



UNITED STATES  
**CONSUMER PRODUCT SAFETY COMMISSION**  
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COMMISSIONER PETER A. FELDMAN

**STATEMENT OF COMMISSIONER PETER A. FELDMAN ON  
THE NEED FOR EXPANDED INFORMATION COLLECTION REGARDING  
CHILDREN'S SLEEP ENVIRONMENTS**

April 9, 2021

Today, the Commission voted to approve a study on infant sleep product warning labels. This research is an important next step in the continuation of our work to improve caregiver comprehension of safe sleep practices. The CPSC hopes to use the results of this study, along with other research, to improve warning labels in the future. While it would be difficult to change the parameters of this research mid study, it is important that the Commission strive for greater inclusivity when conducting agency information collection activities going forward.

In comments, the American Academy of Sleep Medicine (AASM), asked CPSC to expand the information gathering activity's scope to include non-traditional caregivers. Specifically, AASM explained that:

[w]e are concerned that the survey is currently limited to parents and grandparents of infants because this may leave out other important primary caretakers, including daycare providers and extended family members. These individuals may vary significantly in a variety of ways from parents and grandparents, and their understanding of labelling is important to gauge as well. We suggest that a broader sample of individuals who have a primary caretaker role, such as childcare staff, should be included in the survey sample.

I agree. In recent months, the Commission has focused a great deal on understanding risks as applied to diverse communities, many of whom rely on non-traditional caregiving. The Acting Chairman himself cited the "young, non-English speaking couple who lovingly leave their child at a home daycare that uses recalled infant inclined sleepers," as an example of the reliance of certain groups on non-traditional caregiving and the disproportionate impact this may have on product safety. The Commission has voted twice now to improve data collection vis-à-vis underserved populations. We should do that.

I hope that staff will consider expanding, as part of future information gathering on this issue, the type of information AASM noted in its comments. This additional information will empower CPSC to improve warning label comprehension to accurately reflect the entire population.