Breastfeed for six (6) months when possible, or as long as the parent and infant mutually agree.<sup>7</sup>
7. Use a firm mattress with a fitted sheet.
8. Use a DHS-approved crib or a Pack 'n Play.
9. Do not use sitting devices, including car seats, strollers, swings, bouncers, and infant carriers for sleep. Babies placed in such devices should always be securely buckled in and closely monitored at all times. If a baby falls

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

<sup>7</sup> 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>.

- asleep while in the device, transfer the baby to a crib as soon as it is safe and possible.
10. Do not put babies to sleep on adult beds, chairs, sofas, cushions, pillows, Boppy, and/or nursing pillows.
  11. Share a room with a newborn/infant, but do not bed share.
  12. Keep toys and soft bedding, including blankets, pillows, stuffed animals, and bumpers outside of the crib.
  13. Do not smoke around infants.
  14. Avoid use of alcohol and illicit drugs.
  15. Do not place a crib near a radiator or other heating source, or near objects that can fall into the crib.
  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.
- Ensure the Safe Sleep Flyer (**Attachment B; Attachment D**) is posted in the unit. Give clients the DHS Safe Sleep Advisory Letter for Parents (**DHS-7c**) and the Safe Sleep Brochure (**Attachment A; Attachment C**). The Safe Sleep Brochure includes frequently asked questions.

#### IV. REQUIREMENTS AT PATH/FAMILY INTAKE

- A. Medical Provider - At Prevention Assistance and Temporary Housing (PATH)/Family Intake, the medical provider's health educator must meet with every pregnant client, 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 must be documented in the health screening in the Client Assistance and Rehousing Enterprise System (CARES) case record.
  1. Introduction to the Department of Health & Mental Hygiene's (DOHMH) Home Visiting Programs:
    - a. *New York City Nurse-Family Partnership (NFP)*: The health educator must introduce the 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 (NHVP)*: 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 NHVP. The program 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.

- c. *Early Intervention Services*: The Early Intervention Program helps young children (birth to 3 years) who are not learning, playing, growing, talking, or walking like other children their age. The program works with families to set meaningful goals for that child and to create a service plan to help the child and meet those goals.
- B. PATH/Family Intake – Staff shall ensure that the DHS-approved videos on safe sleep practices, the NYC Administration for Children Services’ (ACS) “Breath of Life<sup>8</sup>,” or the National Institutes of Health’s (NIH) video “Safe Sleep for your Baby<sup>9</sup>,” play on a loop in the PATH waiting area and ensure that they play in closed captions/subtitles for those deaf or hard of hearing. At least one television/projector must have closed captioning. If this is not available, staff must provide families with a sign language interpreter. Staff providing health education should use coaching and motivational interviewing to provide skills to new parents.
- C. DHS Office of the Medical Director – The Office of the Medical Director must review and approve any new education materials prior to distribution.

## V. REQUIREMENTS FOR SHELTER PROVIDERS AND DHS TRANSITIONAL FAMILY SERVICES

- A. Immediate Actions Upon Shelter Entry/Arrival
  - 1. Upon a pregnant person’s entry into shelter, social service staff must meet with the family (within normal business hours) to discuss and provide education on safe sleep practices and to ensure that the family understands the difference between bed-sharing and room-sharing. The entry note must be documented in CARES.
  - 2. Immediately upon a family’s entry into shelter or a baby’s arrival at the shelter, shelter staff must provide one crib and/or make arrangements to retrieve a Pack n’ Play and a safe sleep kit per infant up to twelve (12) months old or infants up to thirty (30) lbs from the DHS warehouse. The kit includes one (1) sleep sack, a pack of two (2) pacifiers, two (2) fitted sheets, and one (1) mosquito netting. It’s required for infants up to twelve (12) months or over thirty (30) lbs. to sleep in a crib. However, a crib is recommended for children until two (2) years old. Infants need their own safe space to sleep, therefore twins or multiple infants must have their own crib or Pack ‘n Play. Shelter staff and families must adhere to the following:

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<sup>8</sup> See <https://www1.nyc.gov/site/acs/about/safe-sleep.page> for the current video in use, which is also available in Spanish.

<sup>9</sup> See <https://www.nichd.nih.gov/sts/news/videos/Pages/default.aspx> for the current video in use, which is also available in Spanish.

- a. The Pack 'n Play may only be used for an infant twelve (12) months or younger or under 30lbs. It's required for infants up to twelve (12) months or over thirty (30) lbs. to sleep in a crib. However, a crib is recommended for children until two (2) years old. A crib net must be available if a family needs it.
- b. If a family prefers to use its own crib or Pack 'n Play, shelter staff must check to confirm that the crib or Pack 'n Play is in good working condition and safe. Shelter staff must consult the Consumer Project Safety Commission (CPSC) website (<https://www.cpsc.gov/>) to verify the safety of alternate cribs, bassinets, and Pack 'n Plays, and ensure no recalls exist. Shelter staff must reference the DHS Checklist for Reviewing Alternate Crib Requests When Refusing a Crib and Pack n' Play (**DHS-7a**) for guidance. Shelter staff must recommend the use of the DHS-approved crib or Pack 'n Play(s) offered to the family, discuss risk factors related to unsafe sleep practices, and document any refusal in a CARES progress note.
- c. An infant weighing more than fifteen (15) lbs. must not sleep in a bassinet. Bassinets should not be used beyond four (4) months old or when a child can push up on their hands and knees – whichever occurs first.

#### B. Within 48 Hours of Shelter Entry/Arrival

1. Shelter staff must offer the NFP program to individuals 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. Shelter staff must document all interactions in CARES.
2. Upon a baby's arrival at the shelter, shelter staff must show one of two DHS approved videos, ACS's "Breath of Life" or the NIH's "Safe Sleep for your Baby," and make them available in closed captions (CC) for families where adults are deaf or hard of hearing. If this is not available, staff must provide families with a sign language interpreter. Families with children under the age of two (2) years must watch the videos. Staff providing health education should use coaching and motivational interviewing to provide skills to new parents.
3. Staff must have families with infants less than 12 months of age complete and sign the Safe Sleep Education Acknowledgement and Crib Acceptance/Refusal Form (**DHS-7**). If a client refuses to watch the video, to accept safe sleep literature<sup>10</sup>, and/or to accept the crib(s) provided,

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<sup>10</sup>This includes the NYC Safe Sleep flyer, Safe Sleep Brochure with frequently asked questions, videos, and DHS advisory letters that are referenced throughout this procedure.

shelter staff must document such refusal in CARES, as well as on the **DHS-7**. Shelter staff must document all interactions in CARES. If a family needs to access this information in an alternate format, staff must follow the DHS Interim Reasonable Accommodation Request Process ([DHS-PB-2020-012](#)).

4. If a family is unwilling to use a DHS-approved crib or Pack 'n Play, shelter staff must work with the family to understand the circumstances and make every effort to resolve any barriers.

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.

- a. If the unit is too cold, shelter staff must attempt to adjust the unit temperature and provide a sleep sack for the baby if the shelter has any available.
  - b. If the unit has pest infestation, shelter staff must bring in an exterminator for pest control and provide a crib net.
  - c. If these problems cannot be resolved, consider moving the family to another unit or shelter.
5. In cases where shelter staff are unable to correct a family's unsafe sleep practices, staff must consult with a case manager or client care coordinator, as applicable<sup>11</sup>, or contact their program administrator for a referral to 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 possible, but no later than the following day, to ensure that any unsafe conditions have been alleviated, if not educate the family again on safe sleep practices.

### C. Expecting Parents in Shelter

1. When there is an expecting parent, staff must document pregnancy updates by selecting the pregnancy indicator, including the expected due date of baby's arrival on the client home screen in CARES. Any medical, health, and wellness concerns of the expecting parent must be entered in

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<sup>11</sup> Only sites with DHS contracts will have Client Care Coordinator (i.e., LMSW) staff.

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a progress note in CARES. Staff must monitor progress and ensure that all updates are added to the service plan in CARES. The information must include how far along the expecting parent is, the birth due date of the infant, and any medical updates.

2. When the expecting parent reaches the third trimester of their pregnancy, which begins in week twenty-eight (28) of the pregnancy, staff must begin discussing safe sleep practices with the expecting parent.
3. Once a parent gives birth, staff must unselect the pregnancy indicator in CARES.
4. Upon baby's arrival in shelter, staff must enter a newborn indicator on the case homepage in CARES within seven (7) days of arrival. The indicator must include the baby's name, date of birth, and arrival date or expected arrival date to shelter.
5. Staff must ensure the baby is checked-in to the shelter by confirming the arrival date on the shelter assignment screen on the case homepage. Infants, who are present in shelter, must be checked-in by 9:00 p.m. the day after the add-on is approved in CARES. If the infant is not present in shelter, the infant must remain as a pending arrival with status updates on the whereabouts of the child in a CARES progress note.
6. Staff must review the "Pending Arrivals" daily distribution list to ensure that infants or other children are checked-in to shelter by 9:00 p.m. the day after the add-on or placement if child or infant is present in Shelter.

#### D. Conducting Unit Inspections in Shelter

1. Shelter staff must conduct weekly unit inspections for families with infants up to twelve (12) months of age to monitor the condition of the unit and ensure the safety of the infant in the environment. Staff must refer to the DHS Guidelines for Unit Inspections in DHS Family Shelters (**DHS-7b**) and DHS Shelter Unit Inspection Form (**DHS-7e**), which includes inspection instructions. Unit inspections must be documented with a unit inspection note type and the **DHS-7e** must be uploaded to the client forms section in CARES using the head of household's CARES ID. Unit inspection notes and forms must be entered and uploaded within seven (7) days of the completed inspection. This includes ensuring that the family is using the crib and using it properly, as well as acting (and documenting in CARES) whenever an unsafe sleep condition or environment is observed. For example, if the crib looks like it is not being used, check with the parents if they are using the crib. If not, reiterate safe sleeping practices.
2. 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. Shelter staff must document all interactions in CARES.

- a. The crib should not have bumpers.
  - b. The crib should not be used for storage.
  - c. The crib should not contain any soft or loose bedding, pillows, blankets, or toys.
  - d. The crib must have a firm mattress and fitted sheet.
  - e. The crib must not be placed near heat sources, electrical outlets, or exits.
3. If the adult(s) are present for a unit inspection, the shelter staff member must address the unsafe sleep condition immediately (e.g., by asking the adult(s) to remove clutter from the crib).
  4. 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.
  5. Shelter staff must ensure that the Safe Sleep Flyer (**Attachment B**; **Attachment D**) is posted throughout the facility in the languages preferred by families residing there, as well as in the family's unit.
  6. As part of the DHS Division of Family Services' monitoring instrument, 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. Any patterns of non-compliance by any provider or DHS directly operated shelters will be subject to the process outlined in the DHS Compliance Procedure ([DHS-PB-2021-004](#)).

E. Newborn Home Visiting Program (NHVP)

The NHVP serves mothers residing in shelter with newborns up to two (2) months. If NHVP staff learn about unsafe sleep practices, they notify the social service staff at the facility, as well as DHS.

## VI. TRAINING REQUIREMENTS

A. Safe Sleep Training

To ensure that shelter staff understand the importance of practicing safe sleep and how to maintain a safe sleep environment, providers must orient social services staff to this policy and ensure that staff complete safe sleep training immediately upon hire and must complete a refresher training annually. Staff must provide evidence of training completion to their supervisors for their personnel files, which may be requested by DHS. Shelter

staff should also attend motivational interviewing training to help with the coaching of parents, as well as review the DHS Infant Safe Sleep Advisory for Providers (**DHS-7d**) and the Safe Sleep Brochure (**Attachment A; Attachment C**).

B. Mandated Reporter Training<sup>12</sup>

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.

*Effective Immediately*

**ATTACHMENTS:**

<b>DHS-7 (E)</b>	Safe Sleep Education Acknowledgment and Crib Acceptance/Refusal Form
<b>DHS-7 (S)</b>	Safe Sleep Education Acknowledgment and Crib Acceptance/Refusal Form
<b>DHS-7a</b>	Checklist for Reviewing Alternate Crib Requests (Cribs, Bassinets, and Playards)
<b>DHS-7b</b>	DHS Guidelines for Unit Inspections in DHS Family Shelters
<b>DHS-7c (E)</b>	DHS Safe Sleep Advisory Letter for Parents
<b>DHS-7c (S)</b>	DHS Safe Sleep Advisory Letter for Parents
<b>DHS-7d</b>	DHS Infant Safe Sleep Advisory for Providers and Safe Sleep Recommendations
<b>DHS-7e</b>	DHS Shelter Unit Inspection Form and Inspection Instructions
<b>Attachment A (E)</b>	ACS/DOHMH Safe Sleep Brochure
<b>Attachment B (E)</b>	ACS/DOHMH Safe Sleep Flyer
<b>Attachment C (S)</b>	ACS/DOHMH Safe Sleep Brochure
<b>Attachment D (S)</b>	ACS/DOHMH Safe Sleep Flyer

<sup>12</sup> For information about online self-directed training, see [www.nysmandatedreporter.org](http://www.nysmandatedreporter.org).

**RELATED ITEMS:**

**DHS-PB-2020-012** Interim Reasonable Accommodation Request Process

**DHS-PB-2021-004** DHS Compliance Procedure

NYC Safe Sleep Information, Materials, and Resources:

<https://www1.nyc.gov/site/acs/about/safe-sleep.page>

**Safe Sleep Education Acknowledgement  
 and Crib Acceptance/Refusal Form  
 (For Staff – fill in each)**

\_\_\_\_\_  
 Date Facility Name

\_\_\_\_\_  
 Client Name

\_\_\_\_\_  
 Family Composition CARES Case Number

\_\_\_\_\_  
 Date of Birth of Infant/Child Age of Infant/Child

\_\_\_\_\_  
 Date Infant Entered Shelter Height and Weight of Infant Child

**For Client: Check all that apply**

- I have watched the videos “A Breath of Life” or “Safe Sleep for your Baby.”
- I refuse to watch the videos “A Breath of Life” or “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 completed the Checklist for Reviewing Alternative Cribs (Attachment B, Form DHS-7a).
- I received the DHS Safe Sleep Advisory Note for Parents and collaterals, which includes a safe sleep flip book, Q:A for parents, safe sleep flyer, and a safe sleep brochure.

**(Turn Page)**

\_\_\_\_\_  
Client Name (please print)

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Shelter Staff Name (please print)

\_\_\_\_\_  
Shelter Staff Signature

\_\_\_\_\_  
Date

SAMPLE

**FOR REFUSALS OF DHS CRIB ONLY: Complete Form DHS-7a (Checklist for Alternative Crib) and send to your program Administrator or Program Analyst. Document crib refusal in CARES.**

**Formulario de reconocimiento de haber sido instruido(a) acerca de las maneras seguras de dormir y de aceptación o rechazo de cuna  
 (For Staff – fill in each)**

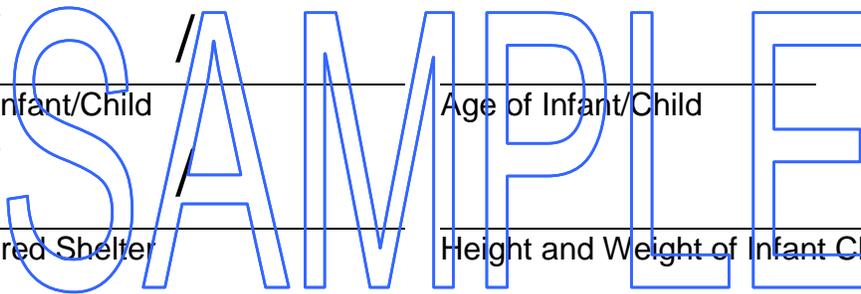
\_\_\_\_\_  
 Date Facility Name

\_\_\_\_\_  
 Client Name

/

\_\_\_\_\_  
 Family Composition CARES Case Number

/ /  
 \_\_\_\_\_  
 Date of Birth of Infant/Child Age of Infant/Child  
 / /  
 \_\_\_\_\_  
 Date Infant Entered Shelter Height and Weight of Infant Child



**Para el/la cliente(a): marque todo lo que corresponda**

- He visto los videos “Soplo de vida” (“*A Breath of Life*”) o “Sueño seguro para su bebé” (“*Safe Sleep for your Baby*”).
- Me niego a ver los videos “Soplo de vida” (“*A Breath of Life*”) o “Sueño seguro para su bebé” (“*Safe Sleep for your Baby*”).
- He recibido información sobre cómo prevenir daños por accidentes y el cuidado infantil.
- He sido informado(a) acerca de las maneras de dormir que son seguras para el infante.
- Acepto y usaré la cuna aprobada por el *DHS*.
- Se me ofreció una cuna aprobada por el *DHS* pero quisiera usar otra cuna/corralito. Completé la Lista de verificación para considerar otras opciones de cunas (Anexo B, Formulario DHS-7a [S], *Checklist for Reviewing Alternative Cribs*).
- Recibí la Nota para padres y auxiliares con recomendaciones sobre las maneras seguras de dormir (*Safe Sleep Advisory Note for Parents and collaterals*) del *DHS*, que incluye el cuadernillo sobre maneras seguras de dormir, el folleto denominado Preguntas y respuestas para padres sobre maneras seguras de dormir (*Q:A for parents, safe sleep*) y un folleto sobre las maneras seguras de dormir.

**(Gire la hoja)**

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Nombre del/de la cliente(a) (en letra de molde)

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Firma del/de la cliente(a)

---

Fecha

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Nombre del personal del albergue (en letra de molde)

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Firma del personal del albergue

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Fecha

SAMPLE



**FOR REFUSALS OF DHS CRIB ONLY: Complete Form DHS-7a (Checklist for Alternative Crib) and send to your program Administrator or Program Analyst. Document crib refusal 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.

## DHS GUIDELINES FOR UNIT INSPECTIONS IN DHS FAMILY SHELTERS

### ■ Objective:

To provide guidance to shelter staff on conducting unit inspections for families in shelter.

### ■ Goal:

To maintain consistency in shelters and ensure unit inspections are conducted appropriately and documented in CARES.

### ■ Purpose:

As per Statement of Client Rights and Client Code of Conduct (CCC), clients are required to keep their unit and the common areas clean and orderly. Shelter staff may conduct unannounced health and safety inspections of clients unit on a weekly or more frequent basis.

### ■ Family Service Mandates:

The New York City Department of Homeless Services requires Shelter Providers to conduct weekly or biweekly unit inspections of families to:

- 1 Identify and address environmental hazards and concerns in units.
- 2 Identify and address unsafe sleep practices.
- 3 Observe the physical living environment of families with ACS involvement.
- 4 Observe and assess the health and wellness of families in shelter; included but not limited to new parents and infants in shelter.

### ■ DHS Family Services Unit Standards:

Shelter Providers must ensure that units remain free of environmental hazards and all deficiencies identified are addressed in a timely manner. This includes regular monitoring of a unit to ensure that clients areas are kept clean, orderly, and do not contain clutter. The provider or landlord of the facility must ensure that there are no unapproved locks in the unit.<sup>1</sup>

### ■ Extermination (Vermin):

Shelter Providers must ensure that their facility is treated by a licensed exterminator regularly or/as needed. Provider must retain invoices, records and/or extermination logs onsite. The record must contain the name of the Vendor, date of extermination, and the signature of client and unit treated: these documents must be provided upon request. If vermin was identified or reported by client, inspection notes must include documentation of extermination, by a licensed exterminator, as well as client's report of pests, until issue has been resolved.

- **Health and Safety:** Environmental hazards in unit may include: housekeeping issues, smoking in unit, maintenance/repairs issues, vermin and risk of exposure to medication or opioids. Case managers must counsel families on housekeeping issues and ensure deficiencies are addressed. Case managers must demonstrate how to properly store medication or opioids out of children's reach; ideally in locked medication bag or box.
- **Fire Safety:** A carbon monoxide and smoke detector must be in unit and operable. Window guards must be accessible and installed properly. If applicable, fire extinguishers must be up to date and working properly. As per Client Code of Conduct, unauthorized appliances are not allowed in units. This includes, but not limited to hot plates, space heaters, washers, dryers, and unapproved air conditioners.

(Turn page)

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<sup>1</sup> Any lock not provided by the shelter provider or landlord.

## CONDUCTING UNIT INSPECTIONS

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### ■ Family Case Members:

During unit inspections, it is best practice to ensure that an adult<sup>2</sup> is present in the household. If a minor (under 18) is in unit alone the appropriate authorities should be notified. If family is not present during an inspection a notice should be left advising client that shelter staff was present in unit. If there is observation of a child under 2 in the family sleeping during inspection, shelter provider are required ensure family is practicing safe sleep. It should also be noted of all members present, but not on the case composition.

### ■ Infants 0-12 Months of Age:

Unit inspections must be conducted weekly for families with infants 0-12 months of age and documented in CARES. Safe sleep flyers must be posted in unit where client can view and access for proper sleep positioning for infant. Also, Providers must ensure units with infants are free of environmental hazards and cribs are being used for safe sleep. Case managers should address all unsafe sleep practices and educate family on safe sleep when necessary. In addition, crib and pack n play should be positioned away from heating sources and windows.

Unit inspections also identify service needs by observing **parent and infant in unit**.

**Observation<sup>3</sup> of parent and infant:** Case Managers must use unit inspections to make physical observations of the infant, parent postpartum, and safe sleep area. A Case Manager should ask the parent how they are feeling and if they are getting enough rest. Parents may experience postpartum depression or complications after giving birth. Infants must be observed in the safe sleep area to ensure the parent is practicing safe sleep and that the infant (newborn) is growing and developing. Also, parents may need additional assistance during this time.

### ■ Families with ACS Involvement:

Unit inspections must be conducted weekly for families with active ACS Involvement. The inspection can assess the need for additional services by ACS.

### ■ Kitchen:

There must be sufficient appliances to allow a family to prepare meals in the unit - at minimum sink, refrigerator and stove top, where kitchens or kitchenettes are provided. Each unit must contain a table and one chair for each family member; in good repair and free of potential safety hazards.

### ■ Bedrooms / Bathrooms / Kitchens / Furniture:

Unit inspections must be conducted weekly for families with active ACS Involvement. The inspection can assess the need for additional services by ACS.

### ■ Toddler Bed:

A Toddler bed is not required. However, if present the ASTM voluntary standard defines a toddler bed as any bed sized to accommodate a full-size crib mattress having minimum dimensions of 51 5/8 inches in length and 27 1/4 inches in width and that is intended to provide free access and egress to a child not less than 15 months of age and weighing no more than 50 pounds. The standard includes cribs that can be converted into a toddler bed using a full-size crib mattress. The new federal standard requires the following: The upper edge of the guardrail must be at least five inches above the toddler bed's mattress, and separate warning labels to address entrapment and strangulation hazards must appear on toddler beds.

For more information on toddler bed: <https://www.cpsc.gov/Business--Manufacturing/Business-Education/Business-Guidance/Toddler-Beds/>

(Turn page)

<sup>2</sup> An adult is defined as 18 years of age or older.

<sup>3</sup> The action or process of observing something or someone carefully, or in order to gain information.

**CONDUCTING UNIT INSPECTIONS (continued)**

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**■ Maintenance and Repair Issues:**

As a Shelter Provider you are responsible for addressing deficiencies or repairs found during a unit inspection. The case manager must ensure maintenance staff is contacted or work orders are generated to resolve identified issues in unit. Case manager should document all deficiencies identified in the "Unit Inspection" note type in CARES. The note must contain status of work order, date submitted and the date the issue was resolved.

**■ DOHMH Newborn Home Visiting Program (Landlord Letters):**

The Newborn Home Visiting Program (NHVP) completes visits for families in shelter with newborns 0-2 months of age. One of their responsibilities is to assess the environmental hazards in the living environment. If an environmental hazard is identified the home visitors debrief the shelter staff on their findings and sends DHS a Landlord Letter from their agency indicating issues identified, e.g. "Pest Issues". The Landlord Letter is forwarded to the Shelter Provider, who must provide a corrective action within 48 hours of receipt. Response must include documentation of remediation and resolution of issues noted in communication and Landlord Letter.

**■ Documenting Unit Inspection in CARES:**

After a case manager has completed a unit inspection, a "unit inspection" note type must be entered and the Unit Inspection Form must be uploaded in CARES. The Unit Inspection Form must be uploaded using the Head of Household's CARES ID. Unit inspection notes and forms must be entered and uploaded within seven (7) days of the completed inspection. The case note and unit inspection form must document: who was present during the inspection and a thorough description of the condition of the unit. The description should note observations made of family and infant. If applicable, condition of crib and or play yard in unit and safe sleep discussion with family. A case manager should also document deficiencies found during inspection, needed repairs, and work orders that were submitted to address issues.

SAMPLE

January 24, 2020

Dear Parent,

In New York City, sleep-related injuries remain one of the leading causes of death among babies less than 1 year old. About 50 babies die every year in New York City, suddenly and unexpectedly, while sleeping due to accidental suffocation, strangulation or entrapment. A majority of these deaths were among babies between 28 days to 4 months old.

As a City, as an Agency, and as a team that works together like a family to help New Yorkers get back on their feet every day, we are heartbroken any time a baby is injured or loses their life. Our number one priority is protecting the health and safety of the families that we serve and their babies—and that means making sure moms and caretakers can get the best information about caring for their children, including how to make sure babies are sleeping safely.

You can protect your baby by following all the advice in the flyer included here. We also included answers to questions that parents often have. If you have more questions or are wondering if your baby's sleep area is safe, see your shelter staff and ask them to go over how to keep your baby in safe sleeping conditions. You can also ask to review the safe sleep video.

Shelter staff are here to help and will talk about safe sleep with you regularly. They will also be checking your unit for safe sleep practices and checking your baby's sleep area. Please review the questions and answers that we included here and ask staff any other questions you may have.

Sincerely,



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Fabienne Laraque, MD, MPH  
Medical Director  
NYC Department of Homeless Services

24 de enero de 2020

Estimados padres y madres:

En la Ciudad de Nueva York, las lesiones relacionadas con el sueño siguen siendo una de las causas principales de muerte en bebés menores de 1 año. Se estima que cada año en la Ciudad de Nueva York, alrededor de 50 bebés mueren accidentalmente, de manera repentina e inesperada, a causa de asfixia, estrangulación o por quedarse atrapados durante el sueño. La mayoría de las muertes de bebés ocurrieron entre los 28 días y los 4 meses de haber nacido.

Como ciudad, como agencia y como equipo que trabaja unido como una familia para ayudar a los neoyorquinos a levantar cabeza, se nos rompe el corazón cada vez que un bebé resulta lesionado o pierde la vida. Nuestra prioridad principal es proteger la salud y la seguridad de las familias y sus bebés, a los cuales servimos; esto significa, asegurarnos de que las madres y las personas que brindan cuidado infantil puedan obtener la mejor información sobre el cuidado de niños, lo que incluye información sobre cómo asegurarse de que los bebés duerman de manera segura.

Usted puede proteger a su bebé siguiendo los consejos que aparecen en el volante adjunto. También incluimos preguntas frecuentes que los padres suelen tener. Si tiene más preguntas o si desea saber si el lugar donde duerme su bebé es seguro, hable con el personal de su albergue y pídale que repasen juntos lo que debe hacer para que las condiciones en que duerme su bebe sean seguras. Además, puede pedir ver el video que trata sobre las condiciones necesarias para un sueño seguro.

El personal del albergue está aquí para ayudarlo(a) y hablará con usted a menudo sobre las condiciones necesarias para un sueño seguro. Ellos también verificarán que las condiciones para un sueño seguro estén en pie y revisarán el lugar donde duerme su bebé. Favor de repasar las preguntas y respuestas que se adjuntan a esta carta y dirija cualquier pregunta que tenga al personal.

Cordialmente,



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Fabienne Laraque, MD, MPH  
Directora Médica  
Departamento de Servicios para  
Personas sin Vivienda de la  
Ciudad de Nueva York

## INFANT SAFE SLEEP ADVISORY FOR PROVIDERS

January 24, 2020

Dear Shelter Providers,

In York City, sleep-related injuries<sup>1</sup> remain one of the leading causes of death among babies less than 1 year old. About 50 babies die every year in New York City, suddenly and unexpectedly, while sleeping due to accidental suffocation, strangulation or entrapment. A majority of these deaths were among babies between 28 days to 4 months old.<sup>2 3</sup>

### Deaths related to unsafe sleep practices can be prevented. Here is how:

The most recent infant sleep guidelines from the American Academy of Pediatrics (published in October 2016), based on the latest research, provide the following key **recommendations**<sup>4</sup>:

- Babies should be placed on their backs to sleep until their first birthday
  - Babies are **MORE** likely to choke on their vomit when placed on their stomachs
- Use a firm sleep surface with a fitted sheet made for that specific product
- Keep soft objects and loose bedding away from the infant's sleep area
- Do not use a car seat, carrier, swing, bouncer or similar product as a sleep area
- Never place your baby to sleep on a couch, sofa or chair
- Keep your baby's sleep area near your bed for the first 6 to 12 months
- Avoid sharing a bed with your baby.

### Unsafe sleep conditions/practices include<sup>5</sup>:

- Placing an infant to sleep on their stomach (prone) or side
- Sleeping with an infant on a sofa or armchair
- Bed-sharing with an infant
- Sleeping on the same surface as an infant after drinking alcohol
- Smoking around an infant
- Placing loose, excess or soft bedding in an infant's sleep environment (e.g., pillows, comforters)
- Placing an infant to sleep on an inappropriate surface, such as couches, or armchairs, car seats, or strollers
- Using bumper pads in the infant's bed

(Turn page)

<sup>1</sup> Sleep-related infant injury death is not the same as SIDS (Sudden Infant Death Syndrome) or "crib death." SIDS is the natural death of a baby that cannot be explained after a careful medical review of the case. Unlike SIDS, sleep-related infant injury deaths involve accidents that can be explained and are mostly preventable

<sup>2</sup> <https://www1.nyc.gov/assets/doh/downloads/pdf/ip/ip-nyc-inj-child-fatality-report13.pdf>

<sup>3</sup> <https://www1.nyc.gov/assets/acs/pdf/about/2017/safesleepbrochure0609.pdf>

<sup>4</sup> <https://www.aap.org/en-us/about-the-aap/aap-press-room/pages/american-academy-of-pediatrics-announces-new-safe-sleep-recommendations-to-protect-against-sids.aspx>

<sup>5</sup> Source: Adapted from Delaware Healthy Mother and Infant Consortium Materia and NYC Department of Health and Mental Hygiene materials

**Unsafe sleep conditions/practices (continued):**

- Placing objects in or near the infant's sleep environment (e.g., plush toys, cords)
- Overdressing an infant

**Please review the recommendations below with your staff, give them a copy of the attached safe sleep flipbook to use when talking to parents about safe sleep, and share with parents: (1) parent letter; (2) frequently asked questions on safe sleep practices; and (3) safe sleep flyer.**

Sincerely,



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Fabienne Laraque, MD,  
MPH Medical Director

**Useful Resources**

<https://www1.nyc.gov/site/acs/about/safe-sleep.page>

[https://www.nichd.nih.gov/sites/default/files/publications/pubs/documents/safe\\_sleep\\_environment\\_rev.pdf](https://www.nichd.nih.gov/sites/default/files/publications/pubs/documents/safe_sleep_environment_rev.pdf)

<https://www1.nyc.gov/site/doh/health/health-topics/sudden-infant-death-syndrome.page>

<https://www1.nichd.nih.gov/ste/materials/Pages/default.aspx>

<https://www.cpsc.gov/safety-education/safety-education-centers/cribs>

SAMPLE

**SAFE SLEEP RECOMMENDATIONS****Information for Shelter Staff on Ways to Protect Babies from Harm Due to Unsafe Sleep Practices<sup>6</sup>****1. Ensure babies sleep on their back for every sleep (bedtime and naptime)**

- Place babies entirely on their back until they are 1 year old. This reduces the risk of sleep related causes of infant death, such as suffocation, strangulation and entrapment; side sleeping and sleeping on the tummy are not recommended.
- Give supervised awake tummy time every day to babies to promote muscle development and coordination.

**2. Firm sleep surface and sleep environment are important**

- Use a firm crib mattress and a tightly fitted sheet for the crib.
- No pillows, blankets, bumpers or other soft objects should be in the crib. They can suffocate babies.
- Never put babies to sleep on an adult bed, bouncy seat, Boppy Pillow or any type of nursing pillow, infant swing, car safety seat, sofa, couch, futon, waterbed, sheepskin, or other soft mattress — not even for a nap.
- Only use a crib, bassinet, or play yard (e.g., Pack 'n Play) that are safe for babies and meet current safety standards. To help a parent find out if what they are using is safe, help them call the Consumer Product Safety Commission (CPSC) at 800-638-2772 or cpsc.gov and search “cribs.”
- Share a room, but never sleep in the same bed, sofa or other surface as a baby. Parents are allowed to have the baby's crib or Pack 'n Play right next to their bed.
- Offer a pacifier to the baby during naptime or bedtime. The pacifier should not be attached to the baby's clothing or stuffed toys or strings because the string can strangle the baby. If you are breastfeeding, wait to use a pacifier until breastfeeding has been firmly established, usually by 3 to 4 weeks of age.

**3. Avoid overheating**

- Dress babies in sleep clothing, such as a wearable blanket (sleep sack). Do not use a loose blanket.
- Do not overdress babies. In general, babies should be dressed appropriately for the environment, with no more than 1 layer more than an adult would wear to be comfortable in that environment.

**4. Recommendations for mothers to reduce the risk of Sudden Infant Death Syndrome (SIDS) and other sleep-related deaths:**

- Avoid smoking, alcohol or illicit drug use during pregnancy and after birth.
- Breastfeeding has large health benefits for babies, including decreasing infections, chronic diseases and improving infant development, and may also protect against SIDS. It also has benefits for mothers, including faster recovery from childbirth, decrease rate of certain cancers, and diabetes, and has great economic benefits.
- Ensure everyone who takes care of the baby is informed to place the baby on his/her back to sleep, even for naps, and practices all other safe sleep recommendations.

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<sup>6</sup> Source: Adapted from Delaware Healthy Mother and Infant Consortium Materia and NYC Department of Health and Mental Hygiene materials

**DHS SHELTER UNIT INSPECTION FORM**

Client Name: \_\_\_\_\_ Unit No: \_\_\_\_\_ Date of Inspection: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Case Number: \_\_\_\_\_ Shelter Name: \_\_\_\_\_ Address: \_\_\_\_\_

Family Composition: Adults \_\_\_\_\_ / Children \_\_\_\_\_ Child under 2:  Yes  No

Newborn in Unit (0-6 months):  Yes  No Unattended Children in Unit:  Yes  No

Unauthorized Guests in Unit:  Yes  No ACS Case:  Yes  No

Family Present in Unit:  Yes  No

	Infant / Child Safety	N/A	Yes	No	Comments
1.	Crib/ Pack N Play present for all children 24 months and under?				
2.	Crib/ Pack 'n' Play present without damage or defect?				
3.	If Crib: appropriate in size for baby; floor at appropriate height; rails move smoothly up and down; all surfaces free of splinters or peeling paint; stable?				
4.	Crib/ Pack N Play have firm mattress and fitted sheets?				
5.	Crib/ Pack N Play free of objects?				
6.	Crib/ Pack 'n' Play positioned away from windows, radiators, overhanging objects?				
7.	Safe Sleep Poster in unit?				
8.	<b>Mother &amp; newborn observed *(If, Present)</b>				
	8a. Safe Sleep Practices Observed (for infants 0-12 mons.)				
	8b. Safe Sleep Discussed with client				
	8c. Mom demonstrate how to place infant to sleep?				
	8d. Medications / Opioids / Hazardous chemical out of child's reach?				

	<b>Health and Safety</b>	<b>N/A</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
9.	Unit free of vermin/ traces of vermin?				
10.	Unit free of unauthorized pets?				
11.	Adequate food in unit and properly stored?				
12.	Unit free of observable mold?				
13.	Unit free of smoking, drug use or alcohol?				
14.	Housekeeping; unit free of clutter & excess items?				

	<b>Fire Safety</b>	<b>N/A</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
15.	Unit has functioning smoke and carbon monoxide detectors?				
16.	All exits free of obstructions or barriers to immediate exit to unit?				
17.	Fire Safety Notice Posted on unit entrance door?				
18.	Fire Safety egress signage posted?				

	<b>Electrical</b>	<b>N/A</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
19.	Electrical outlets functional and free of defect?				
20.	Functional GFI Outlets where required?				
21.	Unit free of exposed wiring?				
22.	Outlets free of excess wires and not overloaded?				
23.	Unit light fixtures functional, secure and have a working bulb?				

	<b>Heat / Ventilation</b>	<b>N/A</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
24.	Adequate heat available from all heat sources?				
25.	Heat sources functioning properly?				
26.	Radiator covers/ heater covers intact?				

(Turn page)

Kitchen and Bathroom		N/A	Yes	No	Comments
27.	Adequate Hot & Cold Water available from all fixtures?				
28.	Unit Ventilation/ exhaust operational and clean?				
29.	Toilet free of damage & defects?				
30.	Faucets free of damage & defects?				
31.	Basins free of damage & defects?				
32.	Shower/ tub free of damage & defect?				
33.	Medicine Cabin Intact and Free of damage & defect?				

Appliances		N/A	Yes	No	Comments
34.	Appliances in unit are authorized?				
35.	Refrigerator free of damage or defect?				
36.	Stove free of damage or defect?				
37.	Oven free of damage or defect?				
38.	Cabinets free of damage or defect?				

Furniture		N/A	Yes	No	Comments
39.	Adequate furniture in unit for family composition?				
40.	Beds without damage or defect?				
41.	Chairs without damage or defect?				
42.	Tables without damage or defect?				
43.	Dressers without damage or defect?				

(Turn page)

	Windows and Doors	N/A	Yes	No	Comments
44.	Window Glass intact and undamaged?				
45.	Windows operational and without defect and can lock?				
46.	Window Guards present and properly installed?				
47.	Window screens in place free of damage and defect?				
48.	Entrance door has no damage/ defect and can lock?				
49.	Peephole, knocker, and/or doorbell operational?				

	Walls and Ceilings	N/A	Yes	No	Comments
50.	Unit walls and ceilings clean?				
51.	Unit walls and ceilings painted without chipping / peeling?				
52.	Unit walls and ceilings free of water damage?				
53.	Unit walls and ceilings free of holes and cracks?				

	Floors	N/A	Yes	No	Comments
54.	Unit floors free of damage and defects?				
55.	Unit floors clean? *(Housekeeping)				
56.	Unit floors free of clutter and trip hazards? *(Housekeeping)				

Housekeeping Skills:  Excellent  Good  Fair  Poor \*

Housekeeping Issues:  Yes  No

Unit Repairs Needed:  Yes  No

Work Order(s) Submitted:  Yes  No

Overall Condition of the Unit:  Excellent  Good  Fair  Poor \*

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Case Manager Signature

**COMMENTS (Include Housekeeping)**

SAMPLE

## DHS INSPECTION INSTRUCTIONS

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- 1) All applicable boxes are required to be marked with a yes (Y), no (N) or N/A (non-applicable)
- 2) A box marked no (N) indicates a deficiency and must be described (if necessary) in the specific remarks/ notes section. Specifics include, but not limited to:
  - Indicate where deficiency is observed (**black mold observed on all bathroom walls and ceiling**)
  - Quantities of missing or defective items (**e.g. 3 broken windows in bedroom**)
  - Severity of conditions (**e.g. tub drain clogged and tub faucet does not shut off**)
- 3) Detailed, timely and accurate follow up on remediation and corrective action are required
- 4) All deficiencies reported by client must be documented, and followed up with maintenance or contracted service provider
- 5) Housekeeping Issues must be addressed by case management staff. Client should be counseled and instructed on how to maintain unit.
- 6) Any egregious conditions observed that are not covered by the categories of this inspection sheet should be specified in the "Comments" section located at the end of the inspection form.
- 7) All inspections and subsequent follow-up must be documented in CARES with a "Unit Inspection" note type
- 8) All Unit Inspection Forms must be uploaded in the Client Forms section in CARES using the Head of Household's CARES ID.
- 9) All Unit Inspection notes and forms must be entered and uploaded within seven (7) days of the completed inspection.

### INFANT / CHILD SAFETY

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- 1) A DHS approved Crib or DOHMH provided Pack 'n' Play are required in units with children under 2 year of age
- 2) All children under 1 must sleep in a DHS approved crib or a Pack 'n Play Playard on their back
- 3) Crib and/ or Pack 'n' Play are required to be intact and free of damage
- 4) Crib must be positioned away from <sup>2</sup> potential hazards
- 5) Cribs/ Pack 'N' Plays must have a correct sized firm mattress with a fitted sheet
- 6) DHS approved Crib or DOHMH approved/ provided Pack 'n Play must be free of <sup>3</sup> objects and clutter
- 7) Safe Sleep flyers must be posted in all shelter unit(s) for families with children under the age of 2
- 8) If <sup>4</sup>unsafe sleep practices are observed in unit, families must be counseled on safe sleep practice
- 9) All infants/ or children under the age of **16** must be supervised by an adult
- 10) Medication/ Opioids and hazardous chemicals must be stored out of the child's reach

### HEALTH AND SAFETY

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- 1) Extermination services are required to address any ongoing issue(s) with <sup>5</sup> vermin
- 2) Smoking tobacco products, drinking alcohol and illegal drug use are not allowed in units
- 3) Unauthorized <sup>6</sup> pets are prohibited in units
- 4) Food items must be stored properly

<sup>1</sup> Safe sleep: <http://www1.nyc.gov/site/acs/about/safe-sleep.page>

<sup>2</sup> Potential hazards include heat sources like radiators, riser pipes, windows and hanging objects

<sup>3</sup> Objects include but not limited to clutter, toys, bumpers, pillows and soft blankets

<sup>4</sup> Unsafe sleep practices include, but are not limited to bed sharing, and objects found in crib

<sup>5</sup> Vermin include: flies, bedbugs, roaches, water bugs, mice, rats, fleas and lice

<sup>6</sup> Unauthorized are pets that have not been approved by DHS



# SAFE SLEEP



Office of the Mayor

Administration  
for Children's  
Services

David A. Hansell  
Commissioner

Department of  
Health & Mental  
Hygiene

Mary T. Bassett, MD, MPH  
Commissioner

Caring for a new baby can be hard for parents and caregivers. When babies wake up often or fuss during the night, nobody gets any sleep.

When you are tired, it may seem easier to bring your baby to bed with you. But sharing a sleep surface (e.g., bed, sofa or chair) with your baby can be dangerous — your baby may be injured or worse.

Every year about 50 babies in New York City die from a sleep-related injury due to unsafe sleep practices such as stomach sleeping and bed-sharing. That's almost one baby every week. The good news is these deaths are mostly preventable.

## What Is a Sleep-Related Injury Death?

A **sleep-related injury death** is the sudden death of an infant less than 1 year old that occurs because of where and/or how they were placed to sleep. In these cases, an item like a loose blanket, pillow or another person caused the baby to suffocate and die. Babies placed to sleep on their stomachs can also suffocate if they get trapped and are unable to move their nose and mouth away from the mattress, soft bedding or other objects in the crib, such as stuffed animals.

Sleep-related infant injury death is not the same as **SIDS (sudden infant death syndrome)** or “crib death.” SIDS is the natural death of a baby that cannot be explained after a careful medical review of the case. Unlike SIDS, sleep-related injury deaths involve accidents that can be explained and are mostly preventable.

All babies, from birth to 12 months old, are at risk for sleep-related injury deaths. **However, babies between 1 and 4 months old are at the greatest risk.** Around this age, babies' neck muscles are still very weak and it is hard for them to move out of dangerous situations. Babies also start trying to roll over during this time, but cannot do it well on their own. For these reasons, it is very important to follow infant safe sleep guidelines.

## Frequently Asked Questions About Infant Safe Sleep

**Q:** How can I reduce my baby's chances of dying from a sleep-related injury?

**A:** The best way to reduce your baby's risk of a sleep-related injury death is to place them — day or night — to sleep alone, on their back, on a firm mattress and in a safety-approved crib, bassinet, portable crib or play yard. Cover the mattress with a fitted sheet only and do not place loose blankets, pillows, toys or bumper pads in the sleep area. To check if your crib meets safety standards, call the Consumer Product Safety Commission (CPSC) at 800-638-2772, or visit [cpsc.gov](http://cpsc.gov) and search for "cribs."

**Q:** I have poor heating in my apartment, and I don't want my baby to be cold in their crib. How do I keep them warm if I don't sleep with them or cover them with a blanket?

**A:** If you are worried about your baby getting cold, dress them in a wearable blanket, such as a sleep sack, or in another layer of infant clothing. In general, your baby should be dressed with only one more layer than what you are wearing. If your landlord does not address the heating issue, call 311 for help.

**Q:** My mother shared a bed with me when I was a baby with no problems. Why should I do anything differently for my baby?

**A:** What we know about sharing a sleep surface with babies has changed over the years. In the past, many sleep-related injury deaths were thought to be caused by SIDS (a natural cause of death). Now we know that many babies die from accidental suffocation while sleeping in unsafe spaces, especially when sharing a bed with another person. These deaths are mostly preventable.



## Infant Safe Sleep Guidelines

The American Academy of Pediatrics reviews the latest research and offers guidelines for where and how to safely place your baby to sleep. The most recent guidelines came out in October 2016 and include this advice:

- **Babies should be placed on their backs to sleep until their first birthday** — for naps and at night. Babies can breathe better on their backs than on their stomachs or sides. Sleeping on their backs opens up their chests and makes it easier for them to draw in more oxygen to their brains. Babies who sleep on their sides can more easily roll onto their stomachs, increasing their risk of suffocation.
- **Babies are MORE likely to choke on their vomit when placed on their stomachs.** When babies sleep on their backs and vomit, they naturally swallow or cough up the fluid, and turn their heads so it rolls down the side of their face. When babies sleep on their stomachs and vomit, they can breathe in the vomit and choke.
- **Use a firm sleep surface with a fitted sheet made for that specific product.** A crib, bassinet, portable crib or play yard that meets Consumer Product Safety Commission standards is recommended. Babies should be placed on a flat surface for all sleep times. Though it might seem more comfortable to put a pillow on top of the mattress, babies may suffocate on the soft surface.
- **Do not use a car seat, carrier, swing, bouncer or similar product as a sleep area.** These products are not made for babies to sleep in and are dangerous because babies are not sleeping flat on their backs. If babies fall asleep in these items, they should be moved to a firm sleep surface on their backs as soon as possible.
- **Never place your baby to sleep on a couch, sofa or chair.** These surfaces are not designed for a baby to sleep on and are very dangerous. A baby can easily get trapped between cushions, people or other objects that can cause him or her to suffocate.
- **Keep your baby's sleep area near your bed for the first 6 to 12 months.** Place your baby's crib, bassinet, portable crib or play yard next to your bed. This is called room sharing and it will make it easier for you to feed, comfort and watch your baby without increasing the risk of sleep-related injury death.
- **Avoid sharing a bed with your baby.** Your baby should never sleep in an adult bed, on a couch or on a chair with you or anyone else (e.g., other children or pets). Babies may suffocate if another person accidentally rolls on top of them or covers their nose and mouth.

- **Keep soft objects, loose bedding or any other items that could increase the risk of suffocation out of the baby's sleep area.** Do not place pillows, blankets, toys or bumper pads anywhere in your baby's sleep area. These objects can cover a baby's face, causing them to suffocate.
- **Breastfeed your baby.** Breastfeeding has many health benefits for mother and baby, including reducing the risk of SIDS. While the cause of SIDS is unknown, breast milk may help build a baby's immune system to fight SIDS-related infections. Babies fed only breast milk get the most protection against SIDS. However, any breastfeeding provides more protection than no breastfeeding at all. Breastfeeding and skin-to-skin contact also keep babies calm, and can help mothers bond with their babies and regulate their body temperatures, breathing and heart rate.
- **If you bring your baby into bed with you to feed or comfort them, make sure you put them back in their bed before you fall asleep.** Placing your baby's crib next to your bed can help make this easier. If you fall asleep in bed with your baby while feeding or comforting them, place them back to sleep in their own crib as soon as you wake up.



**NO PILLOWS**



**NO BLANKETS**



**NO TOYS**



**NOT ON  
THEIR BELLY**



**NOT IN BED  
WITH YOU**



**Q:** I don't drink or use drugs, so aren't I less likely to smother my baby in bed?

**A:** No. Innocent mistakes can happen. Even parents who do not drink or use drugs can accidentally smother their babies in bed. Bed-sharing can be dangerous for any family.

**Q:** How can I breastfeed my baby in the middle of the night if I can't bring him into bed with me?

**A:** Parents are encouraged to have the baby's crib right next to their bed. You may bring your baby into bed with you for feeding or for comfort. However, it is important for you to place your baby back in their own crib before you fall asleep.

**Q:** Car seats are safety approved. Can they also be a safe place for my baby to sleep?

**A:** No. Because babies don't lie flat in car seats, they can suffocate when their heads (which are very heavy compared to the rest of their bodies), tip forward, blocking their airway.

**Q:** What if my baby rolls onto his stomach while he's sleeping? Do I need to put him on his back again?

**A:** Rolling over is an important and natural part of your baby's growth. Most babies start rolling over on their own around 4 to 6 months of age. If your baby rolls onto their stomach on their own during sleep, you do not need to turn them over onto their back. The important thing is for them to start off on their back. However, swaddled babies are at high risk for suffocation if they roll onto their stomachs. Stop swaddling babies as soon as they start trying to roll. This usually begins at around 2 months of age.

**Q:** What can I do to protect my sleeping baby from mice, cockroaches and other pests?

**A:** Keep your baby's crib free of any food or drink that may attract pests. Crib netting may also provide some protection. For more on how to control pests safely, visit [nyc.gov](https://www.nyc.gov) and search for **pests**. If you have pest problems in your home and your landlord does not correct them, call **311** for help.

For more information visit [nyc.gov/safesleep](https://www.nyc.gov/safesleep)



# PUT THEM TO BED AS IF THEIR LIFE DEPENDS ON IT. BECAUSE IT DOES.

Babies sleep safest on their backs. It makes it easier for them to breathe, and they are less likely to choke if they spit up.

Babies sleep safest alone, on their backs, in a bare crib or bassinet — not in bed with you.



**NO PILLOWS**



**NO BLANKETS**



**NO TOYS**



**NOT ON  
THEIR BELLY**



**NOT IN BED  
WITH YOU**

To learn more about Safe Sleep visit [nyc.gov/safesleep](http://nyc.gov/safesleep) or call 311.

#NYCSafeSleep



Administration  
for Children's  
Services

Department of  
Health & Mental  
Hygiene

David A. Hassell  
Commissioner

Mary T. Bassett, MD, MPH  
Commissioner



# PUT THEM TO BED AS IF THEIR LIFE DEPENDS ON IT. BECAUSE IT DOES.

Babies sleep safest in a bare crib. Loving but unsafe practices like putting pillows, blankets, and toys in your baby's crib can lead to suffocation and even death.

Babies sleep safest alone, on their backs, in a bare crib or bassinet — not in bed with you.



**NO PILLOWS**



**NO BLANKETS**



**NO TOYS**



**NOT ON  
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# PUT THEM TO BED AS IF THEIR LIFE DEPENDS ON IT. BECAUSE IT DOES.

Babies sleep safest alone. Tired parents can fall into a sound sleep and accidentally roll over, causing their baby to suffocate.

Babies sleep safest alone, on their backs, in a bare crib or bassinet — not in bed with you.



**NO PILLOWS**



**NO BLANKETS**



**NO TOYS**



**NOT ON  
THEIR BELLY**



**NOT IN BED  
WITH YOU**

To learn more about Safe Sleep visit [nyc.gov/safesleep](http://nyc.gov/safesleep) or call 311.

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David A. Harrell  
Commissioner

Mary T. Bassett, MD, MPH  
Commissioner

## Attachment C

### Preguntas frecuentes sobre el sueño seguro del bebé

- P:** ¿Cómo puedo reducir las probabilidades de que mi bebé muera a causa de una lesión relacionada con el sueño?
- R:** La mejor manera de reducir el riesgo de que su bebé muera a causa de una lesión relacionada con el sueño es colocarlo boca arriba (ya sea de día o de noche) y dejarlo dormir solo en un colchón firme y en una cuna, un moisés, una cuna portátil o un corralito seguro y aprobado. Cubra el colchón solo con una sábana ajustada y no coloque cobijas sueltas, almohadas, juguetes o almohadones protectores en el área donde duerme. Para asegurarse de que la cuna cumple con los estándares de seguridad, llame a la Comisión de Seguridad de Productos del Consumidor (CPSC, por sus siglas en inglés) al **800-638-2772** o visite [cpsc.gov](http://cpsc.gov) y busque "cribs" (cunas).
- P:** Mi apartamento no tiene buena calefacción y no quiero que mi bebé tenga frío en su cuna. ¿Cómo lo puedo mantener abrigado si no duermo con él ni lo cubro con una cobija?
- R:** Si le preocupa que su bebé tenga frío, vístalo con prendas abrigadoras, como un saco o mameluco para dormir u otra capa de ropa para bebés. En general, el bebé debe llevar una sola capa de ropa más que usted. Si el propietario de su apartamento no soluciona los problemas con la calefacción, llame al **311** para obtener ayuda.
- P:** Mi madre dormía conmigo, en la misma cama, cuando yo era bebé sin ningún problema. ¿Por qué tengo yo que hacer algo distinto con mi bebé?
- R:** Lo que sabemos sobre compartir áreas para dormir con bebés ha cambiado a lo largo de los años. En el pasado, se pensaba que muchas muertes a causa de lesiones relacionadas con el sueño eran provocadas por el SMSI (una causa de muerte natural). Actualmente, sabemos que muchos bebés mueren a causa de asfixias accidentales al dormir en espacios que no son seguros, en especial, cuando comparten la cama con otra persona. En su mayoría, estas muertes se pueden prevenir.



- P:** Ya que no consumo alcohol ni drogas, ¿no es menos probable que asfixie a mi bebé mientras duermo?
- R:** No. Los accidentes ocurren. Incluso los padres que no consumen alcohol ni drogas pueden asfixiar accidentalmente a sus bebés mientras duermen. Compartir la cama puede ser peligroso para cualquier familia.
- P:** ¿Cómo puedo amamantar a mi bebé durante la noche si no puedo traerlo a mi cama?
- R:** Se recomienda a los padres que tengan la cuna del bebé junto a su cama. Pueden llevar al bebé a su cama para alimentarlo o para calmarlo. Sin embargo, es importante que devuelvan al bebé a su cuna antes de dormirse.
- P:** Los asientos de automóviles para bebés están aprobados. ¿Pueden ser un lugar seguro para que mi bebé duerma?
- R:** No. Dado que los bebés no pueden acostarse horizontalmente en los asientos de automóviles, se pueden asfixiar cuando su cabeza (que es muy pesada en comparación al resto de su cuerpo) se inclina hacia adelante y bloquea sus vías respiratorias.
- P:** ¿Qué pasa si mi bebé se gira boca abajo mientras duerme? ¿Es necesario que lo coloque boca arriba nuevamente?
- R:** Darse vuelta es una parte importante y natural del crecimiento del bebé. La mayoría de los bebés comienza a darse vuelta por sí mismos entre los 4 y 6 meses de edad. Si el bebé se da vuelta mientras duerme, no es necesario que lo vuelva a colocar boca arriba. Lo importante es que, al principio, cuando se quede dormido, se encuentre boca arriba. Sin embargo, los bebés envueltos en cobijas corren alto riesgo de asfixia si se dan vuelta y permanecen boca abajo. Deje de envolver al bebé tan pronto como comience a intentar darse vuelta. Usualmente, esto comienza a suceder alrededor de los 2 meses de edad.
- P:** ¿Qué puedo hacer para proteger a mi bebé de los ratones, cucarachas y otras plagas mientras duerme?
- R:** Mantenga la cuna del bebé libre de cualquier alimento o bebida que pueda atraer plagas. Colocar una malla o tela de tul en la cuna también puede brindar protección. Para obtener más información acerca del control seguro de plagas, visite [nyc.gov](http://nyc.gov) y busque "pests" (plagas). Si tiene problemas de plagas en su vivienda y el propietario no los soluciona, llame al **311** para obtener ayuda.

Para obtener más información, visite [nyc.gov/safesleep](http://nyc.gov/safesleep).

Spanish



# SUEÑO SEGURO

Cuidar de un nuevo bebé puede ser difícil para los padres y para las personas encargadas de su cuidado. Cuando los bebés se despiertan seguido o se quejan durante la noche, nadie puede dormir.

Cuando usted está cansado/a, puede parecerle que llevar al bebé a su cama es lo más fácil. Sin embargo, compartir la superficie donde duerme (por ejemplo, la cama, el sofá o la silla) con su bebé puede ser peligroso; su bebé puede resultar herido o algo peor.

Cada año, alrededor de cincuenta bebés en la ciudad de Nueva York mueren a causa de lesiones relacionadas con el sueño, provocadas por prácticas que no son seguras, como dormir boca abajo y compartir la cama. Esto significa casi un bebé por semana. La buena noticia es que, en su mayoría, estas muertes se pueden prevenir.

## ¿Qué es una muerte a causa de una lesión relacionada con el sueño?

La **muerte a causa de una lesión relacionada con el sueño** es la muerte repentina de un bebé de menos de 1 año que ocurre debido al lugar o a la posición en la que estaba acostado al dormir. En estos casos, un objeto, como una cobija suelta o una almohada, u otra persona, causa la muerte por asfixia del bebé. Los bebés que duermen boca abajo también pueden asfixiarse si quedan atrapados y no logran alejar la nariz y la boca del colchón, la ropa de cama u otros objetos dentro de la cuna, como juguetes de peluche.

La muerte del bebé a causa de una lesión relacionada con el sueño no es lo mismo que el **SMSI (síndrome de muerte súbita infantil)** o "muerte de cuna". El SMSI es la muerte natural de un bebé que no se puede explicar luego de una cuidadosa revisión médica del caso. A diferencia del SMSI, las muertes a causa de lesiones relacionadas con el sueño involucran accidentes que se pueden explicar y que, en su mayoría, se pueden prevenir.

Todos los bebés, desde el nacimiento hasta los 12 meses, se encuentran en riesgo de muerte a causa de una lesión relacionada con el sueño. **Sin embargo, los bebés de entre 1 y 4 meses corren el mayor riesgo.** Alrededor de esta edad, los músculos del cuello de los bebés aún son muy débiles, y les resulta difícil escapar de situaciones peligrosas. Además, los bebés comienzan a intentar darse vuelta durante ese período, pero no pueden hacerlo bien por su cuenta. Por estas razones, es muy importante seguir las pautas para el sueño seguro del bebé.

## Pautas para el sueño seguro del bebé

La Academia Americana de Pediatría evalúa las investigaciones más recientes y ofrece pautas acerca de dónde y cómo colocar al bebé de manera segura para dormir. Las pautas más recientes se publicaron en octubre del 2016 e incluyen los siguientes consejos:

- **Se debe colocar a los bebés boca arriba para dormir hasta el primer año de vida** (tanto para las siestas como por la noche). Los bebés respiran mejor si se encuentran boca arriba que boca abajo o de lado. Dormir boca arriba ayuda a que el pecho se abra y facilita la entrada de mayor cantidad de oxígeno al cerebro. Los bebés que duermen de lado pueden darse vuelta y colocarse boca abajo con mayor facilidad, lo cual aumenta el riesgo de asfixia.
- **Los bebés tienen MÁS probabilidades de ahogarse con su vómito cuando se encuentran boca abajo.** Cuando duermen boca arriba y vomitan, los bebés tragan o expulsan el fluido de manera natural y giran la cabeza para que este se escurra por el lado de la cara. Cuando los bebés duermen boca abajo y vomitan, pueden aspirar el vómito y ahogarse.
- **Utilice una superficie para dormir firme con una sábana fabricada específicamente para ese producto.** Se recomienda utilizar una cuna, un moisés, una cuna portátil o un corralito que cumpla con los estándares de la Comisión de Seguridad de Productos del Consumidor. Se debe colocar a los bebés en una superficie plana cada vez que se les ponga a dormir. Aunque puede parecer más cómodo colocar una almohada sobre el colchón, los bebés pueden asfixiarse con la superficie blanda.
- **No utilice un asiento de automóvil, un portabebés, un columpio, una silla de bebé o productos similares como áreas para dormir.** Estos productos no están hechos para que los bebés duerman y resultan peligrosos porque no permiten que los bebés duerman boca arriba en una posición horizontal. Si los bebés se quedan dormidos en ellos, se los debe colocar boca arriba en una superficie para dormir firme tan pronto como sea posible.
- **Nunca deje dormir al bebé en un sillón, un sofá o una silla.** Estas superficies no están diseñadas para que los bebés duerman en ellas y son muy peligrosas. El bebé puede quedar atrapado fácilmente entre almohadones, personas u otros objetos que pueden asfixiarlo.
- **Mantenga el área para dormir del bebé cerca de su cama durante los primeros 6 a 12 meses.** Coloque la cuna, el moisés, la cuna portátil o el corralito del bebé junto a su cama. Esto se denomina "compartir la habitación" y le facilitará alimentar, calmar y observar al bebé sin aumentar el riesgo de muerte a causa de lesiones relacionadas con el sueño.
- **Evite compartir la cama con el bebé.** El bebé nunca debe dormir en la cama de un adulto, en un sillón o en una silla ni con usted o alguien más (por ejemplo, otros niños o mascotas). Los bebés se pueden asfixiar si otra persona accidentalmente los aplasta o cubre su nariz y boca.

- **Mantenga alejados del área para dormir del bebé los objetos suaves, la ropa de cama suelta o cualquier otro objeto que pueda aumentar el riesgo de asfixia.** No coloque almohadas, cobijas, juguetes o almohadones protectores en ninguna parte del área para dormir del bebé. Estos objetos pueden cubrir la cara del bebé y provocar asfixia.
- **Amamante al bebé.** La lactancia materna presenta muchos beneficios para la salud de la madre y del bebé, incluida la reducción del riesgo del SMSI. Aunque se desconoce la causa del SMSI, la leche materna puede fortalecer el sistema inmunitario del bebé para combatir las infecciones relacionadas con este síndrome. Los bebés alimentados solo con leche materna obtienen la mayor protección contra el SMSI. Sin embargo, amamantar al bebé en cualquier medida proporciona más protección que no hacerlo en lo absoluto. La lactancia materna y el contacto de piel con piel también mantienen a los bebés calmados y ayudan a las madres a crear lazos con sus bebés, así como a regular la temperatura corporal, la respiración y el ritmo cardíaco.
- **Si lleva al bebé a su cama para alimentarlo o para calmarlo, asegúrese de devolverlo a su cuna antes de dormirse.** Colocar la cuna del bebé junto a su cama puede facilitarle esto. Si se duerme en la cama con el bebé mientras lo alimenta o lo calma, devuélvalo a su cuna tan pronto como se despierte.



SIN ALMOHADAS



SIN COBIJAS



SIN JUGUETES



NO BOCA ABAJO



NO EN LA CAMA  
CON USTED



Attachment D



# PÓNGALOS A DORMIR COMO SI FUERA UNA CUESTIÓN DE VIDA O MUERTE. PORQUE LO ES.

Los bebés duermen más seguros boca arriba. Les es más fácil respirar y hay menos riesgo de que se ahoguen si vomitan.

Los bebés duermen más seguros solos, boca arriba, en una cuna o moisés vacíos: no en la cama con usted.



**NO ALMOHADAS**



**NO COBIJAS**



**NO JUGUETES**



**NO BOCA ABAJO**



**NO EN LA CAMA  
CON USTED**

Para obtener más información sobre el sueño seguro para bebés, visite [nyc.gov/safesleep](http://nyc.gov/safesleep) o llame al 311.

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Administración  
de Servicios  
para Niños  
David A. Hansell  
Comisionado

Departamento  
de Salud y  
Salud Mental  
Mary T. Bassett, MD, MPH  
Comisionada



## PÓNGALOS A DORMIR COMO SI FUERA UNA CUESTIÓN DE VIDA O MUERTE. PORQUE LO ES.

Los bebés duermen más seguros en una cuna vacía. Prácticas cariñosas pero riesgosas como colocar almohadas, cobijas y juguetes en la cuna de su bebé pueden provocar asfixia y hasta la muerte.

Los bebés duermen más seguros solos, boca arriba, en una cuna o moisés vacíos: no en la cama con usted.



**NO ALMOHADAS**



**NO COBIJAS**



**NO JUGUETES**



**NO BOCA ABAJO**



**NO EN LA CAMA  
CON USTED**

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Attachment D



## PÓNGALOS A DORMIR COMO SI FUERA UNA CUESTIÓN DE VIDA O MUERTE. PORQUE LO ES.

Los bebés duermen más seguros solos. Padres cansados pueden caer en un profundo sueño y accidentalmente voltearse y asfixiar al bebé.

Los bebés duermen más seguros solos, boca arriba, en una cuna o moisés vacíos: no en la cama con usted.



**NO ALMOHADAS**



**NO COBIJAS**



**NO JUGUETES**



**NO BOCA ABAJO**



**NO EN LA CAMA  
CON USTED**

Para obtener más información sobre el sueño seguro para bebés, visite [nyc.gov/safesleep](http://nyc.gov/safesleep) o llame al 311.

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