

<b>New York State Office of Children and Family Services Bureau of Training</b>	
<h1>Satellite Downlink Coordinator Packet and Materials</h1>	
<h2><i>Satellite Broadcast Services</i></h2>	
<b>Teleconference:</b>	<b>Safe Baby Series: SIDS and Risk Reduction</b>
<b>Date:</b>	March 25, 2003
<b>Test Time:</b>	1:00 PM
<b>Program Time:</b>	1:30 PM – 3:30 PM
<b>Broadcast Channel</b>	Digital Channel 1
<p><b>Package Contents:</b></p> <ol style="list-style-type: none"> <li>1. General Instructions:</li> <li>2. Roster</li> <li>3. Evaluation Forms</li> <li>4. Call In Question Forms</li> <li>5. Handouts</li> </ol>	
<b>Produced By:</b>	SUNY Distance Learning Project Training Strategies Group, SUNY Central Administration

## General Instructions

### Introduction:

The Bureau of Training maintains a network of teleconference downlink sites at residential facilities and local district offices across New York State. BT offers an array of Tele - training topics designed and produced specifically for state and local district staff. The training office will also retransmit programs produced and offered by national organizations such as: National Institute on Corrections, Office of Juvenile Justice and Delinquency Prevention, and the Welfare Reform Academy. BT welcomes suggestions for new teleconferences topics.

Generally BT broadcasts five or six training programs every month. Most programs are offered in the afternoon from 1:30 - 3:30. . A programming guide is maintained on the agency Intranet site. Program announcements are also sent out to all Staff Development Coordinators, Training Coordinators and Downlink Coordinators by email. Videotape copies of all past BT produced programs can be borrowed from the NYS OCFS Multi Media Center (518-473-8072). Downlink site Coordinators are encouraged to may make their own tapes of programs to show at a later time.

Downlink Coordinators are asked to ensure that staff is informed about upcoming teleconferences; and that the teleconferencing equipment is set up and functional prior to each telecast. Problems with equipment should be reported to Martha Murphy at 518-474-2424. BT maintains a technician to visit downlink sites and correct problems. With timely reporting, most problems will be addressable prior to broadcast.

In general the Training Coordinator is responsible for the successful presentation of the teleconference at their downlink site. This general responsibility is meant to include the notification of staff, provision of handouts, testing of equipment, reporting of evaluation results, and ensuring that the site is reserved, set up and presentable.

### Set Up:

Downlink coordinators should expect to receive information packets about one week prior to the teleconference. Please review the material and make copies of the necessary forms and handouts

Several days prior to the satellite broadcast, please test the TV and satellite receiver to ensure that it functions properly. Any problems should be reported to Martha Murphy at 518-474-2424. With enough advance notice OCFS Bureau of Training will be able to provide the site with technical assistance.

### Trouble Numbers:

If you experience trouble the day of the teleconference here are some contact numbers

NY Network Studios	518-443-5333
NY Network Uplink and Technical Assistance	518-453-9521
SUNY Distance Learning Project (Marti Murphy)	518-474-2424

### During The Teleconference:

During the teleconference, the downlink coordinator's role will depend upon whether or not there are any onsite activities to coordinate and whether there is a call in question segment. In each of these instances, it is expected that the downlink coordinator will facilitate and assist with the needs of the participants

**Evaluations:**

All teleconference evaluations are submitted on line at either the agency Internet site or on the agency Intranet. Specific web sites are listed below. Downlink coordinators have the option of either having participants report on line themselves, or, conducting a paper evaluation for the entire site, summarizing it, and reporting that summary evaluation on line.

To have individuals report their evaluations on line, downlink coordinators can distribute the "Instructions For The On-Line Submission of Teleconference Evaluations By Individuals".

To report a summary for the entire site, downlink coordinators can use the attached forms and submit the summary tabulated evaluation at:  
<http://sdssnet5/ohrd/distancelearning/satellite/evaluation/> (Agency Intranet) or at  
<http://www.dfa.state.ny.us/ohrd/satdefault.htm>. (Agency Internet)

**Rosters:**

Everyone who attends a teleconference should sign in on the attendance roster. Downlink coordinators should either establish a sign in desk or pass around a set of rosters prior to the teleconference. Once the teleconference is finished rosters should be FAXed to the OCFS home Office.

Rosters from local district sites should be faxed to Martha Murphy at 518-472-5165

Rosters from OCFS facilities should be faxed to Karen Tribley-Smith at 518-473-9169

## Instructions For The On-Line Submission of Teleconference Evaluations By Individuals

Teleconference participants can submit their individual teleconference evaluations directly on-line at either the agency Internet site or at the agency Intranet site.

On the agency Intranet site participants should go to the following web address (<http://sdssnet5/ohrd/distancelearning/satellite/evaluation/>) and click on "Submit an On-Line Evaluation". On the agency Internet site the address is: <http://www.dfa.state.ny.us/ohrd/satdefault.htm>. Click on "Evaluations", then "Submit and On-Line Evaluation"

The following information is provided to assist in the completion of the on line evaluation form

- This form provides you the opportunity to enter information by typing into a text box or by using a drop down menu to pick (highlight) a selection. The Tab key of your keyboard will advance you to each next field. Your Shift-Tab key will return you to the previous field. Once the last field is completed you must click on the "Submit" button to process your responses. After clicking on the "Submit" button you will be given a confirmation screen. You can review and edit you choices on this screen. Once you are satisfied with your entries, clicking "Confirm" will send your evaluation to the database. Only one submission for each program from each downlink site is allowed.
- You must complete first name, last name, and phone number for your submission to be accepted
- Use the drop down menus to select a program name and the site from which you are reporting
- Please ensure you include the number of attendees
- For each of the four quality measures, please average the individual responses together and report the average response
- For "Comments" and "Suggested Topics" please summarize the comments and topics provided by your attendees
- Once you have completed you evaluation, the results will be immediately tabulated

**Use These Forms To Tabulate And  
Submit A Site-Wide Evaluation**

**New York State Office of Children and Family Services  
Bureau of Training and Work Force Development**

**Satellite Tele-Training Evaluation Form**

<b>Program Name:</b>		<b>Program Date:</b>	
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<b>Downlink Site:</b>	
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Please complete the following questions on the scale provided and return this form to your staff development coordinator or site facilitator:

	Please rate the teleconference on the following scale ( 1 = poor, 5 = excellent)
This tele-training addressed the objectives as described in the announcements	
This tele-training provided me with information that I can use in my work duties	
This tele-training provided me with skills that I can use in my work duties	
I would give this tele-training an overall rating of :	

Comments:







Target Population					Job Type										
Code	Description				Code	Description				Code	Description				
1	Employed By NYS OCFS				1	Administrator				8	Supervisor				
2	Employed By NYS OTDA				2	Clerical / Support				9	Volunteer Worker				
3	Employed By NYS Dept of Health				3	Consultant				10	Health Care Worker				
4	Employed By NYS Dept. of Labor				4	Direct Services Worker / Caseworker				11	Teacher / Vocational Specialist				
5					5	Eligibility Worker				12	Professional Specialist				
6	Employed By Local District DSS (County DSS, NYC HRA, or NYC ACS)				6	Foster Parent				13	Recreation Specialist				
7	Employed By a non profit or voluntary agency				7	Investigator				14	Other / Not Listed				
8	Employed by any other local (county or city) agency other than local District DSS														
9	Other / Individual Category														
0	County Youth Bureau														
Functional Area															
Code	Description				Code	Description				Code	Description				
<b>Administration</b>					17	Foster Care									
1	Commissioner's Office				18	Juvenile Justice Foster Care				32	Homeless Housing Assistance				
2	Budget Office				19	Private Residential Child Care									
3	Contract Management				20	Teenage Pregnancy Prevention				<b>Department of Health</b>					
4	Finance Management				21	Commission For The Blind and Visually Handicapped				33	Medicaid				
5	Personnel				22	Indian Affairs				34	Managed Care				
6	Quality Assurance				23	Adult Services				35	Department of Health / Other				
7	Training and Workforce Development				24	Services / Other									
8	Support Services				25	Legal Affairs Counsel's Office				<b>Department of Labor</b>					
<b>Services</b>					<b>Temporary and Disability Assistance</b>					36	Welfare To Work				
9	Large - Over 25 Bed Facility				26	Energy Programs				37	Department of Labor / Not Listed				
10	Small - 25 Beds and Under Facility				27	Food Stamps				38	Other / Not Listed				
11	Program Services				28	Public Assistance									
12	Program Support and Community Services				29	Child Support Enforcement									
13	Adoption				30	Disability Determination									
14	CPS				31	ES / Other									
15	Day Care														
16	Domestic Violence Prevention														
County		County		County		County		County		County		County		County	
Albany	01	Chenango	08	Essex	15	Jefferson	22	Niagara	29	Otsego	36	Schohaire	43	Tompkins	50
Allegany	02	Clinton	09	Franklin	16	Lewis	23	Onieda	30	Putnam	37	Schuyler	44	Ulster	51
Broome	03	Columbia	10	Fulton	17	Livingston	24	Onondaga	31	Rensselaer	38	Seneca	45	Warren	52
Cattaraugus	04	Cortland	11	Genesee	18	Madison	25	Ontario	32	Rockland	39	Steuben	46	Washington	53
Cayuga	05	Delaware	12	Greene	19	Monroe	26	Orange	33	St. Lawrence	40	Suffolk	47	Wayne	54
Chautauqua	06	Dutchess	13	Hamilton	20	Montgomery	27	Orleans	34	Saratoga	41	Sullivan	48	Westchester	55
Chemung	07	Erie	14	Herkimer	21	Nassau	28	Oswego	35	Schenectady	42	Tioga	49	Wyoming	56
														Yates	57
														New York City	65

**Handouts for March 25<sup>th</sup>  
Teleconference SIDS**

# Consumer Product Safety Alert

FROM THE U.S. CONSUMER PRODUCT SAFETY COMMISSION, WASHINGTON, D.C. 20207

## Soft Bedding May Be Hazardous To Babies

To prevent infant deaths due to soft bedding, *the U.S. Consumer Product Safety Commission, the American Academy of Pediatrics, and the National Institute of Child Health and Human Development* are revising their recommendations on safe bedding practices when putting infants down to sleep.

Here are the revised recommendations to follow for infants under 12 months:



**A Safe Sleeping Environment  
For Your Baby**

### Safe Bedding Practices For Infants

- Place baby on his/her back on a firm tight-fitting mattress in a crib that meets current safety standards.
- Remove pillows, quilts, comforters, sheepskins, pillow-like stuffed toys, and other soft products from the crib.
- Consider using a sleeper or other sleep clothing as an alternative to blankets, with no other covering.
- If using a blanket, put baby with feet at the foot of the crib. Tuck a thin blanket around the crib mattress, reaching only as far as the baby's chest.
- Make sure your baby's head remains uncovered during sleep.
- Do not place baby on a waterbed, sofa, soft mattress, pillow, or other soft surface.

Placing babies to sleep on their backs instead of their stomachs has been associated with a dramatic decrease in deaths from Sudden Infant Death Syndrome (SIDS). Babies have been found dead on their stomachs with their faces, noses, and mouths covered by soft bedding, such as pillows, quilts, comforters and sheepskins. However, some babies have been found dead with their heads covered by soft bedding even while sleeping on their backs.

# Safety Tips for Sleeping Babies

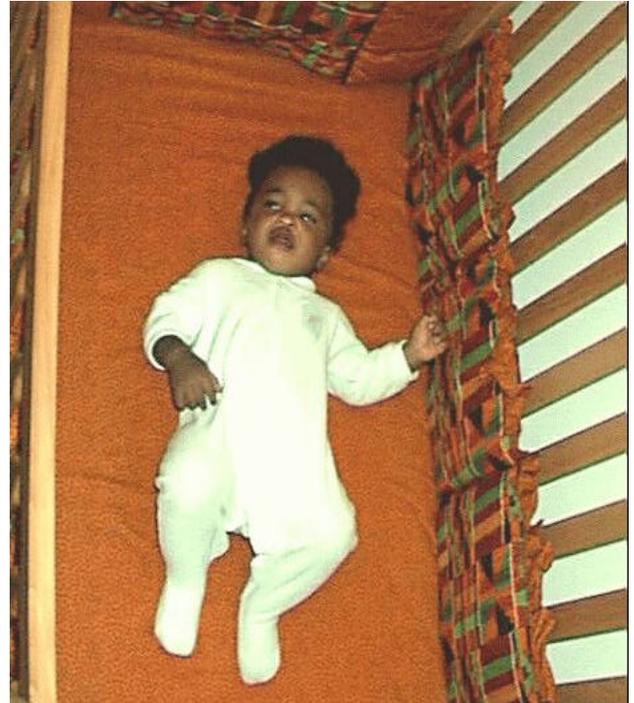
If your baby is under 12 months old, you can help prevent SIDS (Sudden Infant Death Syndrome), suffocation, and strangulation by following these three tips:

1. Place your baby to sleep on his or her back.
2. Remove all soft bedding from the crib.
3. Put your baby to sleep in a safe crib.

## Why follow these tips?

1. Babies who sleep on their backs have a much lower risk of dying from SIDS and suffocation. African American babies die from SIDS at more than twice the rate of other babies.
2. A baby can suffocate from soft bedding in a crib. Be sure to remove all pillows, quilts, comforters, and sheepskins from your crib.
3. A safe crib is the best place for your baby to sleep. Make sure your crib has:

- ♥ no missing or broken hardware and slats no more than 2 3/8" apart
- ♥ no corner posts over 1/16" high
- ♥ no cutout designs in the headboard or foot board
- ♥ a firm, tight-fitting mattress
- ♥ a safety certification seal (on new cribs)



For more information, contact:

U.S. CONSUMER PRODUCT SAFETY COMMISSION  
Washington, D.C. 20207

TOLL-FREE HOTLINE  
(Se habla Español)  
**800-638-2772**

WEBSITE  
[www.cpsc.gov](http://www.cpsc.gov)

## **WEBSITE ADDRESSES RELEVANT TO SIDS AND RISK REDUCTION/INFANT SAFETY**

Federal Back To Sleep Campaign

<http://www.nichd.nih.gov/sids/>

American Academy of Pediatrics

<http://www.aap.org/>

National SIDS Resource Center

<http://www.sidscenter.org/>

Consumer Product Safety Commission

<http://www.cpsc.gov/cpsc/pub/pubs/cribsafe.HTML>

Healthy Child Care America

<http://www.nccic.org/hcca/>

National Resource Center for Health and Safety in Child Care

<http://nrc.uchsc.edu/>



# STATE OF NEW YORK DEPARTMENT OF HEALTH

Corning Tower

The Governor Nelson A. Rockefeller Empire State Plaza

Albany, New York 12237

Antonia C. Novello, M.D., M.P.H.  
*Commissioner*

Dennis P. Whalen  
*Executive Deputy Commissioner*

## CHILD HEALTH PLUS SIDS RISK REDUCTION INFORMATION CARDS



The New York State Department of Health, Child Plus Program distributes SIDS Risk Reduction Information Cards that outlined a number of positive infant care practices including back sleep positions for infants. These cards are available free of charge, in English and Spanish and in quantities up to 200.

For samples, call the New York State Center for Sudden Infant Death at (800) 336-7437. For bulk copies, please fill out the information below and fax to:

**SIDS Risk Reduction Information Cards**  
**New York State Health Department**  
Box 2000 ■ Albany, NY 12220 ■ FAX: (518) 486-2361

### CIRCLE QUANTITY

SIDS Risk Reduction Card	Language	ID#	Quantity			
			25	50	100	200
	English	#0577	25	50	100	200
	Spanish	#0578	25	50	100	200

NAME: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

STREET ADDRESS\*: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

DATE: \_\_\_\_\_

\*Orders cannot be shipped to P.O. Box numbers



Place your baby on his or her stomach for “tummy time” when he or she is awake, and someone is watching. This helps your baby’s neck and shoulder muscles get stronger.

## Frequently Asked Questions

**Q. Is there a risk of choking when my baby sleeps on his or her back?**

**A.** No, babies automatically swallow or cough up fluids. Doctors have found no increase in choking or other problems in babies sleeping on their backs.

**Q. What about side sleeping?**

**A. To keep your baby safest when he or she is sleeping, always use the back sleep position rather than the side position.** Babies who sleep on their sides can roll onto their stomachs. A baby sleeping on his or her stomach is at greater risk of SIDS.

Some infants may have health conditions that require them to sleep on their stomachs.

If you are unsure about the best sleep position for your baby, be sure to talk to your doctor or nurse.

**Some products claim to be designed to keep a baby in one position. These products have not been tested for safety and are NOT recommended.**

**Q. Are there times when my baby can be on his or her stomach?**

**A.** Yes, place your baby on his or her stomach for “tummy time,” when he or she is awake and someone is watching. When the baby is awake, tummy time is good because it helps your baby’s neck and shoulder muscles get stronger.

**Q. Will my baby get “flat spots” on his or her head from back sleeping?**

**A.** For the most part, flat spots on the back of the baby’s head go away a few months after the baby learns to sit up. Tummy time, when your baby is awake, is one way to reduce flat spots. Another way is to change the direction you place your baby down to sleep. Doing this means the baby

is not always sleeping on the same side of his or her head. If you think your baby has a more serious problem, talk to your doctor or nurse.

## What Other Things Can I Do to Keep My Baby Healthy?

**Get good health care during pregnancy.**

- Eat the right foods.
- Do not smoke, take drugs, or drink alcohol while pregnant.
- Get frequent check-ups with your doctor or nurse.

**Breastfeed your baby.**

**Take your baby for scheduled well-baby check-ups.**

**Make sure your baby gets his or her shots on time.**

## Enjoy your baby!



# Babies Sleep Safest On Their Backs

## Reduce the Risk of Sudden Infant Death Syndrome (SIDS)



For more information on sleep position for babies and reducing the risk of SIDS, contact the *Back to Sleep* campaign at: **1-800-505-CRIB**  
31 Center Drive, Room 2A32  
Bethesda, MD 20892-2425  
Fax: (301) 496-7101  
Web site: [www.nichd.nih.gov](http://www.nichd.nih.gov)

**Back to Sleep campaign sponsors include:**

National Institute of Child Health and Human Development  
Maternal and Child Health Bureau  
American Academy of Pediatrics • SIDS Alliance  
Association of SIDS and Infant Mortality Programs



National Institute of Child Health and Human Development  
October 2002

**Partners in this outreach include:**

Alpha Kappa Alpha Sorority • Chi Eta Phi Sorority  
Chicago Department of Public Health  
Congress of National Black Churches  
District of Columbia Department of Health  
National Association for the Advancement of Colored People  
National Black Child Development Institute  
National Coalition of 100 Black Women  
National Medical Association  
National Association of Black Owned Broadcasters  
Pampers Parenting Institute • Zeta Phi Beta Sorority



U.S. Department of Health and Human Services  
National Institutes of Health

## What is SIDS?

SIDS, stands for Sudden Infant Death Syndrome. It is the sudden and unexplained death of a baby under 1 year of age.

Because many SIDS babies are found in their cribs, some people call SIDS “crib death.” But, cribs do not cause SIDS.

## Facts About SIDS

Doctors and nurses do not know what causes SIDS, but they do know:

-  **SIDS is the leading cause of death in babies after 1 month of age.**
-  **Most SIDS deaths happen in babies who are between 2 and 4 months old.**
-  **More SIDS deaths happen in colder months.**
-  **Babies placed to sleep on their stomachs are much more likely to die of SIDS than babies placed on their backs to sleep.**
-  **African American babies are 2 times more likely to die of SIDS than white babies.**

Even though there is no way to know which babies might die of SIDS, there are some things that you can do to make your baby safer.

## What Can I Do to Help Lower the Risk of SIDS?

-  **Always place your baby on his or her back to sleep, even for naps.**  
This is the safest sleep position for a healthy baby to reduce the risk of SIDS.

-  **Place your baby on a firm mattress, such as in a safety-approved crib.\*\***  
Research has shown that placing a baby to sleep on soft mattresses, sofas, sofa cushions, waterbeds, sheepskins, or other soft surfaces can increase the risk of SIDS.

\*\*For more information on crib safety guidelines, call the Consumer Product Safety Commission at 1-800-638-2772 or visit their web site at [www.cpsc.gov](http://www.cpsc.gov).



If you use a blanket, place the baby with his or her feet at the foot of the crib. The blanket should reach no higher than the baby's chest and the ends of the blanket should be tucked under the crib mattress.

-  **Remove soft, fluffy and loose bedding and stuffed toys from your baby's sleep area.**

Make sure you keep all pillows, quilts, stuffed toys, and other soft items away from your baby's sleep area.

-  **Make sure your baby's face and head stay uncovered during sleep.**

Keep blankets and other coverings away from your baby's mouth and nose. Dressing the baby in sleep clothing will avoid having to use any covering over the baby. If you do use a blanket or another covering, make sure that the baby's feet are at the bottom of the crib, the blanket is no higher than the baby's chest, and the blanket is tucked in around the bottom of the crib mattress.

-  **Do not allow smoking around your baby.**

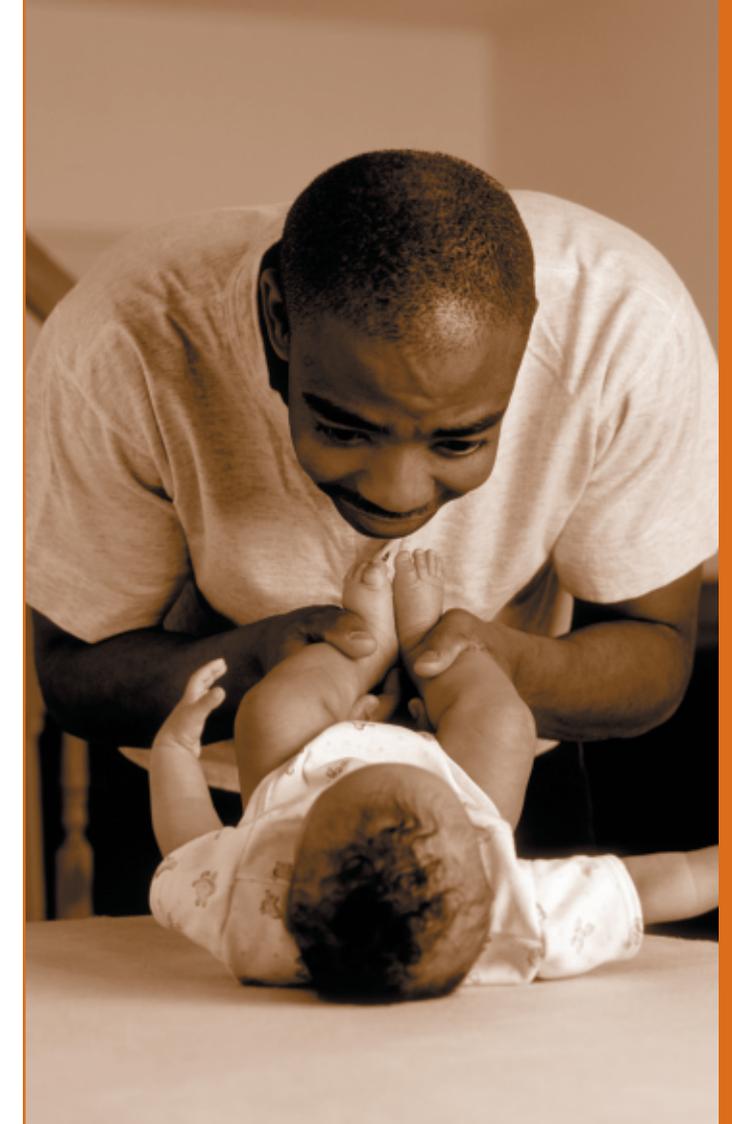
Don't smoke before or after the birth of your baby and make sure no one smokes around your baby.

-  **Don't let your baby get too warm during sleep.**

Keep your baby warm during sleep, but not too warm. Your baby's room should be at a temperature that is comfortable for an adult. Too many layers of clothing or blankets can overheat your baby.

-  **Make sure everyone who cares for your baby knows to place your baby on his or her back to sleep.**

Talk to childcare providers, grandparents, babysitters and all caregivers about SIDS risk.



## Babies Should Sleep on Their Backs

One of the easiest ways to lower the risk of SIDS is to put your baby on his or her back to sleep, even for naps. This is new advice. Until a few years ago, doctors told mothers to place babies on their stomachs to sleep. Research now shows that fewer babies die of SIDS when they sleep on their backs.

**PowerPoints for  
March 25<sup>th</sup> Teleconference**

**SIDS**

### **Sudden Infant Death Syndrome**

Is the sudden and unexpected death of an infant under one year of age that remains unexplained after the performance of a complete post-mortem evaluation including autopsy, death scene investigation, and review of the medical history

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### **SIDS Facts**

- A leading cause of infant death
- Approximately 3,000 in the US each year
- 30-40% to adolescent parents
- Occurs without warning
- No way to identify victims in advance
- 50% with colds or minor viral illness at time of death

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### **Incidence**

- 90% of deaths occur before 6 months of age
- Peak incidence between 2-4 months
- Boys have slightly higher incidence than girls--- 60% male; 40% female
- African Americans and Native Americans have 2-3x's incidence
- Peaks during winter months worldwide

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## Facts and Myths About SIDS

### SIDS IS

- A diagnosis of exclusion
- Lacks a method to predict or prevent its occurrence

### SIDS IS NOT

- Aspiration
- Suffocation
- Child abuse or neglect
- Caused by immunizations
- Contagious
- The cause of every sudden infant death
- Hereditary

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## Current Research on SIDS

- Triple Risk Theory
- Brain Stem/Nervous System
- Metabolic Disorders – 5%
- Prolonged QT/Heart Disorder – 5%
- SIDS is NOT infant apnea. Monitors are not medically necessary.

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## Educating Parents and Caregivers

### • SIDS Risk Reduction AAP Recommendations

- Place healthy infants on their backs to nap or sleep
- Firm sleep surface
- No soft bedding
- Promote Tummy Time
- Avoid Overheating
- Smoke free environment
- Regular immunizations

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## Sleep Position

- Placing babies on their backs for sleep is the single most important step in lowering SIDS risk.
  - 50% reduction in SIDS since BTS Campaign began
- Side sleeping is **NOT** a good compromise. The AAP no longer recommends side sleeping as an option for healthy infants. Side sleeping carries 2x the risk of back sleeping.

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## Safe Sleep Environment

- Firm sleep surface is essential
- No pillows, sheepskins, fluffy comforters
- No stuffed toys in bed with the baby
- No waterbeds ever
- Avoid use of blankets that can cover the baby's face; instead dress the baby in layers under blanket sleeper in cold weather
- Too much clothing, heavy bedding and too warm a room may increase the risk of SIDS
  - Avoid overheating and overbundling
  - Thermostat no higher than 70 degrees
- Position infants "feet-to-foot" if blankets are used

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## Nicotine

- Smoking during pregnancy can increase an infant's risk of SIDS by as much as 10 times
- Exposure to second-hand smoke is associated with a 3 fold increase in SIDS risk
- Research suggests that nicotine may further disrupt an infant's arousal mechanism
- Maintain a smoke-free zone around the baby
- Nicotine on clothing can also be harmful

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### Why does sleep position make a difference?

- Less potential for rebreathing CO2
- More arousable
- Less “burrowing”
- Less moving around the sleep area
- Jaw is less likely to occlude airway
- May have better airway and cardiovascular protective mechanisms
- May be less compression of vertebral arteries

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### Bed-Sharing

- Means a baby sleeps on the same surface with another person(s)
- No scientific studies showing that bed-sharing reduces the risk of SIDS
- Adult beds are not designed for infants and have been a significant cause of Sudden Unexpected Death in Infancy (SUID)
- Baby should NOT sleep with other children in the same bed
- Encourage nursing Moms to use cribs or bassinets next to the bed

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### New York State Center for Sudden Infant Death

- Funded by NYS Department of Health
- Located at the School of Social Welfare, Stony Brook University
- Four Satellite offices
  - MHRA in New York City
  - Albany Medical College in Albany
  - Life Transitions Center in Buffalo
  - Hospice of Central NY in Liverpool

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**New York State Center  
for Sudden Infant Death**

**Services:**

- Crisis Intervention Counseling and Bereavement Support Groups
- Information and Referral
- Professional and community-based education on SIDS risk reduction, bereavement support, and home visiting
- Research and review of Infant Mortality in New York State

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**Family Support Services  
Statewide**

- Offer of support services to newly bereaved families
- Literature about SIDS and parental grief
- Home visit by Public Health Nurse or by NYS Center for SID
- Referrals to bereavement counseling, peer counseling or support group
- Appropriate referrals made to other resources and services needed by family

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**SIDS Risk Reduction Initiatives  
in New York State**

- Statewide activities of the NYS Department of Health and OCFS
- Distribution of Information
  - Risk Reduction Information Cards
  - Posters for Child Care Providers
- Statewide Programs
  - Child Care Health Consultants
  - Healthy Families New York
- Other Collaborations
  - Region II Child Care Brochures
  - Training with the National Center for Cultural Competence

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**Teaching SIDS Risk Reduction**

- Reach out to formal and informal infant caregivers
- Target grandparents, aunts and other family members
- Show respect for “experienced” parents
- Use a adult learning model to engage caregivers
- Ask for a commitment to change future behavior and teach others

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**Special Projects developed by the NYS Center for Sudden Infant Death**

- Church Outreach in New York City, Buffalo and Albany
- Educational programs at homeless shelters and for incarcerated mothers
- Outreach to adolescent parent programs
- Child care curriculum developed with Onondaga Child Care Council

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**Sudden Infant Death in Child Care**

- An estimated 20% of SIDS deaths occur in child care settings (Moon, 2000)
- Of infants that die in child care due to SIDS, 1 out of 5 die on the first day in childcare
- Evidence suggests that infants who are accustomed to sleeping on their backs have an 18X greater risk of a SIDS death when placed prone

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### **Risk Reduction Education for Child Care Providers**

- Not all child care providers have gotten the message!
- Child care providers and parents need to discuss infant sleep position
- Don't assume that other family members who care for infants know about back infant sleep position
- Use SIDS risk reduction posters and pamphlets to promote the message with parents and staff.

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### **Child Care Infant Sleep Position Policy**

- Have written infant sleep position policy for all healthy babies that includes safe sleep environment.
- Request written statement from physician if baby does not sleep on his or her back for medical or other reasons.
- Educate childcare staff, especially new staff members about safe infant care practices.
- Use *SIDS Risk Reduction Standards* from *Caring for Our Children*, 2<sup>nd</sup> Edition.

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### **How Child Care Providers Can Educate Parents**

- Bring up the topic of sleep position for every infant in your care
- Share your belief that the new sleep practices can make a difference for the babies in your care.
- Acknowledge the difficulty of changing behavior (yours too!).
- Acknowledge that everyone is doing what they believe is in the best interest of babies

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## When a Death Happens in Child Care

- Be prepared to respond to an emergency.
- Educate other family members or staff about an emergency plan.
- Follow checklists for emergencies in childcare:  
*Caring for Our Children, 2<sup>nd</sup> Edition*, National Health and Safety Performance Standards
  - ✓ Standard 3.089 Regarding Death in a facility*When SIDS Occurs in Child Care Settings...*, National SIDS Resource Center

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## Resources for Child Care Providers

- Local Child Care Coordinating Council
- County Health Department Childcare Health Care Consultant
- NYS Center for Sudden Infant Death
- National *Back to Sleep* Campaign
- Healthy Child Care America program
- National Resource Center for Health and Safety in Child Care

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