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**I. SUBJECT:**

Office of Child and Family Services (OCFS) Child Welfare Safe Sleep Checklist and Period of PURPLE Crying Policy

**II. PHILOSOPHY:**

The Office of Child and Family Services is committed to improving safety outcomes for children less than 12 months of age through early intervention and education with caregivers.

**III. PURPOSE:**

Maine data indicates children less than 12 months of age are the primary victims of critical incidents of abuse and/or neglect. They are the most vulnerable to risk of harm from decreased parental capacity due to drugs and/or alcohol, sleep-related deaths and maltreatment such as Abusive Head Trauma and Sentinel Injuries.

**IV. PRACTICE MODEL:**

As family team leaders, we share responsibility with the family and community to help families protect and nurture their children.

**V. LEGAL BASIS:**

22 M.R.S.A. §4004


**VI. DEFINITIONS:**

**Period of PURPLE Crying: P- PEAK; U- Unexpected; R- Resists Soothing; P- Pain-like face; L- Long lasting; E-Evening**

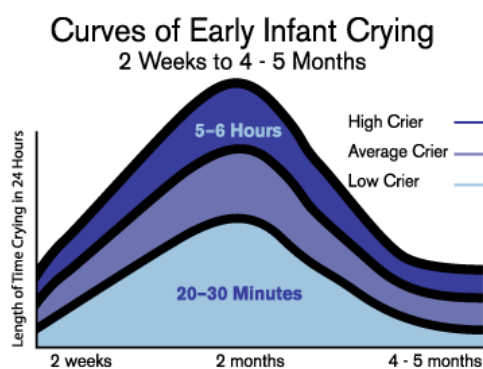
**THE LETTERS IN PURPLE STAND FOR**

<b>P</b>	<b>U</b>	<b>R</b>	<b>P</b>	<b>L</b>	<b>E</b>
<b>PEAK OF CRYING</b>	<b>UNEXPECTED</b>	<b>RESISTS SOOTHING</b>	<b>PAIN-LIKE FACE</b>	<b>LONG LASTING</b>	<b>EVENING</b>
Your baby may cry more each week, the most in month 2, then less in months 3-5	Crying can come and go and you don't know why.	Your baby may not stop crying no matter what you try.	A crying baby may look like they are in pain, even when they are not.	Crying can last as much as 5 hours a day, or more.	Your baby may cry more in the late afternoon and evening.

**THE WORD PERIOD MEANS THAT THE CRYING HAS A BEGINNING AND AN END**

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**Period of PURPLE ‘Crying Curve’:** Many studies have shown that during the first three months of life, the crying of babies follows a developmental pattern. This pattern is called the crying curve. Crying begins to increase at two or three weeks of age, peaks at around six to eight weeks of age, and gradually declines by the age of 12 weeks. Some other studies have shown different peaks of crying, but all studies agree that maximum crying occurs in the first three months of life.




**Sentinel Injuries:** Any unexplained or poorly explained bruise, burn, fracture, head trauma, abdominal trauma and/or oral trauma or other injury in a pre-cruising infant. These injuries are often identified retrospectively in history or physical examination of a seriously abused infant and injuries of this nature are uncommon in non-abused infants.

## **VII. POLICY:**

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

### **1. Children Less than 12 months: Period of PURPLE Crying**

- a. Assigned casework staff and other OCFS staff (including but not limited to Assessment and Permanency Social Workers, Youth Transition Workers, Prevention Social Workers, Licensing workers, etc.) will ask each parent and/or caregiver if he/she has previously received either the Period of PURPLE Crying DVD or Web APP materials when working with families when involved during an assessment, during monthly face to face contacts with children in care and during prevention involvement.
- b. Prior to completion of the Resource Family Introductory Training, applicants will be trained in the Period of PURPLE Crying.

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- c. Prior to placement of any child less than 12 months of age, assigned OCFS staff will provide the Period of PURPLE Crying educational materials to any parent/caregiver who has not previously received the information.
- d. OCFS staff will document when, how and if each parent and/or caregiver watched the DVD or Web APP of the Period of PURPLE Crying.

## 2. Children Less than 12 months: Infant Safe Sleep


- a. The Safe Sleep Assessment Checklist will be completed during the first in-person/in home meeting, or by the day of discharge if the infants birth resulted in an extended stay at the hospital; when sleeping environments change (i.e. when a new sleeping environment is introduced either in or out of the home (Including but not limited to, the introduction of a new sleeping arrangement (from pack n play to crib), during a unlicensed respite stay, etc.) or at the time of a placement change. In situations where a case is opened, discussions regarding Safe Sleep and/or the checklist will be documented in the Face to Face template unless there is one of the above defined circumstances.
  - i. The Safe Sleep Assessment must be completed where the child primarily resides, assuring that multiple sleeping environments in the home are all assessed.
  - ii. Prior to completion of the Resource Family Introductory Training, applicants will be trained in maintaining Safe Sleep Environments for all children less than 12 months.
  - iii. OCFS Licensing staff will review the licensed home environment for safe sleep settings to ensure the environment is approved and educate the family on safe sleep practices.

## VIII. PROCEDURES

### 1. Children Less than 12 months: Period of PURPLE Crying


Assigned casework staff and other OCFS staff, including staff that are completing a kinship assessment must:

- a. Determine if the parent/caregiver has already received the Period of PURPLE Crying
  - i. If already received:
    - A. Discuss any questions the caregiver(s) may have regarding the Period of PURPLE crying, including strategies that the parent has

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employed to soothe or cope during inconsolable crying periods and/or feelings of frustration; also discuss what the parents understanding of the Period of PURPLE crying is and if the parents are unable to articulate the primary concepts, the OCFS staff person will review the video with the parents.

- B. Share that the information in PURPLE can serve as a parenting support strategy beyond the window of the Crying Curve. This conversation can be an opportunity to normalize feelings of frustration that all parents and caregivers may feel and encourage them to refer to the “Crying, Soothing and Coping” video found in the DVD or web app, through and after the Crying Curve has passed, and throughout many stages of development.
  - ii. If not received:
    - A. Provide the Period of PURPLE Crying education and leave a DVD or APP Package & Booklet for caregivers in the home. Review and discuss the information outlined in the booklet. The following key points should be relayed to caregivers:
      - I. Teach what the letters “PURPLE” stand for as well as why understanding normal infant crying is important;
      - II. Reinforce to families that if they become frustrated when an infant is crying, they should put the infant gently down in a safe environment;
      - III. Explain that infant crying is the most common trigger for parent frustration and as a result, for serious injuries and death as a result of shaking and other physical abuse.
      - IV. Explain that although the Crying Curve diminishes after 4-6 months, feelings of frustration may not and as such, the coping strategies used during the Period of PURPLE crying are important to continue to use.
    - B. Play the 10-minute “PURPLE” video for caregivers after your presentation of the booklet, if resources are available, via a DVD player or mobile device
      - I. Emphasize the importance of the material presented.
      - II. Remind and encourage caregivers to view the 17-minute “Crying, Soothing and Coping” video on the DVD/APP to help caregivers understand ways to soothe their baby and


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cope with inconsolable crying periods and/or feelings of frustration.

- III. Encourage primary caregivers to share the information with anyone who will be providing care of the infant, however temporary.
- IV. Whenever a new adult/caregiver/partner enters the home, the *current* caseworker will ensure that the Period of PURPLE crying is discussed and viewed, whenever possible

NOTE: Because of the high rate of Sentinel Injuries and Abusive Head trauma inflicted with children less than 12 months of age, these conversations are an opportunity to discuss and reinforce the message that any bruising or any unexplained or poorly explained bruise, burn, fracture, head trauma, abdominal trauma and/or oral trauma in a pre-cruising infant should be seen by the Primary Care Doctor and/or the Child Abuse Clinic. Abusive injuries in infants under the age of 6 months are highly predictive of future serious if not fatal abuse. [Please refer to OCFS Child and Family Service Manual IV. D-7. The Use of Expert Consultation when Assessing Child Abuse and/or Neglect for further details.]


- b. Document *first/initial* discussions and subsequent discussions with any *new* parent, caregiver and/or partner in the MACWIS narrative log using the “Period of PURPLE Crying” Dropdown and Template
  - i. When and where the caregiver(s) receives or has previously received the Period of PURPLE Crying education and materials
  - ii. The age of infant for whom PURPLE was discussed
  - iii. The outcome of the discussion
  - iv. If the Caregiver refused to discuss the Period of PURPLE Crying materials.
  - v. Narrative and/or notes relevant to the delivery of Period of PURPLE Crying
- c. Document monthly conversations regarding infant crying and/or other challenging behaviors of the child along with caregiver coping and soothing strategies in the MACWIS narrative log using the monthly Face-to-Face template.

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## 2. Children Less than 12 months: Infant Safe Sleep

Assigned casework staff and other OCFS staff must:

- a. Complete a Safe Sleep Assessment with caregivers by:
  - a. Completing and documenting the results of the Safe Sleep Checklist *with* parents/caregivers of children less than 12 months of age, ensuring multiple sleeping environments in the home are assessed and providing the National Institutes of Health (NIH) “What Does A Safe Sleep Environment Look Like?” handout:
    - i. During the first in-person/in-home meeting, including during the kinship assessment or;
    - ii. By the day of discharge if the infants birth resulted in an extended stay at the hospital;
    - iii. When sleeping environments change (i.e. new sleeping environment is introduced either in or out of the home, including a discussion regarding safe sleep in another environment, if at a family/friends’ house, etc.);
    - iv. At time of a placement change;
  - b. Document monthly conversations regarding infant safe sleep and sleeping environment of the child in the MACWIS narrative log using the monthly Face-to-Face template.
  - c. Engaging the caregiver to create a safe sleep environment if one does not exist
  - d. Engaging outside resources, as needed, to confirm that a timely plan can be made to ensure all safety compromised or unsafe sleeping environments are subsequently made safe, including but not limited to community resources and the Cribs for Kids Program
  - e. Consulting with his or her supervisor when there are additional risk factors (i.e., substance use/abuse/misuse, mental health issues, etc.) associated with a caregiver’s ability to maintain child safety and a safe sleep environment, in alignment with the Assessment Policy
  - f. Documentation in MACWIS will include the results of Safe Sleep Checklist in the following:
    - i. Prevention documentation system (OCFS Prevention Caseworkers) or,

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- ii. Assessment Narrative Log using the “Safe Sleep Assessment” Dropdown and Template and in the Preliminary Safety Decision or,
  - iii. Monthly Face-to-Face contact for each child less than 12 months of age residing in the home in the Narrative Log using the Face-to-Face template or,
  - iv. Home Study and/or Kinship Assessment.
- g. Documentation in MACWIS where applicable, should include:
  - i. Completion of the Safe Sleep Environment Checklist Template (at times outlined above)
  - ii. Any safety concerns and/or signs of risk and/or danger identified and the subsequent plan to address these concerns. This information should also be included in the Preliminary Safety Decision or in updated safety decisions throughout the life of the case
  - iii. If the caregiver refused to participate in the process of creating a safe sleep environment for the child this should be documented in the Safe Sleep Checklist Template under Identified Signs of Risk/Danger Section. This should also be documented in the Parent/Caregiver narrative.



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**Office of Child and Family Services Safe Sleep Environment MACWIS Template**

<b>Name of Baby:</b>		<b>Date of Safe Sleep Assessment:</b>			
<b>Safe Sleep Assessment Completed During</b>	<input type="checkbox"/> Assessment <input type="checkbox"/> Monthly Visit <input type="checkbox"/> Placement/Licensing <input type="checkbox"/> Other:				
<b>Age Of Infant At Time Of Discussion:</b>	<input type="checkbox"/> <1 month <input type="checkbox"/> 1-2 months <input type="checkbox"/> 3-4 months <input type="checkbox"/> 5-6 months <input type="checkbox"/> 7-8 months <input type="checkbox"/> 9-12 months				
1. Baby always sleeps alone in his/her own safe sleep environment (never sleeping with others, including pets, on couches, chairs, or beds).	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Observed <input type="checkbox"/> Caregiver Report		<input type="checkbox"/> Action Step Identified
2. Baby has his/her own safe sleep environment(s): <i>(Check all that apply)</i>	<input type="checkbox"/> Crib <input type="checkbox"/> Pack 'N Play <input type="checkbox"/> Bassinette <input type="checkbox"/> Other: <input type="checkbox"/> No		<input type="checkbox"/> Observed		<input type="checkbox"/> Action Step Identified
3. Baby's safe sleep environment(s) is/are free of: <i>(Check all that apply)</i>	<input type="checkbox"/> Loose bedding <input type="checkbox"/> Quilts/blankets <input type="checkbox"/> Pillows <input type="checkbox"/> Toys/stuffed animals <input type="checkbox"/> Bumpers		<input type="checkbox"/> Curtains/blinds <input type="checkbox"/> Cords/wires <input type="checkbox"/> Furnace vent/radiator <input type="checkbox"/> Low/loose mobiles		<input type="checkbox"/> Observed  <input type="checkbox"/> Action Step Identified
4. When baby is sleeping: <i>(Check all that apply)</i>	<input type="checkbox"/> Room temperature is appropriate (approx. 68-74°F) and/or <input type="checkbox"/> Baby is not over- or under-dressed		<input type="checkbox"/> Observed <input type="checkbox"/> Caregiver Report		<input type="checkbox"/> Action Step Identified
5. Baby's safe sleep environment(s) have: <i>(Check all that apply)</i>	<input type="checkbox"/> A firm sleep surface (like a mattress) that fits the environment <input type="checkbox"/> Corner posts that are level with frame <input type="checkbox"/> Side-slats that are tightly spaced <input type="checkbox"/> No unsecured drop-side rails <input type="checkbox"/> No decorative cutouts		<input type="checkbox"/> Observed		<input type="checkbox"/> Action Step Identified
6. Baby is always placed on his/her back to sleep with head and face uncovered.	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Observed <input type="checkbox"/> Caregiver Report		<input type="checkbox"/> Action Step Identified
7. Baby's safe sleep environment and home are smoke free.	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Observed <input type="checkbox"/> Caregiver Report		<input type="checkbox"/> Action Step Identified
8. Gave/left with caregiver(s) the NIH "What Does A Safe Sleep Environment Look Like?" handout.	<input type="checkbox"/> Yes				

**Signs of Risk and/or Danger Identified During Safe Sleep Environment Checklist (Please Check):**




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9**Identification of ANY Risk/Danger Factor Below Requires Documentation of Action Steps to Remedy/Resolve**

- Baby does not always sleep alone (co-sleeping/bed sharing)
- Baby does not have their own safe sleep environment
- Baby's sleep environment has identified hazards
- Baby is not always placed on his/her back for sleeping with head and face uncovered
- Baby's sleep environment is not smoke free
- Parent/Caregiver refused to complete or allow a Safe Sleep Assessment to be completed
- One or more risk factor(s) identified **AND** baby was born Substance Exposed/Drug Affected (**Sign of Danger**)
- Co-sleeping in combination with parent/caregiver substance use (over the counter, prescribed or illicit) **AND/OR** use of unsafe sleeping environment (**Sign of Danger**)

**Documentation of Action Steps to address Identified Signs of Risk and/or Danger related to Infant Sleeping Environment:**

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<b>Period of PURPLE Crying MACWIS Template</b>
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<b>Name of Baby:</b>	<b>Date that PURPLE Crying was Discussed:</b>		
<b>Period of PURPLE Completed During:</b>	<input type="checkbox"/> Assessment	<input type="checkbox"/> Monthly Visit	<input type="checkbox"/> Placement/Licensing
<b>Age of Infant at Time of Discussion:</b>	<input type="checkbox"/> <1 month	<input type="checkbox"/> 1-2 months	<input type="checkbox"/> 3-4 months
	<input type="checkbox"/> 5-6 months	<input type="checkbox"/> 7-8 months	<input type="checkbox"/> 9-12 months

<b>Outcome:</b> <i>Check the situation that best applies.</i>	<input type="checkbox"/> PURPLE received previously (i.e. at hospital); reinforced at visit.
	<input type="checkbox"/> PURPLE not received previously/caregiver doesn't recall; discussed and viewed during visit.  Action: <input type="checkbox"/> Left DVD Packet <input type="checkbox"/> Left APP Packet
	<input type="checkbox"/> PURPLE not received previously/caregiver doesn't recall; discussed and left with family to view.  Action: <input type="checkbox"/> Left DVD Packet <input type="checkbox"/> Left APP Packet  <i>Please explain why PURPLE was not viewed:</i> <input type="checkbox"/> Family refused <input type="checkbox"/> Not accessible (no DVD player or mobile device)
	<input type="checkbox"/> Family refused to discuss and/or view. Action: <input type="checkbox"/> Left DVD Packet <input type="checkbox"/> Left APP Packet

<b>Narrative/Notes:</b>
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**Monthly Face to Face MACWIS Template**

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**SAFETY:**

**Issues or concerns from Visit:**

**Observation of living arrangement, *including* sleeping arrangement for all children under the age of one and overall child safety including discussions around the Period of PURPLE Crying:**

**Issues to address since last face to face:**

**Other:**

**PERMANENCY:**

**Stability of Current Placement:**

**Update Child's permanency goal:**

**Update on visits with parents:**

**Update on visits with siblings:**

**Update on connections with other important to the child:**

**Relative resources:**

**Other:**

**WELL BEING:**

**Observation of child:**

**Child's Social and recreational needs:**


**Resource family needs:**

**Child's involvement in case planning:**

**Educational service updates and needs:**

**Mental health updates/ needs:**

**Medical appointments (medical/dental):**

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**Current medications/any changes: none:**

**Information/update from Resource parent:**

**Other:**