



S **UDDEN**
I **NFANT**
D **EATH**
S **YNDROME**



keep me safe
while I sleep



Sudden Infant Death Syndrome (SIDS)

Adapted from the Healthy Child Care America Back to Sleep campaign, sponsored by the US Department of Health and Human Services Child Care Bureau and Maternal and Child Health Bureau (2018)

Theresa Vadala, Ed. D

Child Care Training Consultants, LLC

Las Vegas, Nevada 89139 (Updated 4/2024)

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Vision

“Child Care Training Consultants, LLC’s vision is to provide the early childhood community with courses based on CDA competency standards to obtain their CDA Credential and assist in reaching their goal as an exceptional early childhood educator to ultimately achieve higher child outcomes.”

Mission

“Child Care Training Consultants, LLC’s is committed to provide research-based professional growth and development training courses primarily focused on the Child Development Associate. The CDA is the nation’s premier credential that is transferable, valid, competency-based and nationally recognized in all 50 states, territories, the District of Columbia, community colleges and the United State Military.

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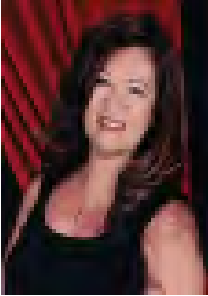
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About the Author



Theresa has over 30 years experience in the field of Early Childhood Education. During that time, she served as a Preschool Teacher, Disabilities Coordinator, Program Facilitator, and Director of an Early Childcare Program. She has a Doctoral Degree in Educational Leadership with Specialization in Curriculum and Instructional Design. Theresa is a Professional Growth & Development Trainer and Curriculum Designer and offers web-based courses internationally. She is the Executive Director/ Owner of of the training organization Child Care Training Consultants, LLC., (CCTC).

Child Care Training Consultants, LLC. (CCTC) is an accredited provider (AP) with the International Association for Continuing Education and Training (IACET) that provides Continuing Education Units (CEU) for adult education nationally. The business is also a recognized training organization with the Council for Professional Recognition, Child Development Associate Council (CDA), National Credentialing Program.

Goals & Objectives

Goal/s

The goal of this training is to help caregivers reduce the risk of Sudden Infant Death Syndrome in child care settings by creating safer sleep environments for infants.

Objectives

Learners will:

- Define SIDS and SIDS Facts
- Identify safe sleep practices and environment to lower SIDS risks in child care settings
- Identify legal considerations, elements, and benefits of SIDS
- Identify cultural related resources for parents
- Engage parents in training regarding safe sleep practices

Learning Outcomes

- Follow SIDS related guidelines
- Create safe sleeping environments for infants in child care settings
- Locate SIDS related resources
- Engage parents in SIDS related programs

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Objectives Aligned with Transfer of Learning Strategies

Objectives	Activities/Exercises	Learning Outcomes	Transfer of Learning Strategies
<p>PART 1 Learners will:</p> <ul style="list-style-type: none"> Define SIDS and SIDS Facts Identify safe sleep practices and environment to lower SIDS risks in child care settings <p>PART 2</p> <ul style="list-style-type: none"> Identify legal considerations, elements, and benefits of SIDS Identify cultural related resources for parents <p>PART 3</p> <ul style="list-style-type: none"> Identify cultural related resources for parents 	<p>Exercise 1.1 Watch Video: “New Safe Sleep Recommendations”</p> <p>Exercise 1.2 Explain “What is a safe sleep environment for a baby and why?”</p> <p>Exercise 2.3 Reading/Answer Question “Alternate Sleep Position”</p> <p>Exercise 2.4 Scenario #1 Scenario #2</p>	<ul style="list-style-type: none"> Follow SIDS related guidelines Create safe sleeping environments for infants in child care settings Locate SIDS related resources Engage parents in SIDS related programs 	<ul style="list-style-type: none"> Use SIDS related guidelines for child care providers Follow safe sleeping environments for infants in child care settings Provide SIDS related resources to parents Engage parents in SIDS related programs
<p>Assessment: Quiz</p> <ul style="list-style-type: none"> 20-25 Question True/false Multiple choice Answer questions from training content (Writing) Brainstorm Reflections <p>Evaluation</p>			

Sudden Infant Death Syndrome - Learning Styles

The Sudden Infant Death Syndrome training content includes activities that contain all three learning styles to accommodate ALL learners.

VISUAL	AUDITORY	KINESTHETIC/TACTILE/ HANDS ON
<input checked="" type="checkbox"/> Videos/Slides <input type="checkbox"/> Flip Charts <input checked="" type="checkbox"/> Readings <input type="checkbox"/> Demonstrations <input type="checkbox"/> Graphs and charts <input type="checkbox"/> Create outlines <input type="checkbox"/> Write practice test <input type="checkbox"/> Create mind maps <input checked="" type="checkbox"/> Note taking <input type="checkbox"/> Use symbols <input type="checkbox"/> Draw pictures <input type="checkbox"/> Use flash cards <input checked="" type="checkbox"/> Use handouts <input type="checkbox"/> Case Studies <input type="checkbox"/> Scenarios <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Videos/Slides <input type="checkbox"/> Lectures <input type="checkbox"/> Group Discussions <input type="checkbox"/> Informal Conversations <input type="checkbox"/> Stories and Examples <input type="checkbox"/> Brain storms <input type="checkbox"/> Ask learners to share what they learned <input type="checkbox"/> Find a study buddy <input type="checkbox"/> Associate music with learning <input type="checkbox"/> Class participation <input type="checkbox"/> Giving oral reports <input type="checkbox"/> Read aloud to yourself <input checked="" type="checkbox"/> Answer Questions <input type="checkbox"/> Debate <input type="checkbox"/> Other	<input type="checkbox"/> Role plays <input type="checkbox"/> Simulations <input type="checkbox"/> Practice Demonstrations <input checked="" type="checkbox"/> Writing/Note Taking <input type="checkbox"/> Team Activities <input type="checkbox"/> Draw <input type="checkbox"/> Create mind maps <input checked="" type="checkbox"/> Stretch <input type="checkbox"/> Use a variety of writing utensils <input type="checkbox"/> Use movement activities <input type="checkbox"/> Use flip charts <input checked="" type="checkbox"/> Handouts <input type="checkbox"/> Other

Online, Self-paced Professional Development Training Course

Title: Sudden Infant Death Syndrome (SIDS)

Instructional Designer/Trainer: Theresa Vadala, Ed.D.

2 Clock Hours/ 0.2 CEUs

Online/Self-Paced Training Course

Competency Area: Health, Safety & Nutrition

Level of Experience: Beginning Intermediate Advanced

Course Description:

Protect children while in their care and create a safer environment for infants to help prevent sudden infant death syndrome (SIDS). Learn to reduce the risk of Sudden Infant Death Syndrome (SIDS) in child care by creating safer sleep environments for babies. Caregivers will define SIDS, identify safe sleep practices, state ways to lower SIDS risks in child care settings and Identify SIDS-related resources. Learn about Tummy Time, handling a medical emergency SIDS – related resources, spread the Word – Ways you can share information on SIDS with parents and other caregivers.

Prerequisites: None

Targeted Audience:

This training course content is for ALL professionals who work with infants in their care.

Course Materials: Self-study Guide

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- Triple Risk Model
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- Safe Sleep Environment

PART 2

- Legal Considerations
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WHAT'S SIDS?

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- Healthy Child Care America Back to Sleep Campaign
- SIDS in Child care
- Unaccustomed Tummy Sleeping
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Prevent
SIDS

What is Sudden Infant Death Syndrome (SIDS)?

Sudden Infant Death Syndrome (SIDS) – The unexpected death of a presumable healthy baby, generally younger than one, in which an autopsy fails to identify the cause of death.

SIDS is a diagnosis of exclusion. This means that all other possible causes of death are ruled out before you can call it SIDS. A SIDS diagnosis takes into account autopsy findings, results of the investigation of the place where the baby died, and a review of the baby's medical history. The family's health history may also be reviewed. Unfortunately, while there is a lot of research being done about what causes SIDS, researchers still do not know what exactly causes SIDS. Therefore, we are not able to predict which babies will die from SIDS.

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Healthy Child Care America Back to Sleep Campaign

The Back to Sleep campaign was a focused effort of several national organizations working to educate the public about the importance of putting babies to sleep on their backs to decrease the incidence of SIDS. The Healthy Child Care America campaign, launched in 1995, is a collaborative effort of health care professionals, child care providers, and families of children in child care, working in partnership to improve the health and well-being of children in child care settings. The campaign is coordinated by the American Academy of Pediatrics (AAP). Through this joint campaign, all partners will offer technical assistance and resources to: 1) Promote the Back to Sleep message in child care programs, 2) Raise awareness and change practices in family child care homes and center-based child care programs, and 3) Encourage states to include safe sleep practices within state child care regulations.

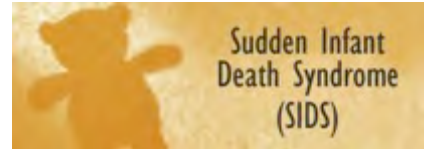


What is the importance of the American Back to Sleep (AAP) Campaign?

SIDS in Child Care

According to research, two thirds of the US infants younger than 1 year are in non-parental child care. Infants of employed mothers spend an average of 22 hours per week in child care, 32% of infants are in child care full time, and less than 9% of SIDS deaths should occur in child care. Approximately 20% of SIDS deaths occur while the infant is in the care of a non-parental caregiver.

- 60% in family child care
- 20% in child care centers
- 20% in relative care



The actual rate of SIDS deaths in child care is more than double the expected rate. Sixty percent of these infants die in family child care, 20% in child care centers, and the remaining 20% in relative care. Infants who die in child care tend to be white with older, educated parents. Infants tend to be Caucasian, with older, more educated parents. This is noteworthy, as those characteristics are those of infants who would typically be categorized as low risk for SIDS. Just being in child care moves the infant from low to high risk. Approximately 1/3 of SIDS – related deaths in child care occur in the first, week and ½ of these occur on the first day. Many of these infants will die in the first week of child care. The only identifiable and preventable risk factor found in studies that is related to SIDS and child care settings is *unaccustomed tummy sleeping* (ie, being placed or rolling into the tummy position when this is not a position in which the infant typically sleeps).

According to research, how many SIDS deaths occur in child care centers? _____

Related deaths in child care occur in the _____ week/s.

What is unaccustomed Tummy Sleeping?

Unaccustomed Tummy Sleeping

A baby is at the least risk for SIDS when placed supine (on the back) to sleep and is most at risk when s/he usually sleeps on the back but then is placed on the tummy or rolls onto the tummy for sleep. Unaccustomed tummy sleep places infants in out-of-home settings at extremely high risk for SIDS (almost 18 times the risk of always supine sleepers). Research found that many of the unaccustomed prone sleepers were placed on their tummies by non-parental caregivers, such as grandparents, babysitters, and child care providers. Research found that changing infants' sleep position increases risk of sudden infant death syndrome. Part of the risk may be because babies who do not typically sleep on their tummies develop upper body strength later than babies who do typically sleep on their tummies. If these infants are placed on their tummies and they get into a suffocating or low-oxygen situation, they cannot lift or move their heads to get out of that situation. The ultimate goal is to reduce the number of infants dying of SIDS or suffocation while sleeping in child care settings. Child care providers perform an essential service in our society. More parents are enrolling infants in early education and child care programs due to both parent in the workforce. It is vital that child care providers have access to the most up-to-date information concerning the care of infants.

Do you know of a family that has loss an infant to SIDS?(Explain)

SIDS Facts

The SIDS facts are based on years of national data that show which, when, where, at what age, and under what circumstance babies die suddenly and unexpectedly. Data fact is derived from the National Institute of Child Health and Human Development and SIDS researchers. SIDS is the cause of death for approximately 2,200 babies in the US each year, that's approximately 6 babies every day. Remember that 20% of SIDS occurs in child care. This means that 1 baby in this country dies every day while in child care.

- ❖ In 2005, there were about 2,200 SIDS cases (US).
- ❖ It is the leading cause of death for babies from 1 to 12 months of age.
- ❖ Highest risk is at 2 to 4 months; 91% occur between 1 and 6 months of age.
- ❖ Seasonal trend: there are more SIDS deaths in winter months.
- ❖ More male babies die of SIDS.
- ❖ Unaccustomed tummy sleeping increases risk as much as 18 fold.

The leading cause of infant death between 1 and 12 months of age, and the third leading cause of infant death from birth to 1 month of age—before 1 month, babies are dying of other causes # 1 is low birth weight and preterm birth; # 2 is birth defects. The highest risk is for infants who are 2 to 4 months old. SIDS is more prevalent during the winter months (November–March); This may be because of over bundling or overheating the babies. SIDS is also more prevalent in male babies than female babies (60% of SIDS occurs in Males) SIDS risk increases as much as 18-fold when an infant is accustomed to sleeping on the back and is then placed on the tummy to sleep in the care of a person that is not the primary caregiver. Information about SIDS has improved over time through research and data. Some commonly held beliefs about SIDS are not supported by scientific studies. The exact causes of SIDS remain unknown. It is important to emphasize that immunizations, or shots, do not cause SIDS, is not caused by vomiting or choking. Even though the number of immunizations that children get has increased over the last decade, the SIDS rate has decreased.

Babies at Risk for SIDS

Mothers' smoking during pregnancy increases the baby's risk for SIDS 3 times. Besides sleep position, smoke exposure is the most important risk factor for SIDS. Babies who breathe secondhand smoke (2.5x greater risk). Smoking cigarettes during pregnancy negatively affects the brain development of the developing fetus. Babies exposed to smoke don't arouse/wake up as easily as babies not exposed to smoke. Cigarette smoke contains nicotine (an addictive drug), toxic gases, and poisonous chemicals, as well as tiny particles that more than double a baby's chances of dying from SIDS. Maternal smoking also increases the chances of a baby being born too early (premature) and too small (low birth weight). Remember that prematurity and low birth weight also are risk factors for SIDS. The risk of SIDS from cigarette smoke is dose-dependent, meaning that the risk is higher with increasing exposure. So 2 parents who smoke increases risk more than if 1 parent smokes. Smoking in the same room increases risk more than smoking outside away from the baby. Creating smoke-free child care environments is a critical step to nurturing the health and well-being of infants and toddlers and reducing the risk of SIDS.

How does cigarette smoking affect pregnancy?

(US Department of Health and Human Services, Centers for Disease Control and Prevention.)

Women and Smoking: A Report of the Surgeon General—2001. Atlanta, GA: US Department of Health and Human Services, Centers for Disease Control and Prevention; 2001)

Babies at Risk for SIDS

Understanding who is at greatest risk for SIDS and what behaviors increase the possibility of SIDS helps guide awareness, education, and training efforts to reduce the risks. With this knowledge, precautions can be taken to minimize SIDS risks for babies in child care, particularly those who may be exposed to several risk factors. African Americans are at 2 times higher risk for SIDS compared with Caucasian, Asian, and Latino babies. This also is true for other instances of infant deaths, regardless of socioeconomic status. The African American infant death rate is double that of white infants. Some of this risk is probably genetic (so non-modifiable), but some of it is also behavioral (modifiable). For instance, we know that African Americans are more likely to place their babies on their tummies for sleep.

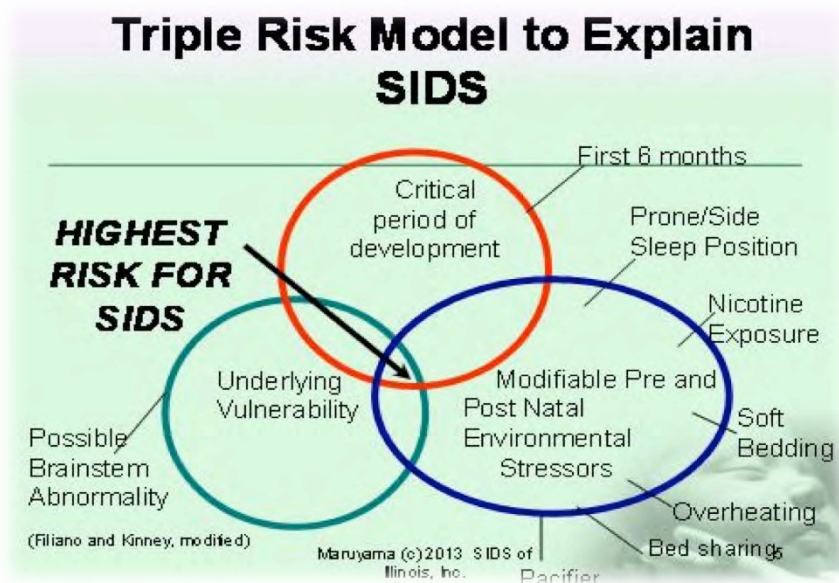
The Back to Sleep campaign and other SIDS programs across the country are reaching out to educate and engage the African American community in combating SIDS. Certain American Indian populations have more than 3 times higher risk for SIDS (non-modifiable risk factor). Nationally, American Indians as a whole are more than 2x more likely to die from SIDS. The Aberdeen Area Infant Mortality Study, released in December 2002, indicated that these 3 factors might be contributing to higher SIDS rates in some American Indian communities (modifiable).

NOTE: Even though African Americans and American Indians are populations that are generally at higher risk for SIDS, it is important to note that Caucasian babies are the ones more likely to die in *child care settings*.

SIDS Rate and Sleep Position 1998 – 2003 (Deaths per 1,000 Live Births)



As the percentage of back sleeping has increased, the rate of SIDS deaths have decreased. The increase in back sleeping was a result of the AAP recommendation on sleep position published in 1992 and the success of the Back to Sleep campaign, which began in 1995. In the past few years, there has been no further increase in back sleeping. The SIDS rate has also not gone down in the last few years.



The triple risk theory explains what we think is happening with SIDS. There are 3 interacting factors; when you have all 3 of these, SIDS is most likely:

1) The **vulnerable infant** is one with an intrinsic developmental defect that is undetectable. This could be a dysfunction in the brainstem, a problem where the baby doesn't arouse easily from sleep, or something else. This may be genetic.

2) The **critical development period** coincides with a period of rapid growth and development of the brain during the first 6 months of life. This period accounts for 90% of all SIDS-related deaths.

3) The third and only currently modifiable area is the **external stressors** or environmental factors such as sleeping on the stomach, loose bedding, inappropriate sleep surfaces (eg, couches, water beds), or smoking.

If you can remove one of the interacting factors, this theory predicts that SIDS will not occur. The only factor that we can impact is the **external stressors**. Researchers believe that no single risk factor is likely to cause a SIDS-related death. Rather, the convergence of several risk factors may contribute to what causes an infant to die from SIDS. Throughout this presentation, we will be discussing how we can limit the exogenous stressors. (Guntheroth WG, Spiers PS. The triple risk hypotheses in sudden infant death syndrome. *Pediatrics*. 2002;110:e64)

Common Beliefs/Misconceptions

Why don't people want to put babies on their backs for sleep?

- Babies sleep better/longer/more deeply when they're on their stomachs
- The baby will get a flat head if the baby sleeps on the back.
- The baby will get a bald spot from sleeping on the back.
- When the baby is on the back, s/he startles more easily and wakes up.
- When babies sleep on the backs, they don't develop normally.
- The baby's parent(s) wants the baby to sleep on the tummy.

Why Child Care Providers Use Tummy Sleeping

- Lack of awareness
- 25% of licensed child care providers say they never heard of the relationship between SIDS and sleep position

Misconceptions about risk of sleep position

- Supine and aspiration, choking
- Belief that tummy sleeping improves infant comfort

Parental preference

- Lack of information
- Lack of education
- They think that babies are more likely to choke or aspirate if they vomit or spit up
- They are worried that babies won't sleep as well
- Parental requests



EXERCISE 1.1

American Academy of Pediatrics Announces New Safe Sleep Recommendations to Protect Against SIDS, Sleep-Related Infant Deaths

Tummy to Play and Back to Sleep

Tummy to play and back to sleep

- Use safe sleep practices.
- Provide a safe sleep environment

Ensure tummy time is supervised when babies are awake. Tummy time promotes healthy physical and brain development, strengthens neck, arm, and shoulder muscles, and encourages bonding and play between the supervising adult and the baby.

- Tummy time is for babies who are awake and being observed.
- It is needed to develop strong muscles.
- Have tummy time 2 to 3 times per day and increase the amount of tummy time per day as the baby gets stronger.
- There are lots of ways for babies to enjoy tummy time!



Back to sleep

- Reduces the risk of SIDS
- Comfortable and safe

Always put healthy babies to sleep on their backs for naps and at bedtime. Avoid overheating, do not overdress baby, never cover baby's head with a blanket, and keep room temperature comfortable for a lightly clothed adult. Do not have more than one baby per crib.

Pacifiers

Pacifiers may be offered to babies to reduce the risk of SIDS. If breastfed, wait until breastfeeding is well established (approximately 3 – 4 weeks of age), before offering a pacifier. If the baby refuses the pacifier, don't force it. If the pacifier falls out while the baby is asleep, you do not have to re-insert it.



Safe Sleep Environment

A safe sleep environment includes a safe crib and firm mattress with no extra bedding, comforters, or pillows. Bumper pads are not needed, wedges or positioners are not recommended, and no toys or stuffed animals should be in the crib. Avoid placing babies in chairs, sofas, air mattresses, water beds, and adult beds. Be aware that parents like their baby to have things from home with them and may ask additional items to be used. Please help caregivers to identify a safe sleep environment. Provide parents with guidelines when they fill out registration papers.

Bed Sharing or Co-Sleeping

Bed Sharing or Co-Sleeping may be hazardous under certain conditions. The American Academy of Pediatrics recommends that babies not bed share. Bed sharing is especially dangerous when;

- Baby bed shares with someone other than the parents. Therefore, children or other adults should not bed share with an infant.
- Bed sharing occurs on a waterbed, couch or armchair.
- The adult is a smoker.
- The adult drinks alcohol or uses medications or drugs that can make it more difficult to arouse or wake up.

NOTE: The safest place for a baby to sleep is in a separate sleep surface (eg, bassinet, crib, cradle) next to parents' bed.



EXERCISE 1.2

What is the ideal safe sleep environment for a baby and why? (Explain)

Take a Break!

STOP

TAKE A MINUTE TO STRETCH!



Part 2 is next:

Legal Considerations



PART 2:

LEGAL CONSIDERATIONS

- Legal Considerations
- Elements of a Safe Sleep Policy
- Benefits of a Safe Sleep Policy
- Alternate Sleep Position
- Child Care Facility Compliance
- Implement the Caring for Our Children Standards in your Center
- Parent Concerns
- Handling a Medical Emergency
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- What to Expect if a Baby Dies

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Legal Considerations

Unfortunately, SIDS does happen in child care settings. In some situations, grief-stricken parents have sued their child care providers, holding them liable for the SIDS deaths of their babies. While the number of SIDS liability cases is extremely small, this number is growing across the country.

Litigation

There are several grounds on which the legal cases surrounding SIDS deaths in child care have been based. They are wrongful death, loss to society, neglect, and breach of contract.

Wrongful death

A legal claim based on the assertion that an act of negligence caused a person's death.

Loss to society

When a baby dies, the opportunity for society to benefit from his or her presence and contributions, had he or she lived and grown to adulthood, is lost. A monetary figure is determined as compensation for this loss to society.

Neglect

Until recently, SIDS was not attributed to abuse or neglect. With the advent of SIDS-related lawsuits incorporating neglect charges, this has changed. Child care providers have been found to be negligent if they have not followed the safe sleep standards or the back-to-sleep recommendation and a baby succumbs to SIDS while in their care.

Breach of contract between parents and provider

When a parent entrusts a child care provider with the care, safety, and well-being of his or her child and the provider assumes this responsibility and enrolls the child, a contract ensues. An infant death attributed to neglect or breach of contract is grounds for legal action.

Standard of Care

As professionals and/or business owners/operators, child care providers must remember that back to sleep is now considered **standard of care**.

Elements of a Safe Sleep Policy

The elements of a safe sleep policy include safe sleep practices and the creation of a safe sleep environment. We've already talked about all of these elements. Please note that the sample sleep policy that we are providing is a sample only. You should check with your attorney/child care health consultant to assure that the wording is acceptable.

- Healthy babies always sleep on their backs.
- Obtain physician's note for non-back sleepers.
- The note should include prescribed sleep position and the medical reason for not using the back position.
- Use safety-approved cribs and firm mattresses.
- Crib: free of toys, stuffed animals, and excess bedding.
- If blankets are to be used, practice feet to foot rule.
- Sleep only one baby per crib.

Room Temperature

Room temperature should be comfortable for a lightly clothed adult. *Caring for our Children* suggests a temperature range of 65 to 75 degrees in the winter, and 68 to 82 in the summer as being appropriate.

Monitor sleeping babies.

In child care, you must check on babies by listening to and observing them while they are sleeping. The National Association for the Education of Young Children (NAEYC) emphasizes that infants and toddlers/twos should be supervised by sight and sound at all times, including when infants are sleeping. You need an unobstructed view of each baby sleeping in a crib. Checking on babies periodically will not prevent them from dying of SIDS but will make sure that they are safe and sleeping comfortably. Parents do not check as closely on their sleeping babies as child care providers are expected to do. Parents usually are only monitoring 1 infant; caregivers have a responsibility for professional service that may exceed what some families do at home. Have supervised tummy time for awake babies. Allow awake babies to be on their tummies to play and exercise. Be sure to observe them during this activity. If a baby falls asleep during tummy time, gently turn him or her onto the back for sleeping unless the baby is able to roll over from front to back and back to front by himself or herself.

Safe Sleep Policy

All caregivers, including volunteers and substitutes, should be informed about safe sleep practices and follow the child care facilities' policies and standards. Provide parents with a safe sleep policy. Tell parents about the steps you are taking to provide a safe sleep environment for their infant or toddler. Have a copy of the safe sleep policy in your handbook and always review it during parents' orientation.

Order free educational materials from credible organizations about safe sleep and SIDS risk reduction in child care. Make these materials available to parents and post them on bulletin boards and in parent information centers.

Have supervised tummy time for awake babies and allow awake babies to be on their tummies to play and exercise. Be sure to observe them during this activity. If a baby falls asleep during tummy time, gently turn him or her onto the back for sleeping unless the baby is able to roll over from front to back and back to front by himself or herself.



Benefits of a Safe Sleep Policy

Both the babies and child care providers benefit when a safe sleep policy is in place. A child care provider will feel relieved knowing that the practice of putting a baby on its back to sleep is supported by a written safe sleep policy, even if the parents do not perform this same practice at home. There are many benefits to having a safe sleep policy. It has the potential to save baby's life. It shows parents that their baby's health and safety is your number one priority. It educates staff by ensuring that all child care staff are following the same safe sleep policy. Because having a safe sleep policy is an opportunity to educate parents about safe sleep practices—it opens the door to a discussion between the parents and child care provider about safe sleep. By making sure that child care providers are taking part in professional development and that they are up-to-date on the best sleep practices.

Benefits of a safe sleep policy;

- May save lives of babies
- Shows parents baby's health and safety is your #1 priority
- Professional development
 - Educates staff
 - Educates parents
- It empowers child care providers
- If followed, helps reduce your risks of liability

What safe sleep policy does your center have in place?

Benefits of a Safe Sleep Policy

If there is a written policy to back up a child care provider, this empowers the child care provider to make the best decision for the baby. You can assure the parents that this is what you do for every baby. It helps reduce your risk of liability. While we don't like to necessarily think about it, there are an increasing number of legal cases nationwide in which child care providers are being held liable for SIDS deaths.

Jury Case (Georgia)

The following is an example of a jury award in a case in which a provider was held liable: In September 2002 in Georgia, a couple was awarded \$1 million in a wrongful death lawsuit for their 8-week-old son, who died in 1996 after being placed on his stomach for a nap by his child care provider. The attorney argued that a child care center that does not place an infant on its back has been negligent. The child care provider plans to appeal, arguing that placing the baby on the stomach does not breach a standard of care. In Georgia, the standard of care is judged by what a reasonable parent would do. Thus far (as of January 2008), no child care provider with a written sleep policy and a medical waiver (i.e., physician's note if sleep position other than back is requested) has been sued.

Alternate Sleep Position

Early on, child care providers should talk with parents about which sleep position is preferable for the baby. Anyone who is a parent and chooses to leave his or her baby in the care of another person should have a conversation with the caregiver about the baby's sleep position. When reviewing the baby's application, child care directors or owner/operators should ask, "What position does the baby sleep in at home?" For babies that sleep on their tummies at home, they should ask, "Why?" If there is a valid health reason why a baby should not sleep on the back, the parents should inform the child care provider and discuss it with their child health professional.

Requirements around sleep position should become part of the baby's care plan. If the baby must sleep on his or her side or stomach, you should know the reason for this from the child's health professional, because this may have implications for other procedures in your child care. The reasons for a baby to not sleep on his/her back are extremely rare and should be discussed with the infant's pediatrician. You should therefore require a written, signed statement from the baby's pediatrician that states the medical reason why the baby is exempt from sleeping on his or her back. Keep in mind that the physician's note protects the baby and also protects you.

EXERCISE 2.3

When reviewing the baby's application, child care directors or owner/operators should ask, "What position does the baby sleep in at home?"

What additional information do you need? What is required? (Explain)

Child Care Facility Compliance

Because back to sleep is a standard in your child care facility, it is important to inform all regular child care staff and substitutes about a baby that must be placed on his or her side or tummy to sleep because of a medical condition. As a facility, comply with the back to sleep standard and do the following:

- Posting a note on the outside of the crib as a reminder about the baby's sleep position can help keep staff informed.
- Inform all child care providers and substitutes
- Require written and signed physician's note
- Identifies medical reason why baby sleeps in position other than on back
- Keep physician's note in baby's medical file and post notice on crib
- Inform all child care staff and substitutes.
- Keep pediatrician's note in the baby's medical file.

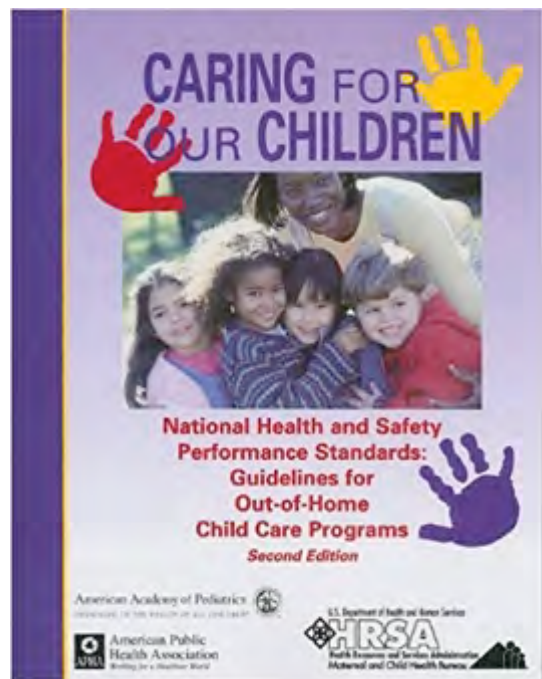
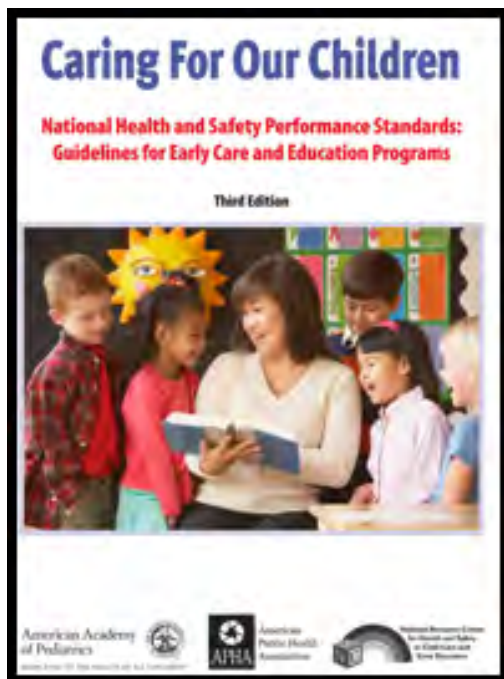
The signed and dated note from the physician should be kept in the baby's files. It should be reviewed with parents periodically, every 6 to 8 weeks, to determine if there has been a change. Some parents are willing to write a note to allow the baby to sleep on the stomach or side. This may be an option depending on the child care regulations and legislation about safe sleep practices in your state, but a child care provider has less liability and is put more at ease if the reason for side or stomach sleep is documented by the child's pediatrician. It is best to use a sleep position for a baby that is based on his or her medical needs and to follow the safe sleep standard of care.

Implement the Caring for Our Children Standards in your Center

Implement the Caring for Our Children standards in your center.

- ▶ Have a safe sleep policy
- ▶ Train all caregivers
- ▶ Talk with a child care health consultant
- ▶ Be able to handle an infant medical emergency
- ▶ Be aware of bereavement resources

The focus of this training is SIDS risk reduction, however; it is important to be knowledgeable about how to handle an infant medical emergency, how to implement the *Caring for Our Children* standards, and what bereavement resources are available. Child care health consultants are trained to help you with health issues in your home or center. Consider talking with a child care health consultant to help you implement SIDS and other child care standards in your facility.



Exercise 2.4 Scenarios

Scenario #1

You are a child care provider. A parent of a 2 month old baby requests that the child sleep on the side, propped by a pillow. This is how they do it at home. The mother says, "I don't want to worry about my baby spitting up and it going down the wrong way." What do you do?

Possible suggestions:

- There is no increased risk for choking/aspiration—can draw a picture of the anatomy
- There is increased risk for SIDS with unaccustomed prone position
- There is increased risk for suffocation with pillow
- Review policy that parent has signed

Scenario #2

You have just started as a new child care provider in the infant room of a large child care center. On your first day, you notice that all of the other providers are placing babies on their stomachs for naps. You know from your training that back is best. What do you do?

Possible suggestions:

- Talk with the director (does the director closely monitor infant room practices)?
- Ask if there is a written policy
- Many people still do not believe that back is best
- May have to overcome misconceptions
- Request training for all providers
- Call Child Care Health Consultant
- You are the one who may be liable if something happens to the baby

Parent Concerns

Some child care providers might be reluctant to tell parents what to do and find it easier to give in to the parents' preference. It may be a good idea to designate a couple of people in the child care facility or home to be the point people on back-to-sleep issues. When there is a parent that is concerned about the policy or difficult to handle, these point people can be responsible for speaking with them.

Why would a child care provider be reluctant to discuss the situation with the parents of a child in your care?

What are some things that can assist you in discussing safe sleeping practices with parents?

This is a good time to reinforce the idea of having a sleep position policy in place in each child care facility. It opens up the door to a discussion with the parents about sleep positioning. It also empowers the child care provider. "I'm sorry, but that's our policy" is a very powerful statement.

If some parents insist on placing their baby to sleep in a side or tummy position, require a note from the infant's pediatrician that states the medical reason why the baby needs to sleep in a position other than on the back. Be sure the note is dated and signed by the pediatrician. It may be necessary for you to have a telephone conversation with the baby's pediatrician about sleep position to make sure that you understand the medical reason why the baby must be placed on the side or tummy to sleep and the position the pediatrician thinks is best for this baby for sleeping.

Handling a Medical Emergency

Have a plan in place and review the plan with all staff periodically. Be sure you have received training and have successfully practiced rescue breathing and skills for handling a blocked airway for infants in the first aid course.

- Call 911
- Get help to care for the other children
- Call the child's parents or emergency contact
- Call the parents of the other children
- Do not disturb the scene (e.g., don't try to tidy up)
- Notify licensing agency and insurance agency

Where is the written medical emergency plan for your facility or home located?

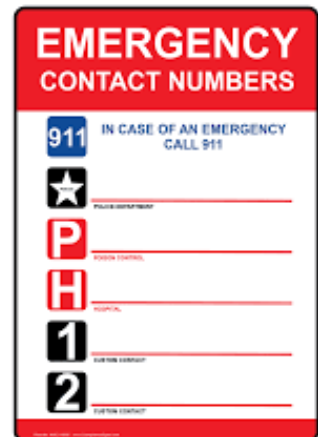
Keep the plan in a visible spot such as on the wall by the cribs or at least in the room where the infants sleep. Be sure to place emergency numbers on or by each telephone in the facility or home and to have a phone that is within easy reach to use in an emergency wherever children are in care. Cell and portable phones have made it possible to always have a phone within reach.

First Aid-Unresponsive Infant

If a plan is in place at the facility or home, it should be reviewed to make sure that it follows the *Caring for Our Children* standards. Be sure it is up-to-date and easily accessible. The standards in *Caring for Our Children* do not require CPR training for caregivers, unless the program includes swimming or wading or the caregiver is responsible for a child with a special medical condition that might lead to cessation of heartbeat (such conditions are very rare). *Caring for Our Children* does require first aid training that includes rescue breathing and management of a blocked airway. It is important to complete the first aid training for infants with practice of airway resuscitation skills on a mannequin and to keep up-to-date on this training. Many local sources provide this training. Contact your local ambulance company or hospital to find out where this training is available in your community.

Where is the local ambulance company or hospital in your community?

Phone number and Location:



What to Expect if a Baby Dies

If a baby dies, there are national standards for obtaining and providing resources and information to those working or with children in your facility. There are resources available to you and to the families. The place where an individual dies is considered to be the death scene. SIDS is a diagnosis of exclusion and so it is necessary to complete a death scene investigation. You need to understand that there will be a complete investigation. Law enforcement officers will also need to take photos. Even though it is a natural response to “clean up” or “tidy up” after something bad happens, don’t do it. The officers will need to see everything as it was.

Investigation

- Several people will ask for the same information so they can help.

Law Enforcement

- Note baby’s health, behavior, etc.
- Take photos.
- Limit disturbance of the area.

Licensing Agency

- Questions about licensing regulations.

The licensing agency needs to be notified. They will likely do an investigation as well to assure that any failure to follow regulations did not contribute to the infant’s death. Remember, however, that they cannot use a SIDS death as the only reason to revoke your license.

Coroner/Medical Examiner

- Conducts autopsy
- Determines cause of death

The coroner/medical examiner will determine the cause of death after the autopsy and death scene investigation.

Take a Break!

STOP

TIME TO STRETCH AGAIN!



PART 3

Resources

Cultural Related Resources

Have any questions?

Email Theresa Vadala at

childcaretrainingconsultants1@gmail.com



PART 3: RESOURCES

- Resources
- Cultural Related Resources

S **UDDEN**

I **NFANT**

D **EATH**

S **YNDROME**



**Prevent
SIDS**

Resources

National SIDS/Infant Death Resource Center 866/7437. www.sidscenter.org

CJ Foundation for SIDS 888/8CJ-SIDS (825-7437). www.cjsids.com

First Candle/SIDS Alliance

- 1314 Bedford Ave, Suite 210, Baltimore, MD 21208
- Phone: 800/221-7437 or 410-653-8226
- Fax: 410/653-8709
- E-mail: info@firstcandle.org
- Website: www.firstcandle.org

National SIDS and Infant Death Program Support Center

- 112 E Allegan, Suite 500, Lansing, MI 48933
- Phone: 800/930-SIDS or 800/930-7437
- E-mail: info@sidsprojectimpact.com
- Website: www.sidsprojectimpact.com

Back to Sleep Campaign

- www.nichd.nih.gov/sids
- Phone: 1-800-505-CRIB (2742)

You can receive informational brochures, posters to provide to families and child care providers

American Academy of Pediatrics

- 141 Northwest Point Blvd
- Elk Grove Village, IL 60007 – 1098
- Phone: 888/227-5409
- Fax: 847/227-7320
- E-mail: childcare@aap.org
- Website: www.healthychildcare.org

Resources

Caring for Our Children: National Health and Safety Performance Standards - 2002

When implementing a new practice in child care, *Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of- Home Child Care Programs*, Second Edition, should be consulted. The national standard on sleep positioning is consistent with and incorporates the standards recommended by the AAP, SIDS Resource Center, and National Resource Center for Health and Safety in Child Care. A copy of the entire publication is available online at <http://nrckids.org/CFOC/index.html>. There are also standards for cribs and bedding. The standards for sleep, cribs, and bedding are designed to reduce the risk of SIDS and promote children's health and safety while they are in child care. An abbreviated text addressing SIDS and sleep conditions is available online at <http://nrckids.org/SPINOFF/SIDS/SIDS.htm>.

Cultural Related SIDS Resources

Safe Sleep for Your Baby: Reduce the Risk of Sudden Infant Death Syndrome (SIDS) and Other Sleep-Related Causes of Infant Death

This 12-page brochure explains ways to reduce the risk of SIDS and other sleep-related causes of infant death.



General Outreach

[PDF for Safe Sleep for Your Baby: Reduce the Risk of SIDS and Other Sleep-Related Causes of Infant Death \(General Outreach\) \(PDF - 2.8 MB\)](#)

[Order Safe Sleep for Your Baby: Reduce the Risk of SIDS and Other Sleep-Related Causes of Infant Death \(General Outreach\)](#)



African American Outreach

[PDF for Safe Sleep for Your Baby: Reduce the Risk of SIDS and Other Sleep-Related Causes of infant Death \(African American Outreach\) \(PDF - 1.3 KB\)](#)

[Order Safe Sleep for Your Baby: Reduce the Risk of SIDS and Other Sleep-Related Causes of infant Death \(African American Outreach\)](#)



American Indian/Alaska Native (AI/AN) Outreach

[PDF for Safe Sleep for Your Baby: Reduce the Risk of SIDS and Other Sleep-Related Causes of Infant Death \(AI/AN Outreach\) \(PDF - 925 KB\)](#)

[Order Safe Sleep for Your Baby: Reduce the Risk of SIDS and Other Sleep-Related Causes of infant Death \(African American Outreach\)](#)



En Español

[PDF for Sueño seguro para su bebé: Reduzca el riesgo del síndrome de muerte subita del bebé y de muerte por otras causas relacionadas con el sueño \(PDF - 462 KB\)](#)

[Solicitud Sueño seguro para su bebé: Reduzca el riesgo del síndrome de muerte subita del bebé y de muerte por otras causas relacionadas con el sueño](#)

What does a safe sleep environment look like? Reduce the Risk of SIDS and Other Sleep-Related Causes of Infant Death

This single-page handout shows a safe sleep environment for infants and explains ways parents and caregivers can reduce the risks of SIDS and other sleep-related causes of infant death. Available for order in packets of 25.

Cultural Related SIDS Resources



English

[PDF for What does a safe sleep environment look like? Reduce the Risk of SIDS and Other Sleep-Related Causes of Infant Death \(PDF - 270 KB\)](#)

[Order What does a safe sleep environment look like? Reduce the Risk of SIDS and Other Sleep-Related Causes of Infant Death](#)



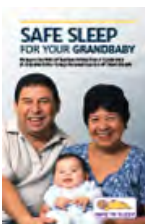
En Español

[PDF for ¿Cuál es la apariencia de un ambiente seguro para dormir? Reduzca el riesgo del síndrome de muerte súbita del bebé y de otras causas de muerte relacionadas con el sueño \(PDF - 239 KB\)](#)

[Solicitud ¿Cuál es la apariencia de un ambiente seguro para dormir? Reduzca el riesgo del síndrome de muerte súbita del bebé y de otras causas de muerte relacionadas con el sueño](#)

Safe Sleep for Your Grandbaby: Reduce the Risk of SIDS and Other Sleep-Related Causes of Infant Death

This 20-page booklet explains how grandparents and other trusted caregivers can help reduce the risk of SIDS and other sleep-related causes of infant death when caring for grandchildren.



English

[PDF for Safe Sleep for Your Grandbaby: Reduce the Risk of SIDS and Other Sleep-Related Causes of Infant Death \(PDF - 456 KB\)](#)

[Order Safe Sleep for Your Grandbaby: Reduce the Risk of SIDS and Other Sleep-Related Causes of Infant Death](#)



En Español

[PDF for Sueño seguro para su nieto: Reduzca el riesgo del síndrome de muerte subita del bebé y de muerte por otras causas relacionadas con el sueño \(PDF - 456 KB\)](#)

[Solicitud Sueño seguro para su nieto: Reduzca el riesgo del síndrome de muerte subita del bebé y de muerte por otras causas relacionadas con el sueño](#)

Cultural Related SIDS Resources

S

Honor the Past, Learn for the Future: Reduce the Risk of SIDS and Other Sleep-Related Causes of Infant Death (American Indian/Alaska Native Outreach)

This single sheet lists ways to reduce the risk for SIDS and other sleep-related causes of infant death among American Indian/Alaska Native babies.



[PDF for Honor the Past, Learn for the Future: Reduce the Risk of SIDS and Other Sleep-Related Causes of Infant Death \(American Indian/Alaska Native Outreach\) \(PDF - 1.74 MB\)](#)

[Order Honor the Past, Learn for the Future: Reduce the Risk of SIDS and Other Sleep-Related Causes of Infant Death \(American Indian/Alaska Native Outreach\)](#)

Safe to Sleep Door hangers

This door hanger lists ways that parents and caregivers can reduce the risk of SIDS and other sleep-related causes of infant death.



General Outreach

[PDF for Safe to Sleep Doorhanger for General Audiences \(PDF - 1 MB\)](#)

[Order Safe to Sleep Doorhanger for General Audiences](#)



African American Outreach

[PDF for Safe to Sleep Doorhanger for African American Audiences \(PDF - 2 MB\)](#)

[Order Safe to Sleep Doorhanger for African American Audiences](#)



En Español

[PDF for Seguro al Dormir Español Tarjeta \(PDF\) \(PDF - 1 MB\)](#)

[Details for Seguro al Dormir Español Tarjeta](#)

- Use a firm sleep surface.
- Do not put anything (pillows, blankets, stuffed toys, or crib bumpers) anywhere in baby's sleep area.
- Babies should not sleep in an adult bed, on a couch, or on a chair alone, with you or anyone else.
- Babies should not sleep in swings, car seats, or carriers.
- Have your baby share your room, not your bed.
- Always place baby on his/her back for every sleep—naps and bedtime.
- Do not let your baby overheat during sleep.
- Do not use devices and products (wedges, positioners) that claim to reduce the risk of SIDS/SUID.
- There is no evidence to recommend swaddling as a strategy to reduce the risk of SIDS.
- Do not use home heart or breathing monitors to reduce the risk of SIDS.
- Do not smoke or let others smoke around your baby.



is your baby SLEEPING SAFELY?

73%

of moms of babies under age one surveyed say they have placed at least one item inside their crib with their baby. Doing so can increase the risk of Sudden Infant Death Syndrome and suffocation.

ITEMS MOST OFTEN PLACED IN CRIB

WITH

BABY

STUFFED ANIMALS
23%

CRIB BUMPERS
35%

BLANKETS
59%

PILLOWS
8%

78%

of moms of babies under age one say they fear SIDS



yet 28%

have put Baby to sleep on his stomach

and 65%

have shared a bed with Baby

96%

of moms of babies under age one know that:

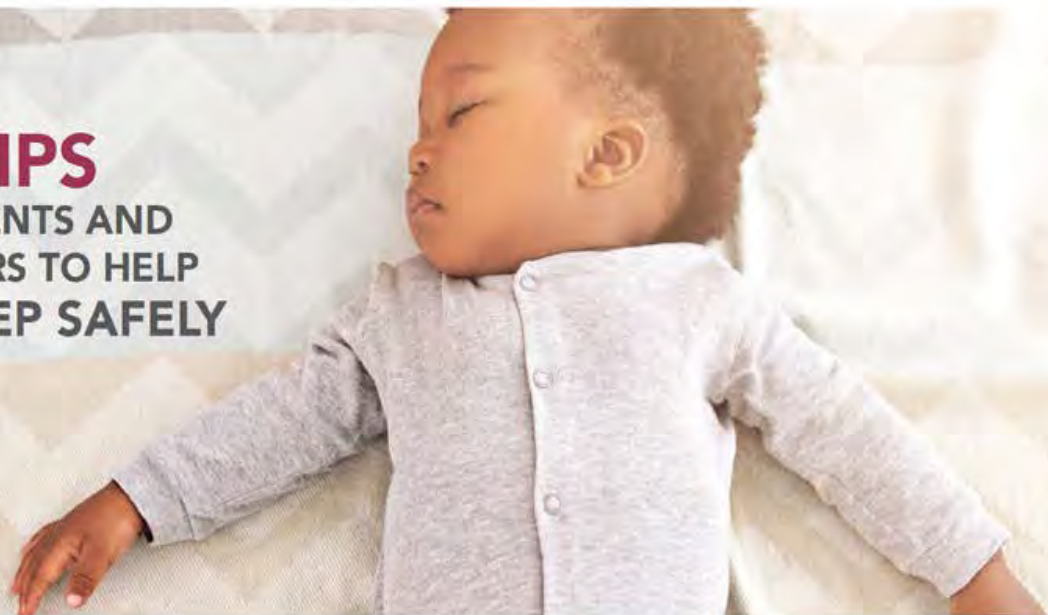
- ✓ Baby should sleep alone
- ✓ On his back in a crib

But only 66% agree with this advice

See more details at americanbaby.com/safer-sleep

4 TIPS

FOR PARENTS AND
CAREGIVERS TO HELP
BABY SLEEP SAFELY



Place your baby on his or her back for all sleep times - naps and at night.



Use a firm sleep surface, such as a mattress in a safety-approved crib.



Keep soft bedding such as blankets, pillows, bumper pads, and soft toys out of baby's sleep area.



Have baby share your room, not your bed.

REVIEW OF PART 1

- ❖ SIDS is a diagnosis of exclusion. This means that all other possible causes of death are ruled out before you can call it SIDS.
- ❖ A SIDS diagnosis takes into account autopsy findings, results of the investigation of the place where the baby died, and a review of the baby's medical history.
- ❖ The family's health history may also be reviewed.
- ❖ Unfortunately, while there is a lot of research being done about what causes SIDS, researchers still do not know what exactly causes SIDS.
- ❖ Therefore, we are not able to predict which babies will die from SIDS.

REVIEW OF PART 2

Litigation

- There are several grounds on which the legal cases surrounding SIDS deaths in child care have been based. They are wrongful death, loss to society, neglect, and breach of contract.

Wrongful death

- A legal claim based on the assertion that an act of negligence caused a person's death.

Loss to society

- When a baby dies, the opportunity for society to benefit from his or her presence and contributions, had he or she lived and grown to adulthood, is lost. A monetary figure is determined as compensation for this loss to society.
- Some child care providers might be reluctant to tell parents what to do and find it easier to give in to the parents' preference. It may be a good idea to designate a couple of people in the child care facility or home to be the point people on back-to-sleep issues.

REVIEW OF PART 3

- **Caring for Our Children: National Health and Safety Performance Standards - 2002**
- When implementing a new practice in child care, *Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of- Home Child Care Programs*, Second Edition, should be consulted. The national standard on sleep positioning is consistent with and incorporates the standards recommended by the AAP, SIDS Resource Center, and National Resource Center for Health and Safety in Child Care. A copy of the entire publication is available online at <http://nrckids.org/CFOC/index.html>.
- There are also standards for cribs and bedding. The standards for sleep, cribs, and bedding are designed to reduce the risk of SIDS and promote children's health and safety while they are in child care.
- An abbreviated text addressing SIDS and sleep conditions is available online at <http://nrckids.org/SPINOFF/SIDS/SIDS.htm>.

References

Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-home Child Care Programs, Second Edition (2002)

Guntheroth WG, Spiers PS. The triple risk hypotheses in sudden infant death syndrome. *Pediatrics*. 2002;110:e64)

IDS and Other Sleep-Related Infant Deaths: Expansion of Recommendations for a Safe Infant Sleeping Environment. <http://www.bmc.org/Documents/bmc-SIDS-BereavementCounseling.pdf>

Iyasu S, Randall LL, Welty TK, (2002). Risk factors for sudden infant death syndrome among northern plains Indians. *JAMA*. 2002;288:2717–2723)

National Resource Center for Health and Safety in Child Care and Early Education (NRC) www.nrckids.org

Policy Statement | Technical Report). 2011. American Academy of Pediatrics.

Safe to Sleep <https://www1.nichd.nih.gov/sts/materials/Pages/default.aspx>

US Department of Health and Human Services, Centers for Disease Control and Prevention.)

Women and Smoking: A Report of the Surgeon General—2001. Atlanta, GA: US Department of Health and Human Services, Centers for Disease Control and Prevention; 2001)

Glossary of Terms

Critical Development- The **critical development period** coincides with a period of rapid growth and development of the brain during the first 6 months of life. This period accounts for 90% of all SIDS-related deaths.

External Stressors- The third and only currently modifiable area is the **external stressors** or environmental factors such as sleeping on the stomach, loose bedding, inappropriate sleep surfaces (eg, couches, water beds), or smoking.

SIDS – The unexpected death of a presumable healthy baby, generally younger than one, in which an autopsy fails to identify the cause of death.

Supine- on the back, placing babes on their back for sleeping

Triple Risk Model- The triple risk theory explains what we think is happening with SIDS. There are 3 interacting factors; when you have all 3 of these, SIDS is most likely:

Unaccustomed Tummy Sleeping- Unaccustomed tummy sleep places infants in out-of-home settings at extremely high risk for SIDS (almost 18 times the risk of always supine sleepers).

Vulnerable Infant- The **vulnerable infant** is one with an intrinsic developmental defect that is undetectable. This could be a dysfunction in the brainstem, a problem where the baby doesn't arouse easily from sleep, or something else. This may be genetic.

Next Step

Complete the assessment

True/False

Multiple Choice

Answer questions

Use your notes!

Complete the evaluation

email to Theresa Vadala at

childcaretrainingconsultants1@gmail.com

Your assessment will be reviewed.

The certificate of completion will go directly to your

“My Course” Tab in your account.

Thank you for choosing Child Care Training Consultants, LLC
for your training needs!