

**BUREAU OF EARLY CHILDHOOD SERVICES
POLICY STATEMENT**

ID NUMBER: 06-5

TOPIC: Placing Infants on their Backs to Sleep

MODALITIES IMPACTED: Family Day Care, Group Family Day Care, Day Care Centers

APPLICABLE REGULATIONS: Title 18 of the New York State Code of Rules and Regulations (NYCRR) § 416.7(i), 417.7(i), 418-1.7(i), 418-2.7(i)

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EFFECTIVE: Immediately (May 17, 2006)

THIS POLICY STATEMENT IS EFFECTIVE IMMEDIATELY

Title 18 of the New York State Code of Rules and Regulations (NYCRR) § 416.7(i), 417.7(i), 418-1.7(i), 418-2.7(i) mandate that infants be placed on their backs to sleep, unless medical information is presented to the provider by the parent/guardian that shows that arrangement is inappropriate for that child.

This regulation is consistent with the American Academy of Pediatrics recommendation that placing infants in the supine (back) position to sleep presents the least risk of Sudden Infant Death Syndrome (SIDS). The American Academy of Pediatrics further recommends that when an infant can easily turn over from a supine to a prone (stomach) position, they shall be put down to sleep on their back, but allowed to adopt whatever position they prefer for sleep. Repositioning sleeping infants onto their backs is not recommended once the child has learned to turn over easily from the supine to prone position.

If a child has special sleeping needs based on a medical illness or disability, parents/guardians should provide the child care provider with a health care provider's note specifying the need for prone sleeping and/or any other special sleeping arrangements required for that child.

Licensors/registrars who are inspecting a program during the time that an infant is being placed down to sleep, should observe whether or not the infant is placed on his/her back. If an infant is already sleeping and found in the prone position, the licensor/registrar is required to ask the provider for the following information:

- In what position was the child placed for sleep?
- What is the age of the child? ; and

- Is there a health care provider's note on file containing special sleeping instructions for the child?

If a provider cannot articulate the proper method of placing an infant to sleep and/or tells the licenser/registrar that they do not routinely place infants to sleep on the backs, it is safe to assume that the provider needs instruction on "back to sleep" methods. Based on the child's age the licenser will also have an indication of whether or not the child is developmentally capable of turning itself over to a prone position. However, as recorded in the general milestones outlined below, children may master the ability to roll over at different ages. While it is safe to say a child who is six weeks old is unable to roll over, their abilities are not as certain when the child is three or four months old. A health care provider's note may also explain the child's sleep position if he/she is discovered in any positions other than on his/her back.

When there is a question about either the provider's routine in putting children to sleep on their backs or a child's physical abilities, a licenser/registrar may contact the child's parent/guardian and ask about the infant's gross motor abilities (bear in mind that the child may have just started this behavior) or require that the provider submit documentation signed by the parent/guardian that corroborates the provider's information. Licensers/registrars will not cite a provider for failure to place an infant to sleep on their back unless and until all of the details regarding the incident have been explored and the violation has been substantiated.

General milestones*

The following information is based on accepted general milestones for infants. Some children, however, may begin to roll over earlier or later than indicated below. **Regardless of physical abilities, infants should always be placed to sleep on their back.**

Infants 1 – 4 months: usually do not have the physical ability to roll from back to stomach. (Licensers/registrars should see infants in this age group almost always on their backs. There are very rare exceptions.)

Infants 5 – 9 months: are learning to master rolling from back to stomach. Rolling typically occurs around 6 months of age. (Licensers/registrars may see some infants in this age group on their stomachs. Not all prefer to sleep on their stomach even though they have the physical ability to roll over.)

Infants 10 months and older: have usually mastered rolling from back to stomach (Licensers/registrars may see some infants in this age group on their stomachs. Again, not all prefer to sleep on their stomach even though they have the physical ability to roll over.)

Providers who require more instruction regarding SIDS and sleep positions will find this information in the OCFS health and safety training or may contact the following *Back to Sleep* campaign sponsors:

