1135. Infant Safety Education and Intervention

Approval: Jennifer Strus, Assistant Secretary

Effective Date: October 31, 2014

Sunset Review: September 30, 2018

Purpose
Children’s Administration is committed to improving child safety outcomes for children under one year of age through early intervention and education with caregivers. Data indicates children birth to one year are the primary victims of critical incidents. They are the most vulnerable to risk of harm from decreased parental capacity due to alcohol/or drugs, sleep-related deaths and maltreatment such as Shaken Baby Syndrome and blunt-force head trauma.

Laws

Policy
Note: The requirements listed in this policy do not apply to children who are placed out-of-state through Interstate Compact and Placement of Children.

A. Newborn: Plan of Safe Care
Assigned DCFS staff must develop and document a Plan of Safe Care on all:
1. Screened-in intakes that identify a newborn as AFFECTED by substance(s); and
2. Newborns born to a dependent youth.

B. Birth to 6 months: Period of Purple Crying
1. Assigned DCFS staff will inquire if parents or caregivers have previously received information on Period of Purple Crying when working with families.
2. DLR Licensors will inquire if parents or caregivers have previously received information on Period of Purple Crying when licensing or approving a home study for families accepting placements.
3. Assigned CA staff will provide Period of Purple Crying educational materials to any parent/caregiver who has not previously received information.
4. Document when and if the caregiver received the information on Period of Purple Crying.

C. Birth to One Year: Infant Safe Sleep
1. Assigned CA staff will conduct a safe sleep assessment when placing a child in a new placement setting or completing a CPS intervention involving a child aged birth to one year, even if the child is not identified as an alleged victim or an identified child.
   a. The assessment must be completed where the child primarily resides.
   b. DLR CPS investigators will review the licensed facility environment for safe sleep.
2. When licensing or approving a home study with families accepting placements for infants, the home study workers will assess the sleeping environment and educate the family on safe sleep practices.
3. Document the results of the safe sleep assessment.

Procedures
A. Birth to 6 months: Period of Purple Crying
Assigned DCFS and Home Study staff must:
1. Determine if the parent/caregiver (licensed or unlicensed) has already received the “Period of PURPLE Crying” education and DVD/booklet.
   a. If already received, discuss any questions the caregiver may have regarding Period of PURPLE Crying.
   b. If not received:
      i. Provide the “Period of PURPLE Crying” education and DVD/booklet. Review and discuss the information outlined in the booklet. The following key points should be relayed to caregivers:
         a. Teach what the letters “PURPLE” stand for as well as why understanding normal infant crying is important.
         b. Reinforce to families that if an infant is crying and they become frustrated they should put the infant down in a safe environment.
         c. Explain that caregiver’s frustration due to Period of Purple Crying may cause the caregiver to shake the baby which can result in significant, if not life threatening, effects.
      ii. Play the 10 minute “PURPLE” video for the caregivers after your presentation of the booklet if resources are available.
         a. Emphasize the importance of the material presented.
         b. Reinforce to the caregivers that all persons who will be caring for their infant should review this information.
         c. Remind caregivers about the 17-minute soothing film on the DVD to help caregivers understand ways to soothe their baby and cope with inconsolable crying periods.
2. Document in a case note or provider note:
   a. When the caregiver receives or has previously received the Period of Purple Crying education and materials, or
   b. If the caregiver refused to discuss the Period of Purple Crying materials.
B. Birth to One Year: Infant Safe Sleep
Assigned DCFS and Home Study staff must:

1. Complete a safe sleep assessment with the caregiver by:
   a. Reviewing the Infant Safe Sleep Guidelines (DSHS 22-1577) with caregivers of infants younger than 12 months during the first in-person meeting.
2. Engage the caregiver to create a safe sleep environment if one does not exist.
3. Consult with his or her supervisor when there are additional risk factors (e.g., substance abuse, mental health issues, etc.) associated with a caregiver’s ability to maintain child safety and a safe sleep environment.
4. Documentation will include:
   a. Results of safe sleep assessment (if needed) in the Investigative Assessment, FAR Family Assessment, Comprehensive Family Evaluation, Home Study or provider note, whichever is most appropriate.
   b. If the caregiver refused to participate in the process of creating a safe sleep environment for the child.
   c. Any safety concerns or risk factors identified in licensed facilities will be immediately shared with the licensor.

Forms and Tools
Period of Purple Crying links:
http://www.dontshake.org/video/purplecrying/PURPLE-English.mp4
http://www.dontshake.org/video/purplecrying/PURPLE-Spanish.mp4

Infant Safe Sleep Assessment Guidelines (DSHS 22-1577)
Safe Sleep for Your Baby Every Time brochure – Available in English and Spanish

A program of the Safe Sleep campaign:
http://www.nichd.nih.gov/sts/about/Pages/default.aspx

The following free materials (available in English and Spanish) from the Safe to Sleep campaign and will be available in local offices for distribution to families caring for infants under the age of one year:

- Safe Sleep for Your Baby: Reduce the Risk of Sudden Infant Death Syndrome (SIDS) and Other Sleep-Related Causes of Infant Death (available for a variety of target audiences including grandparents)
- What does a safe sleep environment look like? Reduce the Risk of SIDS and Other Sleep-Related Causes of Infant Death

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)

Resources
A Program of the National Center on Shaken Baby Syndrome - www.dontshake.org
BABY CARE QUICK FACTS

For individuals having frequent or infrequent caregiving responsibilities for infants, some important things to remember about caring for infants are:

• The infants head is disproportionately larger than the rest of their body and their neck muscles take time to develop. It is important to remember to hold the infants head until their neck muscles can develop to the point that they can control their head themselves.

• Understanding and developing consistent schedules and routines to develop predictability and social emotional regulation for the child.

• Babies will often indicate hunger by the hunger posture of hands clenched up by the neck and by rooting with their mouth. Infants and babies may also gesture their wanting solid foods by looking at solid foods or maybe reaching for you as you eat.

• Babies eat breast milk (breastfeeding) and/or formula (bottle) for the first few months with introduction of solid foods generally beginning at about 6 months. It is a good idea to work with your pediatrician and keep them informed about your baby’s eating habits.

• Infants generally should not be fed water, juice or regular milk. Water or milk products should not replace Breast milk or formula for young infants, this does not provide the baby enough nutrition.

• Follow their lead and feed infants when they are hungry, on average every 2 hours. In time they will eat a greater amount but eat less frequently.
• Clothing, in general, should be one layer more than what an adult would be comfortable wearing. It is possible for a baby to overheat easily so over dressing, over layering, or putting on too many blankets should be avoided.

• Infants are ready to interact very early in life and do so by mimicking, tracking you with their head turning and being handled as well as moving their limbs. This builds connection when the caregiver initiates interaction and provides a response to the child's cues.

• Regular/frequent medical checkups are important (recommended frequency is set by the pediatrician, but is generally - Day 2-3 after birth, 1-2 weeks of age, then the first, second, fourth, sixth, ninth and twelfth months of age, then each year thereafter. Please follow the recommendations of your pediatrician as they will adjust the well child exam schedule to meet your child’s specific needs.

• Diaper changes are needed approximately 6-10 times per day, about every 2-3 hours or as frequently as they are soiled. A baby who is left for long periods of time in a soiled diaper can develop diaper rash. Overtime, they can also learn that their caregiver is not responsive to their needs, and this can have an impact on how they attach and form relationships throughout their life.

• Baby skin is very sensitive and can develop a skin rash on hot days or due to detergents. Seek medical advice if a rash does not go away.

• In cold weather, the baby’s head should be covered as heat will escape and can reduce the baby’s body temperature rapidly.

• Infants will have longer periods of sleep and wake time as they get older. It is important to ask caregivers about the sleep/wake cycle to determine if there is a set pattern for these states.

• Infants need holding, rubbing, patting, kissing, soothing at a pace that is slow as the world is all new to them. Babies have ways of showing when they are ready to engage in affectionate touch.

• Babies often show they are overstimulated or have had enough by turning their heads away, crying, or putting their hands in front of their face or eyes.

• Supervision of a baby is critically and vitally important - especially when in a bathtub, any form of water, near animals, in unfamiliar places and when the baby becomes mobile.
<table>
<thead>
<tr>
<th>PEAK OF CRYING</th>
<th>UNEXPECTED</th>
<th>RESISTS SOOTHING</th>
<th>PAIN-LIKE FACE</th>
<th>LONG LASTING</th>
<th>EVENING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your baby may cry more each week, the most in month 2, then less in months 3-5.</td>
<td>Crying can come and go and you don't know why.</td>
<td>Your baby may not stop crying no matter what you try.</td>
<td>A crying baby may look like they are in pain, even when they are not.</td>
<td>Crying can last as much as 5 hours a day, or more.</td>
<td>Your baby may cry more in the late afternoon and evening.</td>
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</table>

The word period means that the crying has a beginning and an end.
Curves of Early Infant Crying
2 Weeks to 4 – 5 Months

Length of Time Crying

2 weeks
2 months
4 – 5 months

5 – 6 Hours
20 – 30 Minutes

High Crier
Average Crier
Low Crier
**QUICK FACTS**

**Abusive Head Trauma (AHT) and Shaken Baby Syndrome (SHS)**

- Abusive Head Trauma often occurs at the age of peak crying
- **Crying** is the most common trigger for Shaken Babies

<table>
<thead>
<tr>
<th>Injuries caused by shaking include:</th>
<th>What doesn’t cause AHT?</th>
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</thead>
<tbody>
<tr>
<td>o Bleeding within the brain</td>
<td>o Bouncing a child on a knee</td>
</tr>
<tr>
<td>o Swelling of brain tissue</td>
<td>o Tossing a child in the air</td>
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<tr>
<td>o Bleeding in the retina</td>
<td>o Short falls off furniture</td>
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<tr>
<td>o Rib fractures</td>
<td>o Falls down stairs</td>
</tr>
<tr>
<td>o Arm or leg long bone fractures</td>
<td>o Sudden car stops</td>
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<td>o Running with child</td>
<td>o</td>
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<thead>
<tr>
<th>Signs and Symptoms of possible AHT:</th>
<th>Long Term Effects of AHT:</th>
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<tbody>
<tr>
<td>o Vomiting</td>
<td>o Severe brain damage</td>
</tr>
<tr>
<td>o Difficulty breathing</td>
<td>o Learning disabilities</td>
</tr>
<tr>
<td>o Decreased appetite</td>
<td>o Permanent blindness</td>
</tr>
<tr>
<td>o Trouble sleeping</td>
<td>o Hearing impairment</td>
</tr>
<tr>
<td>o Irritability</td>
<td>o Paralysis</td>
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<tr>
<td>o Lethargy</td>
<td>o Impaired motor skills</td>
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<tr>
<td>o Convulsions/seizures</td>
<td>o Loss of cognitive skills</td>
</tr>
<tr>
<td>o Change in level of awareness</td>
<td>o Cerebral palsy</td>
</tr>
<tr>
<td>o Inability to vocalize</td>
<td>o Seizures</td>
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<tr>
<td>o Trouble sucking or swallowing</td>
<td>o Behavior problems</td>
</tr>
<tr>
<td></td>
<td>o Death</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Perpetrator Statistics:</th>
<th>Victim Statistics:</th>
</tr>
</thead>
<tbody>
<tr>
<td>o 70% of perpetrators are men</td>
<td>o Usually less than 1 year old</td>
</tr>
<tr>
<td>o Father of victim or mother’s boyfriend</td>
<td>o Majority are younger than 6 months</td>
</tr>
<tr>
<td>o Caregivers, stepparents, grandparents</td>
<td>o More males than females</td>
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<tr>
<td>o No other common ties</td>
<td>o No accurate statistics</td>
</tr>
<tr>
<td>o Most have no history of violence</td>
<td>o Est 1,200-1,400 injured or killed each year</td>
</tr>
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For more information, please visit the webpage for the **National Center on Shaken Baby Syndrome** at [http://dontshake.org](http://dontshake.org)
• Always place your baby on his or her back to sleep, for naps and at night.
• Use a firm sleep surface, such as a mattress in a safety-approved crib, covered by a fitted sheet.
• Avoid wedges, positioners or other products unless prescribed by your baby’s doctor.
• Keep pillows, bottles, toys, crib bumpers, and loose bedding out of your baby’s sleep area.
• Don’t sleep with your baby in a bed, on a chair or couch – put your baby in his or her own bed.
• Keeping your baby’s sleep area in the same room where you sleep reduces the risk of SIDS and other sleep-related causes of infant death.
• Offer your baby a pacifier that is not attached to a string for naps and at night. If your baby is breastfed, wait until your baby is one month old before offering a pacifier.
• Keep your baby warm, but not hot. Dress your baby in one layer of clothing extra than what you would wear to be comfortable and leave the blanket out of the crib.
• Follow your health care provider’s guidance on your baby’s vaccines and regular health checkups. Talk with your doctor if you have any questions about how your baby sleeps.
• Give your baby plenty of time on his or her tummy when awake and when someone is watching.
• Do not smoke or allow smoking around your baby.
• Place your baby’s crib away from curtains or blinds to avoid strangulation by cords.
• Make sure anyone caring for your baby knows about safe sleep practices.

*The actions listed here are based on recommendations from the American Academy of Pediatrics Task Force on SIDS.
HOME & ENVIRONMENTAL HAZARDS

- Suffocation
- Choking
- Ingestion/Poison
- Falling/Crushing
- Fire/Electrical/Burns
- Drowning
- Sharp Objects/Knives
- Guns
HOME & ENVIRONMENTAL HAZARD ONLINE RESOURCES

Safe Kids – [http://www.safekids.org](http://www.safekids.org) - Safe Kids Worldwide is a global organization dedicated to preventing injuries in children, the number one killer of kids in the United States. Around the world, a child dies from an unintentional injury every 30 seconds. And millions of children are injured in ways that can affect them for a lifetime. This website includes information, articles, discussion, and safety tips for children of all ages. “Keeping kids safe is a global issue that directly affects all of us.”

American Academy of Pediatrics – [http://www.aap.org](http://www.aap.org) - The American Academy of Pediatrics (AAP) and its member pediatricians dedicate their efforts and resources to the health, safety and well-being of all infants, children, adolescents and young adults. The website has an abundance of information, articles and resources for parents and practitioners.

- Healthychildren.org - [http://www.healthychildren.org/English/Pages/default.aspx](http://www.healthychildren.org/English/Pages/default.aspx)
  - This website is partnered with pediatricians and parents and includes information about child development / Ages & Stages, Healthy Living, Child Safety and Prevention, Family life, Health issues, etc.
- Injury, Violence, and Poison Prevention - [http://www2.aap.org/sections/ipp/](http://www2.aap.org/sections/ipp/)
  - Try this link for updated information on child safety in the home, in the car, and everywhere.

Center for Disease Control - [http://www.cdc.gov/parents/infants/safety.html](http://www.cdc.gov/parents/infants/safety.html) - This website has an abundance of information from the CDC with this link focusing on helpful in the home safety tips for parents of infants and toddlers.


We Make It Safer – [http://wemakeitsafer.com](http://wemakeitsafer.com) – Includes a searchable database for recalled products and checking a products safety information. As well as information from other consumers and links to easily order safe products and food. MakeItSafer's mission is to dramatically reduce the number of product-related injuries, illnesses and deaths that occur each year worldwide.

Recalls.gov – [http://www.recalls.gov](http://www.recalls.gov) – This government website seeks to provide better service in alerting the American people to unsafe, hazardous, or defective products, six federal agencies with vastly different jurisdictions have joined together to create this website as a “one stop shop” for US Government recalls. This partnership includes US Department of Agriculture (USDA), US Food and Drug Administration (FDA), US Coast Guard, National Highway Transportation Safety Administration (NHTSA), Consumer Products Safety Commission (CPSC), and the United States Environmental Protection Agency (EPA).
**PLAN OF SAFE CARE**

## Case Name
Little

## Case ID
1234567

### Case Worker's Name
Joan Gutierrez

### Case Worker's Telephone Number
(360) 555-1234

### Child's Name
Jasper

### Date of Birth

### Participants
- Jessica Little, Jason Kent
- Elizabeth Rogers (PHN), Sue Loy (SafeCare)
- Sarah Carver, Pat & Frank Eberhart
- Joan Gutierrez

A Plan of Safe Care must be developed with the family and documented for all screened-in intakes that identify a newborn as AFFECTED by substance(s) and for all newborns born to a dependent youth to include youth in Extended Foster Care.

<table>
<thead>
<tr>
<th>Plan</th>
<th>Person / Organization</th>
<th>Contact Information</th>
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<tbody>
<tr>
<td>Medical care for Newborn</td>
<td>Jasper will attend twice weekly weight check-ins and attend all necessary medical appointments to address nutrition concerns, as well as routine Well Child Exams</td>
<td>Elizabeth Rogers/PHN</td>
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<td></td>
<td></td>
<td>Dr. Cole/Providence</td>
</tr>
<tr>
<td>Safe Housing</td>
<td>Family will continue to reside in Pat's home. Background checks will be completed on any adult living in the home</td>
<td>Pat and Frank Eberhart</td>
</tr>
<tr>
<td>Safe Sleep</td>
<td>SafeCare therapist will routinely assess and follow up on any safe sleep concerns. Concrete funds from SafeCare will be utilized to purchase any necessary items to help with safe sleep. Jessica and Jason will not have Jasper sleep with them if either of them have been using marijuana. Pat will report to CPS worker if they are not following the safe sleep plan.</td>
<td>Sue Loy/SafeCare therapist</td>
</tr>
<tr>
<td>Routine Child Care</td>
<td>Jessica or Jason will provide routine child care</td>
<td>Jessica &amp; Jason</td>
</tr>
<tr>
<td>Emergency Child Care</td>
<td>Jessica or Jason will contact Sarah or ask Pat if they need emergency child care.</td>
<td>Sarah</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pat</td>
</tr>
<tr>
<td>Parenting Support</td>
<td>Project SafeCare therapist will provide parenting support twice weekly, except for the first week of service, where therapist will come every other day</td>
<td>Sue Loy/SafeCare Therapist</td>
</tr>
<tr>
<td><strong>Crisis Planning (i.e., PURPLE crying)</strong></td>
<td><strong>Service Referrals (CD / MH / DV)</strong></td>
<td><strong>Referrals to Resources (e.g., First Steps, WIC, PCAP, ESIT, Public Health, Safe Babies Safe Moms, etc.)</strong></td>
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</table>
| PHN will provide parenting support twice weekly  
Sarah and Pat will provide parenting support as needed. | Jessica, Jason, and any person responsible for the care of Jasper will watch the Period of Purple Crying video.  
Jessica and Jason will come up with a plan for what they will do, where they can go, or who can help if Jasper is crying inconsolably or if they are feeling overwhelmed. The SafeCare therapist will help in the development of this plan. | PHN & Project SafeCare will assess need for additional resources and notify CPS worker of any addition resources recommended |
| | | |
| | Jessica, Jason, Sarah, Pat | Sue Loy/SafeCare Therapist |
| | | Joan Gutierrez  
Jessica & Jason |
| | | (360) 555-1234 |