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Administrative Directive

Transmittal:	13-OCFS-ADM-02
To:	Commissioners of Social Services Executive Directors of Voluntary Authorized Agencies
Issuing Division/Office:	Strategic Planning and Policy Development
Date:	February 11, 2013
Subject:	Safe Sleeping of Children in Child Welfare Cases
Suggested Distribution:	Directors of Social Services Child Protective Services Supervisors Foster Care Supervisors Preventive Supervisors Adoption Supervisors Home-finding Supervisors Staff Development Coordinators
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Attachments:	“What does a safe sleep environment look like?” - online only (see below)
Attachments Available Online:	“What does a safe sleep environment look like?” U.S. Department of Health and Human Services publication: http://www.ocfs.state.ny.us/main/publications/20090306-BTS-English_tearsheet-FINAL.pdf

Filing References:

Previous Policy Directives	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
10 OCFS-LCM-15 04-OCFS-INF-06 13-OCFS-LCM-01		18 NYCRR 423.2(b)(3); 423.4(c)(1); 428.6; 430.11(c)(2); 432.2(b)(3); 432.2(5); 441.21; and 443.3(a)(8)	SSL §§20(5), 395, 397, 411, and 424	Child Protective Services Program Manual	

I. Purpose

The purpose of this Administrative Directive (ADM) is to describe the steps child welfare staff must take regarding the issue of safe sleep conditions in households they serve. This release will provide staff with information to share with parents and other caregivers, including foster and adoptive parents, on how to reduce risks to children, in particular infants¹, in regard to sleeping conditions. The purpose of requiring child welfare staff to provide information on safe sleep to the families they serve is to prevent infant fatalities and non-fatal harm to vulnerable children.

II. Background

This directive is another in a series of releases and guidance provided by the Office of Children and Family Services (OCFS) on the subject of unsafe sleeping conditions.

In November 2010, OCFS issued policy release 10-OCFS-LCM-15, *Guidance for CPS Investigations of Infant Fatalities and Injuries Involving Unsafe Sleeping Conditions*. That release focused on the actions taken by child protective services (CPS) staff in investigating reports of deaths or serious injuries made to the Statewide Central Register of Child Abuse and Maltreatment (SCR) involving a sleep-related condition. Recently, OCFS issued 13-OCFS-LCM-01, *Investigation and Determination of Sleep-Related Fatality and Injury CPS Reports*, which introduces a new section of the CPS Program Manual that provides detailed guidance for CPS workers on conducting investigations and making determinations when there are sleep-related fatalities and injuries.

In March 2010, OCFS produced a teleconference for local district and voluntary agency staff on the importance of safe sleep environments, entitled “Safe Sleeping Practices for Infants and Young Children.” The teleconference also offered strategies for caseworkers to provide information to parents and other caretakers regarding sleep-related risks and the steps that can be taken to lessen or remove those risks. OCFS is currently working on developing a short DVD

¹ For the purposes of this ADM, the age range of “infants” is 0-12 months, which is the time frame in which children are most susceptible to Sudden Infant Death Syndrome (SIDS) and death by asphyxiation while sleeping. See American Academy of Pediatrics, Task Force on Sudden Infant Death Syndrome; SIDS and Other Sleep-Related Infant Deaths: Expansion of Recommendations for a Safe Infant Sleeping Environment. *Pediatrics* 2011. <http://pediatrics.aappublications.org/content/early/2011/10/12/peds.2011-2284>

about safe sleep for use with parents. When it is completed, OCFS will distribute it for use by child welfare workers.

To promote safe sleeping practices for infants, OCFS has frequently collaborated with the New York State Department of Health (DOH), which is also actively engaged in efforts to reduce sleep-related risks to infants. The state agencies have worked cooperatively on developing brochures and other public information materials on safe sleep, including the OCFS teleconference on safe sleep; have consulted on related policies; and are currently conferring on the OCFS safe sleep DVD. The state agencies collaborated to enhance the efforts of local or regional Child Fatality Review Teams, including improving the uniform collection of information about factors contributing to infant deaths in order to inform policy development and safe sleep educational efforts. DOH has a webpage devoted to SIDS and safe sleep (see Section VI). Also, as part of its Keeping Kids Alive initiative, DOH has contracted with the Sudden Infant and Child Death (SICD) Resource Center, which provides outreach and education on the subject of safe sleep practices and is available to provide free on-site training to local districts and other child welfare agencies. The training focuses on strategies to engage clients to reduce sleep-related risks for infants (see Section VI). OCFS consulted with DOH in the development of this administrative directive.

The risks of unsafe sleep conditions are well documented both in New York State and across the nation. A significant number of the fatalities reviewed by OCFS in accordance with section 20(5) of the Social Services Law involve unsafe sleep conditions. Based on preliminary 2012 data, OCFS reviews of section 20(5) fatalities that occurred in 2012 included the deaths of 167 children under age one; this represents over 60% of all section 20(5) fatalities that year. All of these fatalities were reviewed by OCFS under section 20(5) of the Social Services Law, in which a local district was involved either because of a report to the SCR, an open CPS or preventive services case, or the child was in foster care. According to the preliminary 2012 NYS data reported to the National Center for Child Death Review (NCCDR), approximately 44% of those infant fatalities occurred where there were unsafe sleep conditions.

- Total Section 20(5) child fatalities:
2010: 266 2011: 273 2012: 272
- Total Section 20(5) fatalities of children under age 1:
2010: 152 2011: 155 2012: 167
- The number of child death notifications that, when reported to OCFS, cited unsafe sleep conditions:
2010: 97 2011: 77 2012: 74

There are a number of conditions in regard to the sleep environment that create potential risks for children, including infants, but also for toddlers or even older children. These include, but are not limited to, the following:

1. Proximity of dangerous objects or physical conditions (open unguarded windows, exposed radiators or space heaters, hanging window shade cords or extension cords).

2. Structural deficiency, disrepair, or improper assembly of sleeping furniture (for example, see the link for the Consumer Product Safety Commission website in Section VI for the latest information on recently revised crib safety standards)
3. Unsanitary conditions of the bedroom or sleeping area (garbage, animal feces, rodents and other pests)

In addition, there are many conditions or practices related to sleeping that are dangerous primarily for infants and have been associated with fatalities of infants, either from SIDS, suffocation or other sudden unexplained infant death (SUID) while the infants are sleeping. Such conditions and practices include, but are not limited to, the following:

1. Placing the infant to sleep on any surface where the infant's face could be wedged between two adjacent surfaces, such as on a couch, chair, or on a bed with a headboard or in a crib in which there are spaces between the mattress and frame.
2. Placing the infant to sleep either on a soft surface, or with soft bedding such as pillows, blankets, crib bumpers, or with soft objects such as stuffed animals, or using an infant positioner. This includes placing an infant on a bed or crib with a soft mattress, and especially on a couch, armchair, cushion, waterbed, etc.
3. Placing an infant to sleep in any position other than on the back.
4. Allowing the infant to get too hot because of high room temperature (the temperature should be comfortable for a lightly clothed adult) or overdressing.
5. Smoking in a room where an infant sleeps. Maternal smoking during or after pregnancy also increases the likelihood of a sleep-related fatality.²
6. Bed-sharing with an infant. Bed-sharing can also increase the likelihood of an infant death while sleeping, especially when accompanied by other risk factors. Bed-sharing refers to an infant and one or more adults or children sleeping together on any surface, not necessarily a bed; bed-sharing also refers to where the infant and another person share a surface such as a couch, chair or futon.

As set forth on page 3 of 10-OCFS-LCM-15:

“The issue of bed-sharing by infants and adults is one that is especially fraught with social, cultural, and personal implications, with strong adherents arguing for and against the practice. It is clear, however, that when bed-sharing occurs in conjunction with certain other factors, risk to the safety of the infant is increased. Added risk factors include the following:

- The bed-sharing occurs in unsafe sleep conditions, such as with soft bedding or soft objects on the sleeping surface, or on surfaces such as a couch or armchair.
- A person sleeping with the infant is under the influence of alcohol or certain drugs (including legal, illegal, prescription, and over-the-counter drugs), or is overly exhausted.

² See American Academy of Pediatrics, Task Force on Sudden Infant Death Syndrome; SIDS and Other Sleep-Related Infant Deaths: Expansion of Recommendations for a Safe Infant Sleeping Environment, *Pediatrics* 2011. <http://pediatrics.aappublications.org/content/early/2011/10/12/peds.2011-2284>

These increase the likelihood that the person will not wake up during a dangerous situation (for example, rolling over on the infant).

- There was maternal smoking during pregnancy and/or smoking in the environment after the birth.
- The infant shares the bed with a person who is obese; this increases the danger of the infant being smothered by the person's body.”

In fact, there is evidence that most sleep-related deaths of infants are associated with the presence of more than one risk factor. A recent study that examined 251 SIDS cases in New Jersey³ found that 244 of those deaths were associated with one or more risk factors, with only 44 having a single risk factor. The study identified the percentage of times that each of the following risk factors were associated with the deaths:

- Not placed on back – 70%
- Smoking by one or both parents – 60%
- Upper respiratory infection – 44%
- Bed-sharing – 39%
- Scene risks (for example, use of soft bedding or presence of other children) – 31%
- Under 37-week gestational age – 27%

There are numerous sources providing information on reducing risks for infants in their sleep environments. One such source is a flier created by the U.S. Department of Health and Human Services, “*What does a safe sleep environment look like?*” It is listed as Attachment A to this policy and there is also information in Section VI of this document on how to obtain copies of the flier, as well as additional sources of information.

This policy release focuses on the issue of prevention, with the recognition that unsafe sleeping conditions may occur anywhere in the range of child welfare cases: child protective services, preventive services, foster care or adoptive placements. It is for that reason that this release applies to all categories of child welfare workers. By providing parents and caregivers with information on safe sleep environments, child welfare workers can enable them to make informed choices concerning their children's sleep environments.

III. Program Implications

Child welfare workers, including child protective, preventive, foster care and adoption workers, have significant opportunities to interact with the families they serve. Their duties involve the direct observation of families and their home environments. They are in a unique position to provide information on sleep safety to the parents and caretakers of infants and parents-to-be whom they encounter and to see that parents and caretakers take the steps necessary to provide safe sleeping conditions for the children in their care.

³ Barbara M. Ostfeld, Linda Esposito, Harold Perl and Thomas Hegyi; Concurrent Risks in Sudden Infant Death Syndrome, *Pediatrics* 2010; 125, 447-453. <http://pediatrics.aappublications.org/cgi/content/abstract/125/3/447>

Current statute and OCFS regulations require CPS staff to assess safety and risk of the child named in the report and any other children in the household at various stages of the child protective services case from the commencement of the investigation through the monitoring of open cases.⁴ In addition, as part of a CPS investigation, statute and OCFS regulation require the evaluation of the environment of the child named in the report and other children in the same household.⁵

It is expected that such evaluations will include a review of where the child or children sleep and an assessment of whether the sleeping conditions are safe, irrespective of the age of the child or children. The evaluations and assessment of the child's sleep environment must be documented by the CPS worker in the case's progress notes in accordance with 18 NYCRR 428.5(c).

If any child is assessed to be "unsafe," child protective services staff are required to undertake "immediate and appropriate controlling interventions to protect the child(ren)".

For those districts approved by OCFS to establish a Family Assessment Response (FAR) program under section 427-a of the SSL, section 427-a(4)(c) of the SSL provides that "the social services district shall be responsible for ensuring that children are safe in their homes." Section 427-a(4)(d)(v) of the SSL requires in FAR cases "an on-going, joint evaluation and assessment of the family's progress including ongoing periodic assessments of risk to the child."

Preventive services and foster care staff, both local district and private purchase preventive, have case work contact obligations pursuant to 18 NYCRR 423.4(c)(1)(ii)(d) and 18 NYCRR 441.21 respectively and safety and risk assessment responsibilities in accordance with 18 NYCRR 428.6(a)(1).

While concerns over sleeping conditions apply to a child of any age, the focus of this release is infants of less than one year since they are at greatest risk of sleep-related death or injury. However, agencies should also keep in mind the possible applicability of the information in this release to other non-infant cases, particularly cases involving children with special medical or physical needs.

IV. Required Action

A. Child Protective Services

As part of any CPS investigation in which there is an infant in the household, irrespective of the allegations or the role of the infant, CPS staff must provide the parent or caregiver with information on safe sleep, including the risks of bed-sharing. Section VI of this document provides sources of information that will satisfy this requirement, including information on what is considered to be a safe sleep environment. Providing the two-sided information sheet published by the U.S. Department of Health and Human Services entitled "*What does a safe*

⁴ See SSL §424(3); 18 NYCRR 432.2(b)(3)(ii)&(iii)

⁵ See SSL§424(6); 18 NYCRR 432.2(b)(3)(iii)

sleep environment look like?” is one way of satisfying this requirement. The CPS worker must document what information was provided to the parent or caretaker and when it was provided.

It is the responsibility of parents or caregivers to provide children in their care with a safe and suitable sleeping environment.

If the parent or caregiver of an infant does not have a crib, cradle*, bassinet, bedside co-sleeper (infant bed that attaches to an adult bed), or play yard (when used hereafter in this document, the term “sleeping furniture” refers to any of the above items – crib, cradle, bassinet, bedside co-sleeper, or play yard) for the infant, and the parent or caregiver does not have the financial means to obtain sleeping furniture and is not able to secure it privately, CPS must assist the parent or caregiver. The assistance may include referral of the parent or caregiver to a community agency or private source that will provide the parent or caretaker with sleeping furniture at no cost to the local district. If the parent or caregiver does not have the financial means to purchase the sleeping furniture and community resources are not able to provide it, the local district must purchase the sleeping furniture. The local district has the discretion to use funding options available for the purchase of the necessary sleeping furniture.

The CPS worker must document the assistance provided and that the necessary sleeping furniture has been obtained. Future documentation of casework contacts will include a reference as to the family’s use of the sleeping furniture.

For family assessment response (FAR) cases, the initial safety assessment and any periodic assessments of risk must include an assessment of the sleeping arrangements for the children in the home. Where there are infants in the home, the provisions discussed above for CPS cases assigned to an investigation also apply to FAR cases.

When monitoring an open indicated CPS case, if an infant enters the household, CPS must provide the parent or caregiver with information on safe sleep and bed sharing and the requested assistance in obtaining sleeping furniture, as referenced above. In New York City, where CPS monitoring has been delegated to private preventive services agencies, such agencies are responsible for providing such information and assistance.

B. Preventive Services

Regarding a family in receipt of preventive services, local district or private purchase preventive services staff who are providing preventive services to a family with an infant in the household must provide the parent or caregiver with information on the subject of safe sleep, including the risks of bed-sharing. Again, see Section VI of this document for sources of information, including information on what is considered to be a safe sleep environment. Providing the two-sided information sheet published by the U.S. Department of Health and Human Services entitled “*What does a safe sleep environment look like?*” is one way of satisfying this

* Cradles, bassinets, and bedside co-sleepers are generally suitable only for very young infants, up to 3-6 months. Parents should be advised to adhere to the manufacturer’s safety specifications regarding an item’s limits for age, size, weight, or developmental stage. Information about this can be found on the Consumer Product Safety Commission website (see Section VI.)

requirement. The preventive services worker must document what information was provided to the parent or caretaker and when it was provided.

As noted above, it is the responsibility of parents and caregivers to provide children in their care with a safe and suitable sleeping environment.

Where the family does not have sleeping furniture for an infant and the parent or caregiver does not have the financial means to obtain sleeping furniture and is not able to secure it privately, the local district or the private preventive services agency, in accordance with its contract with the local district, must assist the family in obtaining such furniture. The assistance may include referral of the parent or caregiver to a community agency or private source that will provide the parent or caretaker with sleeping furniture. If the parent or caregiver does not have the financial means to purchase the sleeping furniture and community resources are not able to provide it, the local district must purchase the sleeping furniture. The local district has the discretion to use the funding options available for the purchase of the necessary sleeping furniture.

For both CPS and preventive services, whenever a caseworker encounters a household member who is pregnant, the caseworker should provide that person with the same information on safe sleep environments and the risks of bed-sharing as discussed above.

The safety and risk assessment performed by the preventive services agency in accordance with OCFS regulation 18 NYCRR 428.6 must include whether infants and other children in the home have a safe place to sleep. Where an assessment identifies an unsafe sleeping condition, the preventive services agency must address the issue with the parent or caretaker to correct the condition. Any assessment and subsequent interventions related to safe sleeping arrangements must be documented in the child's progress notes.

Social services districts are required to share this ADM and attachment with each preventive services agency with which they have a contract and to monitor that the agency is complying with the requirements of the ADM.

C. Funding Options for Purchasing Furniture for CPS or Preventive Cases: (These options are determined by the individual's eligibility for services and/or entitlements.)

1. Child welfare services (protective funding and if the family is programmatically eligible, preventive funding), are reimbursable with 62% state funds;
2. In those districts that started implementing a Family Assessment Response (FAR) program prior to January 2012, such assistance may be provided at no local cost by using FAR flex funds, to the extent that those districts have funds that remain available for families being served through this approach. This source of funding is only available for counties participating in the FAR program and only for families involved in reports tracked to FAR.

3. Additional information on funding availability for TANF eligible clients or applicants may be found in OTDA's Administrative Directive 12-ADM-06, 2012 -13 Flexible Fund for Family Services (FFFS) (<http://otda.ny.gov/policy/directives/2012>).

D. Foster Care/Pre-Adoptive Placements

In accordance with OCFS regulation 18 NYCRR 443.3(a)(8), each child placed in a foster home must have "a separate bed or crib of sufficient size and cleanliness for the comfort and well-being of the child." This regulation refers to a "crib" and does not authorize a bassinet, cradle, or bedside co-sleeper. OCFS considers a play yard to be a crib for this purpose.

When a local district or a voluntary authorized agency is placing an infant foster child in a foster or pre-adoptive home, it must confirm that the foster/adoptive parent has a crib of sufficient size and cleanliness. No infant foster child may be placed in a certified or approved foster or adoptive home until the local district or voluntary authorized agency confirms that the foster or pre-adoptive home has a crib. Where an infant is being placed on an emergency basis, the worker must discuss the infant's sleeping accommodations when the infant is placed to ascertain that the foster parent will provide a safe sleep environment. The worker must document the assessment and discussion with the foster parent of the sleep accommodations in the worker's case notes.

Whenever a foster parent takes on the care of an infant, a foster care worker must provide information to the foster parent on safe sleep, including the risks of bed-sharing, unless it was previously provided. Providing the two-sided information sheet published by the U.S. Department of Health and Human Services entitled "*What does a safe sleep environment look like?*" is one way to satisfy this requirement.

The worker must inform the foster parent(s) that bed-sharing with an infant foster child is not acceptable.

The failure and continued refusal by a foster parent or pre-adoptive parent to provide a child with a safe sleeping environment may be a basis for the removal of the infant from that home.

Whenever an infant is placed into foster care and there is contemplation of trial or final discharge of the infant to the parent or other caregiver, the local district or voluntary authorized agency with case planning responsibility must ascertain that the infant has a safe sleeping environment in such home.

Any assessment and subsequent interventions related to safe sleeping arrangements must be documented in the child's progress notes.

E. All Child Welfare Services

To the extent possible, child welfare workers should engage clients who are parents or caregivers of infants, or pregnant, in a discussion about what constitutes a safe sleep environment, particularly when the infant's sleep environment is found to be less than optimal. Child welfare workers are encouraged to be cognizant and respectful of the fact that some people have long-

standing traditions and/or strongly held beliefs regarding what they consider to be appropriate sleep practices, but to nevertheless see to it that all parents, caregivers, or soon-to-be parents of infants are made aware of which sleep conditions and practices have been found to be safest and which are less so. For many clients, engagement and discussion about how to reduce risk for their babies will be more effective in changing their practices than simply providing them with written material.

When a child welfare worker finds that a parent or caretaker is using an item for infant sleeping that he or she reasonably thinks is unsafe, the child welfare worker should address the potentially unsafe practice, just as he or she would with any other safety concern. Child welfare workers can help parents and caregivers reduce risk to their infants by directing them to or providing information about product safety. The Consumer Product Safety Commission website (see Section VI) is a good resource for this information. Child welfare workers should encourage parents and caretakers to read and abide by manufacturers guidelines for all baby products.

V. Systems Implications

None

VI. Additional Information

A Safe Sleep Environment

The following recommendations were made in the OCFS teleconference of March 2010, noted on page 2:

- Place the infant to sleep on his or her back.
- Provide a sleep environment for the infant that is free of other adults, children, or pets.
- Provide a sleep surface that is flat and firm and free of pillows, blankets, toys and stuffed animals.
- Use cribs (which may include play yards, cradles, bassinets, and bedside co-sleepers) designed to accommodate sleeping infants. Do not place infants to sleep on sofas, chairs, or other soft or unstable surfaces.
- Keep the infant's room a comfortable moderate temperature.
- Avoid clothing that overheats the infant.
- Have a caretaker, who is free of alcohol, tobacco or other drugs, within earshot of the sleeping infant.
- If a caretaker is excessively tired or is impaired by drugs or alcohol, he/she should not sleep in the same bed with an infant.

RESOURCES for Workers and Parents/Caregivers

There are numerous sources of information available on the subject of safe sleep environments and practices.

- The **U.S. Department of Health and Human Services'** two-sided information sheet, "*What does a safe sleep environment look like?*" can be ordered in English or Spanish from the OCFS website (<http://www.ocfs.state.ny.us/main/publications>). It can also be downloaded by clicking on "Child Welfare and Community Services" in the dropdown on that website page, or by going to:
http://www.ocfs.state.ny.us/main/publications/20090306-BTS-English_tearsheet-FINAL.pdf
Providing this information sheet to parents or caretakers of infants and to pregnant women meets the requirements for the sharing of written information, as described above in Section IV.

Additional sources of information on this topic can be found on the OCFS website and elsewhere, including the following:

- **OCFS:**
 - The OCFS Child Abuse Prevention home page contains many useful links to information about safe sleep: <http://www.ocfs.state.ny.us/main/prevention/Default.asp>
 - The following information about the "Back to Sleep" and "Safe to Sleep" programs may be of particular interest:
http://www.ocfs.state.ny.us/main/prevention/infant_sleeping.asp
 - "Helpful Tips to Keep Your Baby Safe: Safe to Sleep"
<http://www.ocfs.state.ny.us/main/publications/Pub5008text.asp>
 - Order safe sleep posters, refrigerator magnets, and other public information materials at:
<http://www.ocfs.state.ny.us/main/prevention/assets/New%20York%20Loves%20Safe%20Babies%20English-Final%202012.pdf>
- **New York City (NYC) Department of Health and Mental Hygiene:**
 - Information on infant safety, including safe sleep:
http://home2.nyc.gov/html/doh/pregnancy/html/after/safety_sleep.shtml
 - Information on obtaining free cribs and other help available for new parents in NYC:
http://home2.nyc.gov/html/doh/pregnancy/html/after/safety_help.shtml
- **NYC Administration for Children Services (ACS)** video for parents and caregivers, "A Life to Love," addresses a variety of infant/child safety issues, including bed-sharing:
http://www.nyc.gov/html/acs/html/child_safety/child_safety_video.shtml
- **NYS Department of Health**
 - Website, information and additional links on SIDS and safe sleep:
www.health.state.ny.us/diseases/conditions/sids
 - Two-sided information sheet: "Safe Sleep for Your Baby":
<http://www.health.ny.gov/publications/0577.pdf>

- **Sudden Infant and Child Death (SICD) Resource Center** (funded by the NYS Department of Health) – provides outreach and education on the subject of safe sleep practices, and provides *free* on-site training on how to work with parents about safe sleep: www.stonybrookmedicalcenter.org/sids
- **American Academy of Pediatrics, U.S. Consumer Product Safety Commission, and Keeping Babies Safe** co-produced a video in 2011, "*Safe Sleep (Environments) for Babies*," available in English and Spanish: <http://www.keepingbabiesafe.org>
- **U.S. Consumer Product Safety Commission Crib Information Center**
<http://www.cpsc.gov/info/cribs/index.html>

OCFS is working on developing a short DVD on the subject of safe sleep environments for child welfare workers to use with clients. When the DVD is complete, OCFS will send several copies to each local district. Local districts should also provide copies of these DVDs to preventive and voluntary foster care agencies with which they contract. The DVD will also be posted on the OCFS website (www.ocfs.state.ny.us).

VII. Effective Date

This release is effective upon issuance.

/s/ Nancy W. Martinez

Issued By:

Name: Nancy W. Martinez

Title: Director

Division/Office: Strategic Planning & Policy Development