Cribs for Kids®

Helping every baby sleep safer

NATIONAL INFANT SAFE SLEEP HOSPITAL CERTIFICATION PROGRAM

Certification Manual

Fifth Edition, January 2026



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Welcome to new and returning hospitals seeking National Infant Safe Sleep Hospital Certification.

The content and criteria in this edition (January 2026) of our Certification Manual have been established according to the **American Academy of Pediatrics Sleep-Related Infant Deaths: Updated 2022 Recommendations for Reducing Infant Deaths in the Sleep Environment** along with additional evidence-based research, reports, and consultation with experts from the AAP Safe Sleep Task Force. This updated edition does not include changes to certification requirements, only clarification.

To achieve certification, the updated recommendations for 2022 may require your hospital to change practices or expand policies related to infant safe sleep care. Hospitals applying for an initial five-year certification, a second, or third, five-year designation must demonstrate compliance with the outlined practices. It does not apply for certified hospitals completing their annual compliance reports.

As announced in January 2025, hospitals applying for certification must include their doulas in their healthcare team member training.

This is for hospitals applying for either an initial safe sleep certification or hospitals applying for recertification. It does not apply to certified hospitals that are completing annual compliance reports.

Throughout this manual, new practices and policies resulting from the 2022 AAP Update are indicated with “insert infographic”

As announced in January 2025, new practices for January 2026 applications include:

- Extend staff training to include all hospital clinical staff in applicable departments, including physician and non-physician team members, along with doulas.

Hospitals currently safe sleep certified are not required to demonstrate compliance to this new requirement with the annual report, but will need to do sow when applying for their next five-year certification award.

Cribs for Kids encourages all currently Infant Safe Sleep Certified hospitals to review the new requirements to update practices & policies as soon as possible or with the next routinely scheduled policy review.

Certification Manual

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Certification Manual

Introduction

The Cribs for Kids' National Infant Safe Sleep Hospital Certification Program recognizes hospitals and hospital systems for their commitment to implement American Academy of Pediatrics evidence-based practices to reduce the rate of unsafe sleep injuries and Sudden Unexpected Infant Death (SUID) related to unsafe sleep, including Accidental Suffocation and Strangulation in Bed (ASSB) and SIDS. The program confers a bronze, silver, and gold designation to hospitals participating in tiered levels of activities the hospital infant safe sleep initiative.

The Cribs for Kids Infant Safe Sleep Certification Manual guides team members championing & managing the hospital infant safe initiative by outlining comprehensive details related to each of level of certification and the related elements of implementation, reporting, and ongoing maintenance.

Designation requires hospital/system-wide collaboration in all departments involved in the hospital infant safe sleep initiative. Involvement may extend beyond units providing bedside care to infants less than one year of age, including leadership, administration, marketing, and more.

Note: Hospitals applying as a system, that use the same policy, may choose to apply for the same level or different levels.

Levels of Certification:	BRONZE	SILVER	GOLD
Implement hospital or hospital system-wide Infant Safe Sleep Policy in accordance with Policy Guide.*	✓	✓	✓
Deliver safe sleep healthcare team member training to staff caring for patients less than one-year-old.*	✓	✓	✓
Provide safe sleep education to family or caregivers of infants less than one year old.*	✓	✓	✓
Provide safe sleep education on the hospital website.	✓	✓	✓
Hospital-wide imagery must meet AAP compliance.	✓	✓	✓
Identify families needing a safe sleep space and provide resources.*	✓	✓	✓
Implement Quality Improvement Initiative via unit-based Safe Sleep compliance audits.*	–	✓	✓
Hospital-wide wearable blanket distribution: In-house use AND/OR gifted to infants less than one year.* **OR** Assign Cribs for Kids Hospital-wide Safe Sleep Training Module to every hospital employee.*	–	✓	✓
Identify at-risk family/caregivers in need of infant safe sleep spaces and distribute safe sleep spaces before discharge.*	–	–	✓
Engage in a minimum of 2 community outreach initiatives to educate the community on infant safe sleep. **Note:** Hospitals applying as a system may share one (1) of two (2) outreach initiatives.	–	–	✓

** Practices must be in effect for minimum 3 months prior to application submission.*

Certification Manual

Certification Requirements & Associated Measures

OVERVIEW

1. Review criteria associated with the desired level of certification. The icon to the left of each category corresponds with the applicable levels:

 Bronze, Silver, & Gold  Silver, & Gold  Gold

2. Note additional 'Evaluation Guides' for policy, training, and education are available within this document and on the website.

3. Implement changes to policies and practices to meet compliance in categories applicable to the desired level of certification.

4. Visit cribsforkids.org/hospitalcertification to access resources to develop and maintain each measure of the hospital infant safe sleep initiative and for all submissions (i.e., initial & re-designation applications, annual reports or upgrade with annual report).

ALL CERTIFICATION LEVELS

☐ Designate Two Points of Contact 

Achieving and maintaining this hospital-wide certification requires multi-department and multidisciplinary collaboration. Designate two team members to champion the projects and act as the main points of contact with Cribs for Kids.

- Responsibilities include: submit initial certification, facilitate application feedback, receive notifications, monitor deadlines, submit Annual Reports, report changes in contact information or changing of designated contacts, & submit re-designation application.
- Must be a licensed healthcare professional.
- At least one contact must be a member of leadership to facilitate hospital-wide collaboration regarding practices & policies.
    - Certification is an excellent project for nurses and nurse leaders to progress up the clinical ladder or support a graduate degree.
- All communications will be via our application manager platform 'Submittable.' Review Submittable instructions for more information.

☐ Implement & Maintain an Infant Safe Sleep Policy 

The Infant Safe Sleep Policy is the foundation of the hospital infant safe sleep initiative and drives practices, training, and family/caregiver education for patients less than one year of age. The hospital-wide or system-wide policy must address all aspects of infant care related to preparing the infant and caregiver for sleep after discharge to reduce the risk of sleep-related deaths or injury. This includes modeling or transitioning to the Home Sleep Environment (HSE) and promoting other risk-reducing practices. Review the submitted policy using the policy evaluation guide.

- [ ] **Implement & Maintain an Infant Safe Sleep Policy (Continued)** 

- Review and incorporate all elements of the 'Policy Evaluation Guide.'
  - *Applications failing to meet this foundational requirement will not be reviewed.*
- The policy and its associated training, education, and other safe sleep certification practices must be in place for at least three (3) months prior to application submission.
  - This timeframe applies to the policy's initial approval and implementation and does not apply to recent revision dates.
- A policy is the expected document beyond a Standard Operations Procedure or Guideline. Policies speak to hospital values and the commitment to provide AAP-recommended care.
  - If your hospital does not use policies, leadership verification is required as part of the application
- All applicable hospital departments responsible for modeling safe sleep practices or providing caregiver education regarding infant safe sleep must review and/or implement the safe sleep policy.
  - Includes Labor & Delivery, Postpartum, Neonatal Intensive Care Unit, Pediatrics, Pediatric Intensive Care Unit, Emergency Department, Social Work, Lactation Services, etc.
    - As announced in January of 2025, beginning in January 2026, doulas must be included.
  - Emergency Departments are applicable even if the visit does not result in admission.
    - This department is responsible for the holistic assessment of infants and should recognize unsafe sleep injuries or death related to unsafe sleep practices in order to make the appropriate referrals and provide the appropriate education.
- Review hospital policy at routinely scheduled intervals.
  - Policy review committees must incorporate the most current AAP recommendations and review the Policy Evaluation Guide with each routinely scheduled policy review.
- Additional and/or separate hospital policies may be implemented to incorporate all the required AAP recommendations and Policy Evaluation Guide elements (i.e., NICU or NAS transition, skin to skin, etc.).
  - The hospital Infant Safe Sleep Policy must reference all related policies to facilitate easy navigation for staff.
- Cribs for Kids is not able to review draft policies or policies prior to submission.

Reporting:

- Submit the hospital Safe Sleep Policy and all related policies with initial and re-designation application submissions. This is not required of Annual Reports.
- Report any functionality limitations, inabilities, or inapplicable elements.

View Attachment A for the Policy Evaluation Guide

Promote Safe Sleep Education on the Hospital Website

Provide safe sleep education or link to safe sleep resources on the hospital website to promote infant safe sleep culture and community awareness.

- Education must incorporate current AAP safe sleep recommended practices.
- A full, dedicated webpage is not required. Website education efforts may offer links to national education agencies, or regional or statewide resources.
- Infant Safe Sleep information should be easily accessible via "Infant Safe Sleep" in the search bar of the hospital website.
- Ensure Infant Safe Sleep Imagery is displayed. See 'Safe Sleep Imagery' section for more information.
- Hospital website education is a separate initiative and does not qualify as a Community Outreach activity required of Gold Level certifications.

Reporting:

- Link to hospital safe sleep education page.

Promote Hospital-Wide Infant Safe Sleep Imagery

Ensure imagery displaying infant sleep depicts a sleeping environment consistent with the most current AAP recommendations. This applies across all hospital platforms including physical images displayed on units in pictures, posters, or written materials and virtual images or videos within the hospital, hospital website, or associated with the hospital. Include newborn artistic photos, posters, written materials, direct mail, mass media, and social media.

- Review all infant sleep images and photos displayed in every hospital unit throughout the clinical facility.
  - Refer to most current AAP Recommendations
  - Photo guidelines and free images are available on the Hospital Certification Toolkit.
- If an unsafe sleep image is discovered, the best practice is to remove the image.
  - Once all removal efforts have been exhausted, any image that does not meet AAP recommendations and cannot be removed must display a disclaimer by the physical picture or virtual image.
  - Disclaimer Language: "This photo is for artistic purposes only. It does not reflect AAP safe sleep recommendations."
    - 'Artistic Photo Exception Placards' are available for purchase on the Cribs for Kids Store.
- New images displayed by safe sleep certified hospitals must display AAP recommended practices and do not qualify for placement of a disclaimer.

- [ ] **Promote Hospital-Wide Infant Safe Sleep Imagery (continued)**

Reporting:

- Attestation of the completion of a hospital-wide review of all physical and virtual images.
- Submit picture or screenshot of unsafe images with disclaimer.

- [ ] **Identify Families Needing a Safe Sleep Space**

All certification levels must identify families/caregivers in need of an infant safe sleep space at home prior to discharge. Bronze & Silver hospitals that are not directly providing sleep spaces, must refer families to available resources. Gold level certifications, see "Assess & Distribute Safe Sleep Space."

- Formulate procedure to identify who performs the assessment, when the assessment is completed, documentation to be completed, and consults or referrals made.
- Assessment may be performed by case management, social work, LPN, RN, nursing or medical leadership.
  - Healthcare Team members performing assessment must receive infant safe sleep training.
- Refer to Hospital Certification Toolkit for resources.

- [ ] **Provide Healthcare Team Member Training**

Provide onboarding and annual infant safe sleep training to staff in hospital departments providing care to patients that are pregnant or less than one year of age. Involve staff that model and/or provide education regarding infant safe sleep practices and those developing infant sleep-related policies.

- Applicable hospital departments include but are not limited to:
  - Labor & Delivery, Postpartum, Neonatal Intensive Care Unit, Pediatrics, Medical Surgical, Pediatric Intensive Care Unit, Emergency Department, Social Work, Lactation Services.
  - Hospital-owned outpatient prenatal clinics.
  - As announced in January 2025, effective January 2026, doulas must be included in healthcare team member training.
- Applicable staff include but are not limited to:
  - RN, LPN, Aide, Tech, nursing leadership, social work, and doula.
  - Hospital employed advanced care providers (physician and non-physician)
    - We encourage non-employee advanced care providers in the infant care team to be included in this training; however, this is to be decided by collaborating hospitals and non-employee advanced care providers.

View Attachment B for the Training & Education Evaluation Guide.

Review and incorporate all elements of current AAP Recommendations and the 'Training & Education Evaluation Guide'

- This document outlines the minimum requirements of training and education content, hospitals may expand content to address regional barriers and more. **The Hospital-Wide All Employee Module does NOT meet this requirement.*

Provide Healthcare Team Member Training (continued)

- Onboarding and annual training materials may be the same or different.
- Implement a method to measure training understanding.
  - Optional methods: tests, return demonstration, teach-back, verbal or written/virtual attestation, use of Safe or Not Safe Photo Quiz.
- Develop a remediation procedure to address staff non-compliance.
  - Identify staff members responsible to provide re-education to staff, the timeframe to address, and the methods to be used.
    - Must be addressed by someone in supervisory reporting or leadership role.
    - Optional methods: verbal discussion, review of training materials, formalized verbal and written warnings, removal from the schedule.

Reporting:

- Report departments receiving training.
- Report staff receiving training.
- Report materials used for onboarding and annual training.
- Report non-compliance remediation procedure.
- Submit local/hospital produced training materials.

Provide Family/Caregiver Education

Provide infant safe sleep education to families/caregivers in all hospital departments providing care to pregnant patients or infants less than one year of age.

- Review and incorporate all elements of current AAP recommendations and the 'Training & Education Evaluation Guide.'
- Hospital departments include but are not limited to:
  - Labor & Delivery, Postpartum, Neonatal Intensive Care Unit, Pediatrics, Medical Surgical, Pediatric Intensive Care Unit, Emergency Department, Social Work, Lactation Services, doulas (announced January 2025, effective January 2026)
- System/Hospital-owned prenatal clinics must provide safe sleep education.
  - Provided to patients at minimum weeks 28-32, for example, during glucose tolerance testing.
- Education should be culturally appropriate, provided in the native language, with non-judgmental and gender-inclusive language such as "parent" & "baby."
- At minimum, family/caregivers must be engaged in verbal discussion before discharge.

View Attachment B for the Training & Education Evaluation Guide.

- [ ] **Provide Family/Caregiver Education (continued)**

- Implement a method to measure education learning.
  - Optional methods: tests, demonstration, teach-back, verbal attestation, signing acknowledgment form.
- Develop a procedure to remediate family/caregiver non-compliance.
  - Include procedure in the safe sleep policy.
  - Identify what staff member is responsible for providing re-education, the timeframe to address, and methods used.
    - Education must be provided by a licensed healthcare professional with a scope of practice that permits delivering patient education.
    - Optional methods: Verbal re-education, signing acknowledgement forms, signing non-compliance forms, changes in care such as removal of blankets and pillows, use of pulse oximeter, referrals to social services and CPS.
- Reporting:
  - Report what departments provide education.
  - Report what materials are used.
  - Report the family/caregiver non-compliance remediation procedure.
  - Submit local or hospital-produced materials.

View Attachment B for the Training & Education Evaluation Guide.

SILVER & GOLD CERTIFICATION

Must also satisfy all criteria in section "All Certification Levels"

- [ ] **Implement a Quality Improvement Measure & Perform Unit Audits**

Implement and maintain a hospital-wide Infant Safe Sleep Quality Improvement (QI) measure based on unit audits of the infant sleep environment in all units providing care for infants under one year of age required to model the home sleep environment. Results will indicate the effectiveness of caregiver education, staff training, highlight areas in need of remediation, and identify at-risk families. Results are to be monitored and shared by a designated hospital body/leadership to identify and respond to gaps and celebrate compliance.

☐ **Implement a Quality Improvement Measure & Perform Unit Audits (continued)**

- Audits must include all components of the infant sleep environment listed by the AAP & any other local/regional challenges.
  - Current Cribs for Kids Safe Sleep Audit Tool is free & available for use on the Hospital Certification Toolkit.
  - Hospitals are not required to use the Cribs for Kids Audit tool. However, if the form is used, ensure the use of the most up-to-date version.
  - Include remediation notes if non-compliance is found.
- Perform audits quarterly, at minimum.
- Audits are to be completed by a licensed health care provider or members of leadership, someone other than the primary RN.
- Hospitals are to determine individual best practices to collect an accurate and randomized sample to evaluate their safe sleep quality initiative.
  - Determine the appropriate sample size - number of beds - to audit.
  - Ensure audits represent unit-wide care - day and night shift - and consider variables such as nursing staff, patient providers, etc.
- Audit forms may be hardcopy or electronic.
- Formulate a safe sleep audit workflow.
  - Identify who performs audits, when, and number of audits to be collected.
- Formulate a procedure to address staff non-compliance.
  - Identify methods to deliver re-education, designate who will re-educate staff, and when re-education will be delivered.
  - Optional methods: verbal discussion, review of training materials, formalized verbal and written warnings, removal from the schedule.
  - Must be addressed by a member of authority: educators, nursing or medical leadership.
- Hospital bodies designated to monitor QI initiatives may be unit huddles, staff meetings, leadership meetings, or other hospital committees.
  - If multiple, small huddles or staff meetings are responsible for monitoring the hospital-wide infant safe sleep initiative, ensure collaboration and communication amongst units regarding infant safe sleep monitoring is achieved.
- Using audits completed across the year, compile an annualized safe sleep compliance rate/percentage for each participating unit and for the hospital.

- [ ] **Implement a Quality Improvement Measure & Perform Unit Audits (continued)**

Reporting:

- Report safe sleep audit workflow.
- Report remediation procedure to address staff non-compliance.
- Submit the most recently completed audit tool for each unit and the annual compliance rate.

ATTENTION: To achieve silver and gold certification, hospitals may implement EITHER Wearable Blankets Use/Distribution OR the Hospital-wide Infant Safe Sleep Training Module. Implementing both measures allows the hospital-wide training effort to qualify as one of the two community outreach activities needed to satisfy the Community Outreach measure for gold-level hospitals.

- [ ] **Use and/or Gift Wearable Blankets**

Implement hospital-wide wearable blanket use or gift to families in all units caring for patients under one year of age and when medically appropriate. Distribution may be for either in-house use and/or distributed to caregivers for use after discharge. Provide families with specific education on safe use of the wearable blanket.

- There are currently no ASTM guidelines for wearable blanket manufacturing. An ASTM committee continues to develop a standard for wearable blankets. Therefore, at this time any wearable blanket product may be used provided it complies with current AAP recommendations. The manufacturer must indicate:
  - Appropriate sizing for the infant.
  - Material weight to avoid overheating (TOG).
  - Proper use of winged products and safe transition to standard wearable blanket.
- Hospitals or hospital systems not directly budgeting and purchasing approved wearable blankets may partner with a local agency, department of health, hospital foundation, or other funder to provide wearable blankets.
  - Funding not directly provided by the hospital or unit budget must submit documentation demonstrating third-party or hospital foundation's commitment to financial support or donated items.
    - See 'Hospital Certification Toolkit' webpage for documentation examples.

☐ **Use and/or Gift Wearable Blankets (continued)**

Reporting:

- Report wearable blanket-specific education provided to families.
- Report manufacturer.
- Report funding source for wearable blankets.
- If applicable, submit a funding support letter.
- If applicable, report the quantity of wearable blankets gifted annually.

ATTENTION: Implementing both the wearable blanket use/distribution measure AND the hospital-wide training measure allows the hospital-wide training effort to qualify as one of the two community outreach activities needed to satisfy the Community Outreach measure for gold-level hospitals.

☐ **Implement Hospital-Wide Safe Sleep Training Module**

Assign the Cribs for Kids' non-clinical Hospital-wide Safe Sleep Training module to every hospital employee within the facility-- including all departments, all staff not caring for infants clinical & non-clinical. This initiative was developed as an alternative for hospitals unable to fund hospital-wide use/distribution of wearable blankets to achieve a higher level of certification. Hospital-wide safe sleep training helps integrate safe sleep practices into the hospital-wide culture. This training prepares all employees, clinical & non-clinical (including environmental, maintenance, registry, etc.), to identify & assist or notify an RN if a patient is observed practicing unsafe sleep within the hospital. Additionally, the module promotes community involvement and helps integrate safe sleep practices into cultural and societal norms.

- Request access to the module via Submittable process outlined in the toolkit.
- Upload Cribs for Kids Hospital-Wide Safe Sleep Training Module & Test to the hospital electronic learning system and assign to every hospital employee at the time of certification, onboarding, and recertification, at minimum. The module is available for preview on the toolkit, along with instructions on accessing the training.
- Hospital-wide training consists of introductory content and **does not replace in-depth clinical training required for clinical staff providing direct patient care to infants or education to families.**
- Must be completed by all current employees receiving a paycheck from the hospital. Incorporate training into onboarding for new employees. Recurring training is required at the time of re-designation.
  - Applicable to all employees receiving a paycheck from the hospital
  - Excludes third-party workers
  - Implementation as annual training is optional.
  - The hospital may translate the content into a needed language should it be necessary to reach the completion goal.

- [ ] **Implement Hospital-Wide Safe Sleep Training Module (continued)**

  - Achieve and maintain a minimum employee completion rate of 85%.
    - Formulate an action plan if less than 85% employee completion rate is reported.

  Reporting:

  - Initial reporting: Submit implementation date and documentation demonstrating the completion rate.
  - Annual reporting: Submit the annual number of hospital employees and current completion rate.

GOLD CERTIFICATION

Must also satisfy all bronze and silver criteria.

- [ ] **Assess and Distribute Safe Sleep Space to Families in Need**

  Identify families without a safe infant sleep space at home and provide a safety-approved sleep space before discharge. Sleep space must meet ASTM standards, be JPMA approved, and be absent of CPSC recalls. Provide education for proper setup and use.

  - Sleep spaces may be cribs, bassinets, or play yards.
  - Formulate the procedure for the assessment process
    - Identify documentation to be completed, who completes this assessment, and when the sleep space is distributed.
  - Formulate the procedure to distribute and educate on proper use.
    - Identify documentation to be completed, consults or referrals made, who delivers the sleep space, when sleep space is delivered, and who educates the caregiver on use.
  - Hospitals or hospital systems not directly budgeting and purchasing approved play yards, bassinets, or cribs may partner with a local agency, department of health, hospital foundation, or other funder to provide safe sleep spaces.
    - Funding not directly provided by the hospital or unit budget requires documentation demonstrating third-party or hospital foundation commitment to financial support or donated items.
      - See the Hospital Certification Toolkit for examples.

☐ **Assess and Distribute Safe Sleep Space to Families in Need (continued)**

Reporting:

- Quantity of sleep spaces distributed annually.
- Procedure to distribute and educate on proper use.
- Funding source for safe sleep spaces.

☐ **Provide Community Outreach Education**

Hospitals must directly engage in a minimum of two channels every 12 months to educate the community on infant safe sleep. This should require multidepartment and multidisciplinary collaboration with members in marketing and community relations. Cribs for Kids provides many tools and options to meet this requirement to remove barriers presented by staffing or ongoing healthcare challenges, see Hospital Certification Toolkit for more details.

Note: Hospitals applying via systemwide application, may share one initiative/channel, and must have one initiative/channel managed by the individual hospial for its community.

- Each outreach effort must be via a separate event/channel, free of charge and open/accessible to the public.
- Target community members and stakeholders who will not receive the education at bedside.
  - On-unit education & birthing classes reaching only patients delivering at this hospital do not qualify.
  - If your hospital participates in this activity but feels this initiative reaches populations that do not plan to deliver at this facility and would not otherwise receive safe sleep education, 'Contact Us' for further discussion.
  - On-site events may be held on hospital grounds to draw in community members not seeking treatment, such as official health fairs or classes.
  - Information booths & posters within the hospital units do not meet criteria.
- Community Outreach Channels, see Hospital Certification Toolkit for details:
  - Media & Marketing
    - Social media:
      - Post a minimum of 4 times annually. For example, quarterly across the year or weekly during Safe Sleep Awareness month.
    - Traditional mass media campaigns
    - Infant safe sleep coverage in local news coverage (newspaper, TV, radio)
    - Safe sleep feature in community-wide hospital produced direct mail/magazine

☐ **Provide Community Outreach Education (continued)**

- Community Outreach Channels (continued)
  - Community-Based (Virtual & In-person)
    - Community events such as information booths
    - Classes targeting non-parent family members, babysitters, college nursing or high school students
    - Collaboration with social services or other community agencies offering safe sleep education to mothers not delivering at the certified hospital
    - Collaboration with non-birthing hospitals within a system

Reporting:

- Include event name, dates, location, targeted audience, and estimated attendance.
- Report what sleep education was provided and what materials were used.
- Submit pictures/screenshots of social media posts or links.
- Submit local or hospital-produced materials for review with Certification Applications.

CERTIFICATION MAINTENANCE

Once certification is achieved, all certified hospitals must continue compliance in all aspects of the hospital infant safe sleep initiative pertinent to their level of certification and submit ongoing reports to maintain the National Infant Safe Sleep designation status. The following activities are required of all certified hospitals:

Note: Hospitals earning certification as a system will individually complete and submit an annual report.

1. Annual Reports

- Certified hospitals must submit annual reports to confirm ongoing safe sleep compliance and maintenance of all aspects of the infant safe sleep initiatives for the prior 12 months of certification. This is to be completed via our application management platform, Submittable.
- The annual compliance report is submiited using the Annual Report additional form via the Submittable platform. The Annual Report form will be made available via the hospital's Submittable account approximately 75 days prior to the due date.
  - For example if your hospital earned certification in March of 2025, the first annual report is due by March 31, 2026. The annual report form will be available in the Submittable account around January 15, 2026.
- The details required for annual reporting are on the next page.

1. Annual Reports (continued)

All Certification Levels

- Submit by the end of the certification anniversary month.
- Report the number of births, NICU admissions, pediatric admissions, ED triage admissions.
- Maintain safe sleep education webpage on the hospital website.
- Ensure ongoing maintenance and promotion of safe sleep imagery is displayed across all hospital platforms.
- Confirm continued participation in practices or outline any changes in the content or processes related to the activities associated with the level of certification, such as:
  - Hospital safe sleep policy/policies
  - Staff Training
  - Caregiver education
  - Safe Sleep assessment and referral

Silver & Gold Levels

- Confirm continued participation in practices or outline any changes in the content or processes related to the activities associated with the level of certification, such as:
  - Quality improvement/audits
  - Wearable blankets or hospital-wide training
  - Safe sleep space assessment & distribution
- Quality Improvement: Submit the most recently completed audit form from each participating unit and the annual compliance rate report.
- Hospital-wide training participation requires annual reporting of ongoing completion rates.

Gold Level

- Confirm continued participation in practices or outline any changes in the content or processes related to the activities associated with the level of certification, such as:
  - Safe sleep space assessment and distribution
- Distribution of safe sleep space:
  - Report type and number distributed
- Community Outreach Education
  - Report the two (2) community outreach channels/initiatives completed within the previous 12-months. Includes the date, educational content, attendee participation/views. See toolkit for support.

2. Upgrade Level of Certification

Bronze and Silver hospitals may apply to upgrade their current level of certification via the annual report process at the end of year 1, 2, or 3 of certification. This is an extension of the Annual Report process requiring detailed reporting of new practices qualifying for an advanced level of certification. This is to be completed via our application management platform, Submittable, as part of the annual report process.

- Submit by the end of the certification anniversary month.
- Changes in practice, as appropriate, must be reflected in the hospital Infant Safe Sleep Policy.
    - Upload all support documents reflecting changes, and complete all information outlining silver and/or gold requirements. .
- Application for upgrade is only accepted with the first, second, or third submission of the annual report at the end of year one, two, or three. Upgrades are not available at the end of year four.
- Hospitals must reference this manual to submit upgrade information, noting the level of detail and documentation required.

3. Reports Changes in Contacts

Throughout the 5-year designation, hospitals may experience changes of the designated team members responsible for championing the hospital safe sleep initiative and maintaining the National Infant Safe Sleep Certification.

- Report any changes in the two safe sleep contacts via email to hospitalcertification@cribsforkids.org.
- Update changes in contact in the hospital's submittable account. See "Certification Application & Management" webpage for details.

4. Re-Designation

The Cribs for Kids Infant Safe Sleep Certification is a 5-year award. To continue certification after 5 years, hospitals must re-submit a certification application to achieve re-designation for an additional 5 years.

- The same application is used for those seeking initial certification and re-designation.
- Submit the recertification application during the certification anniversary month in the 5th year.
- Designated contacts will receive notifications regarding upcoming deadlines.

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- Michael H. Goodstein, Dan L. Stewart, Erin L. Keels, Rachel Y. Moon, James Cummings, Ivan Hand, Ira Adams-Chapman, Susan W. Aucott, Karen M. Puopolo, Jay P. Goldsmith, David Kaufman, Camilia Martin, Meredith Mowitz, Elie Abu Jawdeh, Rebecca Carlin, Jeffrey Colvin, Fern R. Hauck; COMMITTEE ON FETUS AND NEWBORN, TASK FORCE ON SUDDEN INFANT DEATH SYNDROME, Transition to a Safe Home Sleep Environment for the NICU Patient. Pediatrics July 2021; 148 (1): e2021052046. 10.1542/peds.2021-052046

- Lori Feldman-Winter, Jay P. Goldsmith, COMMITTEE ON FETUS AND NEWBORN, TASK FORCE ON SUDDEN INFANT DEATH SYNDROME; Safe Sleep and Skin-to-Skin Care in the Neonatal Period for Healthy Term Newborns. Pediatrics September 2016; 138 (3): e20161889. 10.1542/peds.2016-1889



NATIONAL INFANT SAFE SLEEP HOSPITAL CERTIFICATION PROGRAM

Attachment A

Policy Evaluation

Infant Safe Sleep Policy Evaluation Guide

2022 AAP Recommendations for Policy Inclusion

Use this Evaluation Guide to ensure your hospital's safe sleep policy and other associated policies meet certification requirements prior to submission. Report any inapplicable elements, functionality limitations, or inabilities in your application submission. As announced in January 2023, hospitals and hospital systems applying for certification beginning January 2026 must demonstrate compliance with updated 2022 AAP Recommendations indicated with this icon "✋".

☐ **Certification requires a policy for infant safe sleep care, not a guideline or procedure.**

Rationale: Maintain a system or hospital-wide policy outlining values and commitment to practicing AAP-recommended care, staff training, and family/caregiver education to reduce the risk of unsafe sleep infant injuries and death in local communities.

☐ **Display policy management**

- Display system/hospital ownership
- Display approval & review dates
- Display approving members
- If policies lack this functionality, submit separate documentation providing policy management. Report in submitted application, see Certification Manual.

Rationale: Demonstrate leadership commitment to ongoing monitoring and maintenance.

☐ **Define SUID terms related to unsafe sleep including ASSB and SIDS.**

Rationale: Care providers need to be familiar with the terms associated with unsafe sleep deaths and injuries. If the policy does not include definitions, demonstrate inclusion in healthcare team training.

☐ **Outline AAP recommended infant sleep care to be modeled in departments involved in care of patients less than one year of age.**

- Include AAP recommendations related to the infant sleep environment and risk-reducing practices relevant to the hospital setting (see page 3)
  - Include safe swaddling technique and guidelines to discontinue.
- Address thermoregulation interventions:
  - Discontinue infant hat use once the infant is thermodynamically stable, typically achieved after the first hours of life.
  - If applicable, outline hospital procedure for re-introduction of the infant hat when considered medically indicated.
  - Outline thermoregulation interventions, i.e., applying additional clothing layers, wearable blankets, swaddling, etc.
- If applicable, address hospital wearable blanket use and/or distribution.
- ✋ Include home sleep environment assessment process for every family with an infant less than one year of age. Address process to assist families identified to be at risk for unsafe sleep:
  - Bronze & Silver hospitals include the referral to obtain safe sleep space.
  - Gold hospitals include distribution of sleep space before discharge.

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- [ ] **Outline AAP recommended infant sleep care to be modeled in departments involved in care of patients less than one year of age. (cont.)**

- If applicable, address Emergency Department assessment and education for patients diagnosed with sleep-related injuries or SUID. Include referrals or consultations, synoptic reporting, etc.
- Address any infant sleep-related EMR documentation referrals, and consultations.

- [ ] **Outline specialized care for infants with medically indicated conditions resulting in a change in the modeling of the Home Sleep Environment (HSE). *Applicable to NAS/NOWS/drug exposed, NICU, SCN, PICU, etc.***

- Ensure medical indications are supported by the AAP recommendations.
  - Review current GERD & phototherapy guidelines.
- If applicable, address guidelines for in-house use of infant swings and other motion devices.
  - May include if a provider order is required to initiate, parameters, & guidelines to maintain and must discontinue once asleep.
- Promote additional breastfeeding education/support for preterm and low birth-weight infants.
- If applicable, outline Infant Therapeutic Positioning (ITP) procedures.
  - Address implementation. May include if an order is required to initiate, parameters, & guidelines to maintain. i.e., Finnegan scoring applications, frequency of monitoring, multidisciplinary evaluations.
  - Address transition from ITP to the HSE. Include completion before discharge to ensure tolerance and modeling for families.
  - Include focused education for families observing ITP and the transition to the home sleep environment to ensure practices are not continued after discharge. i.e., crib card, "graduation," etc.

- [ ] **Include the 10 positioning points from AAP recommended safe Skin to Skin Care (SSC) to reduce the risk of SUPC, falls, and suffocation.**

- AAP Clinical Report "Safe Sleep and Skin-to-Skin Care in the Neonatal Period for Healthy Term Newborns" Box 2, "[10] Components of Safe Positioning for the Newborn While Skin-to-Skin"
- If applicable, any NICU Kangaroo Care must integrate 10 positioning points.
- Review page 4 for more detail.

- [ ] **Outline education for family/caregivers of patients less than one year of age.**

- Include all 2022 AAP recommendations related to the safe sleep environment and risk reducing practices (See page 3).
- Address remediation and documentation related to family/caregiver infant sleep non-compliance:
  - May include re-education, non-compliance forms, escalation to advanced care providers or leadership, social work consult, changes in care such as removal of adult bedding, pulse-ox, etc.

- [ ] **Reference Related Policies**

- Any related policies that mention infant sleep elements must align with the primary infant safe sleep policy.
- Any related policies must be referenced and linked to the primary safe sleep policy. Such as separate NICU, NAS/NOWS, Skin to Skin, etc.

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2022 AAP Recommendations for Policy Inclusion

All 2022 AAP Recommendations for Policy Inclusion

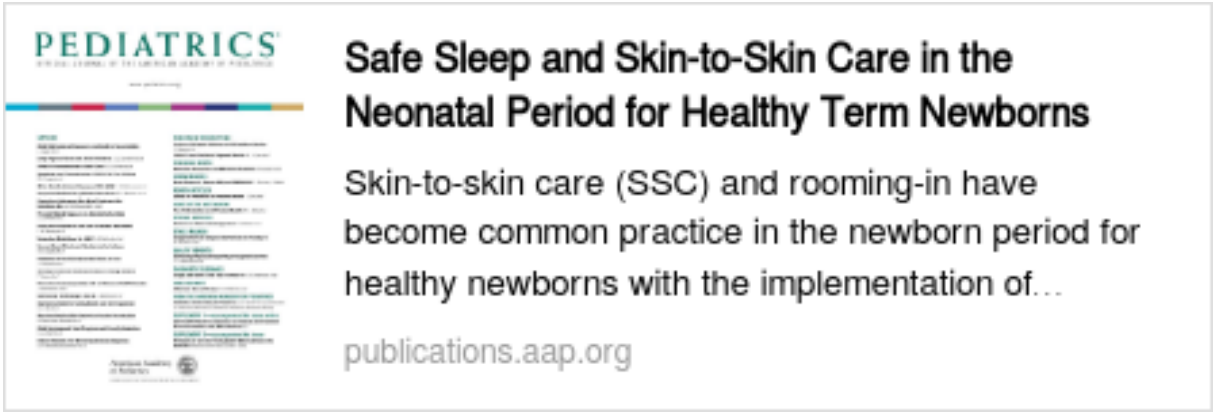
1. Back to sleep for every sleep.
2. Use a firm, flat, non-inclined sleep surface to reduce the risk of suffocation or wedging/entrapment.
3. Feeding of human milk is recommended because it is associated with a reduced risk of SIDS.
    - Promote any human milk feeding of at least 2 months, and exclusively for at least 6 months-1 year or beyond if mutually desired by both infant and parent.
4. It is recommended that infants sleep in the parents' room, close to the parents' bed, but on a separate surface designed for infants, ideally for at least the first 6 mo.
5. Keep soft objects, such as pillows, pillow-like toys, quilts, comforters, mattress toppers, fur-like materials, and loose bedding, such as blankets and nonfitted sheets, away from the infant's sleep area to reduce the risk of SIDS, suffocation, entrapment/wedging, and strangulation.
    - Avoid weighted blankets
    - Avoid ANY additional objects in the crib.
6. Offering a pacifier at naptime and bedtime is recommended to reduce the risk of SIDS.
    - Once breastfeeding is established
7. Avoid smoke and nicotine exposure during pregnancy and after birth.
8. Avoid alcohol, marijuana, opioids, and illicit drug use during pregnancy and after birth.
9. Avoid overheating and head covering in infants.
    - Discontinue infant hat use once the infant is thermodynamically stable, typically achieved after the first hours of life.
10. It is recommended that pregnant people obtain regular prenatal care.
11. It is recommended that infants be immunized in accordance with guidelines from the AAP and CDC.
12. Do not use home cardiorespiratory monitors as a strategy to reduce the risk of SIDS.
13. Supervised, awake tummy time is recommended to facilitate development and to minimize the risk of positional plagiocephaly. Parents are encouraged to place the infant in tummy time while awake and supervised for short periods of time beginning soon after hospital discharge, increasing incrementally to at least 15 to 30 min total daily by age 7 wk.
14. Avoid the use of commercial devices that are inconsistent with safe sleep recommendations.
15. There is no evidence to recommend swaddling as a strategy to reduce the risk of SIDS.
    - Proper swaddling technique should allow the hips to be flexed and abducted to reduce the risk of exacerbating developmental dysplasia of the hip.
    - Discontinue swaddling once the infant shows signs of rolling.

Policies Cannot Include Practices Not Supported by the AAP such as:

- Tucking blankets across the infant & under the mattress is not a current AAP-recommended intervention.
- Because of the increased risk of SUID, infants with gastroesophageal reflux or GERD should not have the head of the bed elevated, nor should they be laid down on their side or prone, regardless of level of severity.
- Unless other competing medical issues exist, infants should be kept supine while receiving phototherapy to model and promote home sleep safety.
- Prone positioning may be useful for monitored in patients during the acute withdrawal phase of NOWS; however, it should be discontinued when possible and before hospital discharge to decrease SUID risk.

10 Components of Safe Positioning for the Newborn While Skin-to-Skin

1. Infant's face can be seen.
2. Infant's head is in "sniffing" position.
3. Infant's nose and mouth are not covered.
4. Infant's head is turned to 1 side.
5. Infant's neck is straight, not bent.
6. Infant's shoulders and chest face mother.
7. Infant's legs are flexed.
8. Infant's back is covered with blankets.
9. Mother-infant dyad is monitored continuously by staff in the delivery environment and regularly on the postpartum unit.
10. When mother wants to sleep, infant is placed in a bassinet or with another support person who is awake and alert.



https://publications.aap.org/pediatrics/article/doi/10.1542/peds.2016-1889/52741/Safe-Sleep-and-Skin-to-Skin-Care-in-the-Neonatal

References

- Rachel Y. Moon, Rebecca F. Carlin, Ivan Hand, THE TASK FORCE ON SUDDEN INFANT DEATH SYNDROME AND THE COMMITTEE ON FETUS AND NEWBORN; Sleep-Related Infant Deaths: Updated 2022 Recommendations for Reducing Infant Deaths in the Sleep Environment. Pediatrics July 2022; 150 (1): e2022057990. 10.1542/peds.2022-057990

- Michael H. Goodstein, Dan L. Stewart, Erin L. Keels, Rachel Y. Moon, James Cummings, Ivan Hand, Ira Adams-Chapman, Susan W. Aucott, Karen M. Puopolo, Jay P. Goldsmith, David Kaufman, Camilia Martin, Meredith Mowitz, Elie Abu Jawdeh, Rebecca Carlin, Jeffrey Colvin, Fern R. Hauck; COMMITTEE ON FETUS AND NEWBORN, TASK FORCE ON SUDDEN INFANT DEATH SYNDROME, Transition to a Safe Home Sleep Environment for the NICU Patient. Pediatrics July 2021; 148 (1): e2021052046. 10.1542/peds.2021-052046

- Lori Feldman-Winter, Jay P. Goldsmith, COMMITTEE ON FETUS AND NEWBORN, TASK FORCE ON SUDDEN INFANT DEATH SYNDROME; Safe Sleep and Skin-to-Skin Care in the Neonatal Period for Healthy Term Newborns. Pediatrics 2016; e20161889. 10.1542/peds.2016-1889



NATIONAL INFANT SAFE SLEEP HOSPITAL CERTIFICATION PROGRAM

Attachment B

Training & Education Evaluation Guide

Training & Education Evaluation Guide

2022 AAP Recommendations for Training Inclusion

Use this Evaluation Guide to assess hospital-developed safe sleep staff training and family education materials to ensure minimum certification requirements are met prior to submission. Applicable to training or education that hasn't been provided by a known national entity (Cribs for Kids, NICHD or other state approved materials). Icons to the left of each topic indicate the required audience, either healthcare member training or family/caregiver education.

Healthcare Team Family/Caregiver

☐ **Introduce the topic of unsafe sleep resulting in injuries and Sudden Unexpected Infant Death.**

- Provide national & local statistics
- History of Safe to Sleep Campaign

- Include all sleep-related death subcategories (ASSB & SIDS)

☐ **Incorporate all 2022 AAP recommendations**

- **Back to Sleep for Every Sleep**
  - For naps and at night until 1 year of age.
  - Caregivers should start the baby for every sleep on their back. When babies begin to roll over, they do not need to be repositioned onto their back during sleep.

- **Use a firm, flat, non-inclined, and safety-approved sleep space (crib, bassinet, or placard).**
  - Less than 10 degrees
  - If motion devices are ordered as an intervention for medical indications, model moving the infant to a safe sleep space once the infant has fallen asleep.

  - Ensure products are free from recalls & safety approved. Refer to Consumer Product Safety Commission (CPSC), ASTM International, CDC & FDA.
  - Identify surfaces that are not safe for sleep and pose the highest risk of injury or death.
  - Car seats, motion device swings, and baby-wearing slings or carriers are not safe for sleep. If the infant has fallen asleep, move to a safe sleep space as soon as possible.

Visit the Certification Toolkit for educational & training support materials.

☐ **Incorporate all 2022 AAP recommendations (continued)**

- **Feed breast milk to reduce the risk of death.**
  - Promote ANY breast milk for at least 2 months, ideally, EXCLUSIVE breastmilk 6-12 months or beyond if mutually desired by parent & baby.
    - Include direct breastfeeding, expressed or pumped breast milk, and safety-approved donor milk.
  - Parents of preterm or low birth weight babies should be given additional education and encouragement to promote the benefits of breast milk consumption.
  - If a parent is unable or chooses not to feed breastmilk, families should follow all other safe sleep recommendations.

- **Share your room, not your bed.**
  - Babies should sleep on a separate surface in the parent's room for at least 6 months.
  - Strategies for safe nighttime feeding, avoiding accidental surface-sharing, and actions to take if accidental surface-sharing occurs.

- **Place baby in a bare crib.**
  - No bulb syringes or medical supplies.
  - No objects in the sleep space except a single tightly fitted sheet and pacifier.
  - Reference items are to be removed and Safe Sleep for Babies Act.

- **Use a pacifier to reduce the risk of death.**
  - Use a pacifier for naps and at night once breastfeeding has been established.
  - Review safe use of a pacifier.

- **Avoid smoking, vaping, and impairment during pregnancy and while caring for baby.**
  - Substances: Nicotine (second and third-hand), alcohol, illicit drugs, marijuana, prescription medications.
  - Exhaustion is a form of impairment because it decreases arousal and alertness.

- **Dress for sleep: Avoid overheating and safely swaddle.**
  - Causes and signs of overheating.
  - Review updated infant hat use.
  - Thermoregulation interventions
  - Additional clothing layers, use a wearable blanket, etc.
  - Safely swaddling and discontinuation.

☐ **Incorporate all 2022 AAP recommendations (continued)**

- **Keep up with all medical visits and vaccines.**
  - Infants should receive recommended immunizations according to the AAP and CDC to reduce the risk of SUID.
  - Babies of pregnant parents obtaining regular prenatal care have a lower risk of SUID. It is important to note that infants of parents who did not obtain prenatal care have an increased risk of SUID.

- **Research baby products before buying.**
  - Families should not rely on any retail or medical infant monitoring devices or products to prevent SUID. There is no evidence suggesting the use of monitors or products prevents or reduces the risk of SUID.
  - Offer examples of direct-to-consumer products and devices advertised to reduce the risk of SUID (i.e., breathable mattresses, heart rate monitors, etc.).
  - Discuss medical grade monitors may be ordered by a medical provider to monitor infants.
  - Products may still be used as long as they follow all AAP guidelines (firm, flat, non-inclined, etc.)
  - Promote continued practice of safe sleep recommendations.

- **Practice Tummy Time**
  - Review the benefits of Tummy Time
  - How to practice Tummy Time
  - Recommended timeframe to practice.

- **Spread the Safe Sleep Message**
  - Endorse and model safe sleep guidelines from the beginning of pregnancy.
    - Throughout the hospital and hospital-owned prenatal clinics.
  - Address process for remediation and documentation related to family/caregiver non-compliance (i.e., re-education, signing non-compliance forms, changes in care -- use of pulse ox, removal of blankets/pillows from the adult bed, social work referral, etc.),
  - Procedure for staff to report unsafe sleep imagery if found.

  - Promote family member involvement to spread the message in their communities and to other childcare providers (babysitters, grandparents, siblings, etc.)
  - Promote safe sleep imagery and media messaging throughout the community.

☐ **Address safe skin to skin care to reduce the risk of SUPC, falls, and suffocation.**

  - AAP Clinical Report "Safe Sleep and Skin-to-Skin Care in the Neonatal Period for Healthy Term Newborns" Box 2, "[10] Components of Safe Positioning for the Newborn While Skin-to-Skin"

Training & Education Evaluation Guide

2022 AAP Recommendations for Training Inclusion

- [ ] **If applicable, address specialized care regarding infants with medically indicated conditions resulting in a change in the modeling of the Home Sleep Environment (HSE)**

  - Address qualifying medical conditions requiring therapeutic positioning.
  - Address the procedure to transition the infant to the Home Sleep Environment.
    - Address orders required to initiate, maintain, and discontinue.
    - Ongoing maintenance (monitoring, age, symptom evaluations, multidisciplinary actions, etc.)
    - Guidelines to discontinue.

  - Include focused education for families observing ITP and the transition to the home sleep environment to ensure practices are not continued after discharge (i.e., crib card, graduation, etc).
  - Additional breastmilk education/support for preterm and low birth-weight infants.

- [ ] **If applicable, address any Emergency Department procedures related to any unsafe sleep incidence.**

  - Include any hospital assessment and education for patients diagnosed with sleep-related injuries or SUID. Include referrals or consultations, synoptic reporting, etc.

- [ ] **If applicable, address the home sleep environment assessment process for every family with an infant less than one year of age. Include process to assist families identified to be at risk for unsafe sleep.**

  - Bronze and Silver hospitals include the referral to obtain safe sleep space.
  - Gold hospitals include the distribution of sleep space before discharge.

  - Gold hospitals providing a safe sleep space before discharge are to provide education on proper use.

- [ ] **Silver and Gold Levels - Address hospital-wide wearable blanket use or distribution.**

  - Address proper wearable blanket use according to the manufacturing guidelines.

- [ ] **Silver and Gold Levels - Quality improvement infant sleep unit audits**

  - Orient staff to certification requirements
  - Designated team members completing audit to reduce bias and promote accuracy to discuss
    - Process: when, documentation, etc.
    - Process to re-educate staff or family if non-compliance is observed.
    - Reporting.

- [ ] **Gold Level - Community Outreach**

  - Orient staff to certification requirements regarding community outreach.