

SAFE SLEEP POLICY FOR CHILD CARE FACILITIES

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House Bill 5517 as introduced
Sponsor: Rep. Andy Schor
Committee: Health Policy
Complete to 8-30-16

Analysis available at
<http://www.legislature.mi.gov>

SUMMARY:

House Bill 5517 would require that a child care facility that cares for children under the age of one year maintain a safe sleep policy, signed off on by its employees and provided upon request to parents.

Under the bill, the Department of Licensing and Regulatory Affairs (LARA) would develop and provide to child care centers, group child care homes, and family child care homes a sample safe sleep policy based on generally accepted practices. LARA would add additional requirements for safe sleep policies if necessary.

The written safe sleep policy must be implemented by all child care centers, group child care homes, and family child care homes that care for children under age one. Licensees, registrants, and employees of those child care facilities must review and sign an acknowledgment that they understand the facility's safe sleep policy. Finally, the child care facility, must make sure its policy is available on its website and upon request from the parent or legal guardian of a child in the facility.

BACKGROUND:

According to the Centers for Disease Control, about 3,500 US infants die suddenly and unexpectedly each year.¹ These deaths are commonly referred to as sudden unexpected infant deaths (SUID), a broad term which encompasses all cases in which an infant's cause of death is undetermined, including those from sudden infant death syndrome (SIDS).

Since the American Academy of Pediatrics' (AAP) 1992 recommendation that all babies be placed on their backs to sleep, SIDS deaths have decreased dramatically (from 120 deaths per 100,000 live births in 1992 to 56 per 100,000 in 2001), but sleep-related deaths from other causes, including suffocation, entrapment, and asphyxia, have increased. Accordingly, the AAP issued expanded recommendations for a safe infant sleeping environment in 2011.² These recommendations include the following:

- Place babies on their backs for sleep to reduce the risk of SIDS. Prone/stomach and side sleeping is not recommended, but once babies learn to roll over at 4-6 months, they may be allowed to remain in their preferred sleep position.

¹ <https://www.cdc.gov/sids/aboutsuidandsids.htm>

² <http://pediatrics.aappublications.org/content/pediatrics/128/5/e1341.full.pdf>

- Ensure that babies sleep on firm mattresses which fit snugly in cribs with approved slat spacing. Refrain from using car seats and other sitting devices for routine sleep, particularly for young infants.
- Keep soft objects, loose bedding, bumper pads, or any other objects that could cause entrapment, suffocation, or strangulation out of the crib.
- Place babies in the same room as parents, but not in the same bed.
- Avoid alcohol and illicit drug use during pregnancy and after the baby's birth.
- Encourage mothers to breastfeed as long as possible.

Public Act 122 of 2014 (House Bill 4962) created the "Infant Safe Sleep Act," which required the Departments of Community Health and Human Services (now the Department of Health and Human Services, or MDHHS) to work to improve communication about safe sleep practices by providing educational and instructional materials about safe sleep practices. It also required hospitals to provide to parents readily understandable information and instructional materials regarding infant safe sleep practices (which may be the materials provided by MDHHS). Parents could sign an acknowledgment that they received the materials, which hospitals would keep on file.

House Bill 5517 would expand on this effort by seeking to educate child care providers on safe sleep practices. This accords with recommendations from the Michigan Child Death State Advisory Team that LARA and other relevant regulatory agencies "[f]or licensing and accreditation purposes, require demonstrated core competencies in infant safe sleep for professionals who work in health care and other human service delivery fields[.]"³

FISCAL IMPACT:

The bill would likely have an indeterminate or negligible fiscal impact on the Department of Licensing and Regulatory Affairs (LARA), since the only requirement made of the department is the development and provision of a sample safe sleep policy.

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■ This analysis was prepared by nonpartisan House Fiscal Agency staff for use by House members in their deliberations, and does not constitute an official statement of legislative intent.

³ http://www.keepingkidsalive.org/data-publications/cdr_publications/Annual_Reports/CDR_Annual_Report_11.pdf at pg. 16.