

April 22, 2009

To:  
California 12th Assembly District Representative Fiona Ma

From:  
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Dear Ms. Ma,

We are parents who recently lost our four-month-old son Milo to SIDS while he was in daycare. We are writing this letter to encourage your office to propose legislation for California to require SIDS education in daycare settings for all employees caring for infants (less than 1 year old). The reason we are focusing on daycare is that despite the accreditations our daycare had and the reassurances we received from caretakers, Milo was put down for a nap in a position that is known to be associated with SIDS. In addition, Milo was not checked on for almost an hour prior to being found dead. We were very concerned about the possibility of SIDS from day one, even though Milo was a strong, healthy, and happy baby. When we started him at daycare, we made sure to talk to the main staff about SIDS (there are up to 7 teachers in the infant room), but we were often met with empty stares and confusion about what SIDS is. While we are sure that the teachers who placed Milo to sleep had no ill intentions, they lacked the basic and necessary training to reduce the risk of SIDS. In our case, Milo was placed on the floor with his head resting on a small, crescent-shaped pillow, a position associated with SIDS mortality.

Currently there are no requirements in California for daycare workers or daycare facilities in general to reduce the risk of SIDS. Because there are no requirements, the daycare where Milo died isn't required to change the way they put babies to sleep. This training is essential to convey what the fundamental risks for SIDS are and how to dramatically reduce these risks to infants in daycare. SIDS, or Sudden Infant Death Syndrome, remains the major cause of death for infants from the age of 1 month to 1 year of age in the United States[1]. SIDS is the sudden and unexplained death of an infant that occurs while the baby is typically in a very deep state of sleep. Currently, there is no way to diagnose or predict which babies will die. Nonetheless, there are proven infant care education measures that substantially reduce the risk of SIDS. By implementing these measures (see below and addendum), SIDS incidence has been reduced nationally by over 50%[2]. Currently, 31 states in this country have implemented SIDS reduction measures in daycare. Some of these reduction measures are essential practices for infant care, such as placing an infant in a crib to sleep with no soft bedding around them.

We propose adopting the mandated SIDS risk reduction training used in many other states for daycare facilities (group and family) and specifically recommend adopting the Minnesota statute 245A.1435 and 245A.40 Subd.5 (see addendum). These laws require a minimum of 1 hour of training for all daycare providers, renewed once every five years through in person training (costs as low as \$9/individual[3]) or alternatively online training (costs as low as \$13/individual[4]). Training in these courses covers how and why babies should be placed on their backs on a firm mattress, what materials to exclude from the crib, and the potential benefits of pacifiers, swaddling, and fan use. We further recommend requiring that daycare providers comply with the back-to-sleep guidelines in the absence of a note from the infant's pediatrician and frequently monitoring infants while sleeping. Such guidelines will not only ensure a common standard of infant care, but will protect daycare facilities from litigation that occur when such guidelines are not required and infants are not placed on their backs. Studies show that there are no long term negative side-effects associated with use of these guidelines. We implore the state of California to adopt this legislation in order to rapidly reduce infant mortality in this state[5].

Sincerely,  
Nathan and Heather Salomonis



## **Addendum to Letter**

### ***SIDS Risk Reduction in DayCare***

Approximately two thirds of all infants in the US are in daycare[6]. Multi-decade, international research performed by several research groups has demonstrated a 4- to 8-times greater risk of death in daycare, typically in the first few weeks or first day at daycare compared to infants that stayed at home[7]. With the introduction of the back-to-sleep campaign by the NIH, the rate of SIDS has decreased from 1.2 out of every thousand (1.2/1000) newborns to 0.53/1000[2]. In other countries, SIDS incidence has been reduced well beyond this level to 0.09 and 0.1/1000 in Japan and the Netherlands, respectively[8]. In the 1990's, Minnesota had the highest incidence of SIDS in daycare. Introduction of mandatory daycare SIDS reduction training in Minnesota has reduced the incidence of SIDS in daycare by as much as 80%, relative to all SIDS cases in that state[9]. Currently, 31 states in this country have implemented SIDS reduction measures in daycare[10]. One half of states require infants to be put to sleep on their backs in daycare, while approximately 20% have mandated training[11]. Some of these reduction measures are essential practices for infant care. For example, do not place a baby to sleep outside of a crib (e.g., on a pillow) or with sheets/fluffy toys around them. In general, SIDS is believed to be increased in daycare as a result of putting babies to sleep in positions that these babies are not accustomed to at home, such as on their stomach, side or outside of the crib, and also as a result of an increased risk of respiratory infections[11]. Infants who normally sleep on their back at home and are placed on their stomachs to sleep are at around 20 times the risk of dying of SIDS than other infants[12].

### ***Sample Curriculum***

- 1) [http://www.ucsfchildcarehealth.org/pdfs/forms/SafeSleep\\_policy.pdf](http://www.ucsfchildcarehealth.org/pdfs/forms/SafeSleep_policy.pdf)
- 2) <http://www.childrensmn.org/web/sids/126423.pdf>
- 3) <http://www.healthychildcare.org/pdf/SIDSchildcaresafesleep.pdf>

### ***Proposed Legislative Language (Minnesota Statutes)***

#### **245A.1435 REDUCTION OF RISK OF SUDDEN INFANT DEATH SYNDROME IN LICENSED PROGRAMS.**

When a license holder is placing an infant to sleep, the license holder must place the infant on the infant's back, unless the license holder has documentation from the infant's parent directing an alternative sleeping position for the infant, and must place the infant in a crib with a firm mattress. The license holder must not place pillows, quilts, comforters, sheepskin, pillow-like stuffed toys, or other soft products in the crib with the infant.

#### **245A.40 CHILD CARE CENTER TRAINING REQUIREMENTS.**

Subd. 5. Sudden infant death syndrome and shaken baby syndrome training.

(a) License holders must document that before staff persons care for infants, they are instructed on the standards in section 245A.1435 and receive training on reducing the risk of sudden infant death syndrome and shaken baby syndrome. The training in this subdivision may be provided as orientation training under subdivision 1 and in-service training under subdivision 7.

(b) Training required under this subdivision must be at least one hour in length and must be completed at least once every five years. At a minimum, the training must address the risk factors related to sudden infant death syndrome and shaken baby syndrome, means of reducing the risk of sudden infant death syndrome and shaken baby syndrome in child care, and license holder communication with parents regarding reducing the risk of sudden infant death syndrome and shaken baby syndrome.

## Citations

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10. *SIDS Risk Reduction Language in State Licensing Regulations*. 2007 [cited; Available from: [http://nrckids.org/RESOURCES/SIDS\\_in%20state\\_licensing\\_table1%20April%202007.pdf](http://nrckids.org/RESOURCES/SIDS_in%20state_licensing_table1%20April%202007.pdf).
11. Moon, R.Y., L. Kotch, and L. Aird, *State child care regulations regarding infant sleep environment since the Healthy Child Care America-Back to Sleep campaign*. Pediatrics, 2006. **118**(1): p. 73-83.
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<http://www.milosalomonis.org>