

Safe Sleep Education Assessment Tool

Client Name: _____ Client I.D. # _____

1. What safe sleep options are in the home?	<input type="checkbox"/> Crib <input type="checkbox"/> Bassinet <input type="checkbox"/> Pack n Play	<input type="checkbox"/> None	<input type="checkbox"/> Observed <input type="checkbox"/> Parent reported	<input type="checkbox"/> Education provided <input type="checkbox"/> Referral made
2. Where will the baby sleep?	For Naps: <input type="checkbox"/> Crib <input type="checkbox"/> Bassinet <input type="checkbox"/> Pack n Play <input type="checkbox"/> Couch <input type="checkbox"/> Recliner <input type="checkbox"/> Swing <input type="checkbox"/> Car seat <input type="checkbox"/> Bouncy seat <input type="checkbox"/> Floor <input type="checkbox"/> With an adult, child or pet <input type="checkbox"/> Other _____	At Night: <input type="checkbox"/> Crib <input type="checkbox"/> Bassinet <input type="checkbox"/> Pack n Play <input type="checkbox"/> Couch <input type="checkbox"/> Recliner <input type="checkbox"/> Swing <input type="checkbox"/> Car seat <input type="checkbox"/> Bouncy seat <input type="checkbox"/> Floor <input type="checkbox"/> With an adult, child or pet <input type="checkbox"/> Other _____	<input type="checkbox"/> Observed <input type="checkbox"/> Parent reported	<input type="checkbox"/> Education provided
3. Will stuffed animals, toys, pillows, quilts, blankets, wedges, positioners, other loose bedding or bumpers be in the infant's sleep environment?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Observed <input type="checkbox"/> Parent reported	<input type="checkbox"/> Education provided
4. Will the baby ever share a sleep surface with a sibling, adult or pet?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Observed <input type="checkbox"/> Parent reported	<input type="checkbox"/> Education provided
5. Does your baby ever share a sleep surface in a bed, couch, recliner or other?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Observed <input type="checkbox"/> Parent reported	<input type="checkbox"/> Education provided
6. When baby sleeps he/she is placed on:	For Naps: <input type="checkbox"/> Back <input type="checkbox"/> Side <input type="checkbox"/> Stomach	At Night: <input type="checkbox"/> Back <input type="checkbox"/> Side <input type="checkbox"/> Stomach	<input type="checkbox"/> Observed <input type="checkbox"/> Parent reported	<input type="checkbox"/> Education provided
7. Do you and/or other caregivers smoke?	<input type="checkbox"/> Yes: <input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> No smoking (skip to #9)		<input type="checkbox"/> Observed <input type="checkbox"/> Parent reported	<input type="checkbox"/> Education provided
8. If you smoke outside, do you change your clothes before holding your baby?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Observed <input type="checkbox"/> Parent reported	<input type="checkbox"/> Education provided
9. Will the infant dressed for the temperature of the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Observed <input type="checkbox"/> Parent reported	<input type="checkbox"/> Education provided
10. Is the infant breastfeeding?	<input type="checkbox"/> Yes: <input type="checkbox"/> Breastfeeding only <input type="checkbox"/> Formula and breast milk <input type="checkbox"/> No		<input type="checkbox"/> Observed <input type="checkbox"/> Parent reported	<input type="checkbox"/> Education provided
11. Will you use a clean dry pacifier that is not attached to a string or stuffed animal?	<input type="checkbox"/> Yes <input type="checkbox"/> n/a <input type="checkbox"/> No		<input type="checkbox"/> Observed <input type="checkbox"/> Parent reported	<input type="checkbox"/> Education provided
12. Will you provide supervised tummy time while the baby is awake?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Observed <input type="checkbox"/> Parent reported	<input type="checkbox"/> Education provided
13. Staff presented and reviewed NIH Safe Sleep materials. "What does a safe sleep environment look like?" Handout.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Parent declined <input type="checkbox"/> Safe sleep referral made		Others educated: <input type="checkbox"/> Father of baby <input type="checkbox"/> Grandparent <input type="checkbox"/> Other _____	

Staff signature: _____ Date: _____

Print name _____

Safe Sleep Assessment Tool Instructions

Field	Instructions
Client Name	Record client's first name, last name. *If assessment is completed prenatally, record parents' name. If assessment is completed postnatally, record infant's name.
What safe sleep options are in the home?	If there is a crib, pack 'n' play or bassinet present in the home during the assessment, check the appropriate box. If there are no safe sleep options currently in the home, check the "no" box. If family needs more education on safe sleep practices or if staff feels parent may need more education regarding safe sleep, check the "education provided" box. This may be a verbal conversation with the family going over best practices or materials the staff provided.
Where does baby usually sleep/Where will baby sleep?	Check the appropriate box for the location infant will be sleeping upon arrival or where baby is currently sleeping during naps and throughout the night. If caregiver reports a location not listed, check "other" and write in the location detail. Check "education provided" if discussion or material was needed to help parent choose an appropriate safe sleep option for their child.
Are there stuffed animals, toys, pillows, quilts, blankets, wedges, positioners, other loose bedding or bumpers in the infant's sleep environment?	Check yes if child currently has or will have one of the listed items present in their sleep environment. Check no if child does not or will not have one of the listed items present in their sleep environment. If child does/will have parent education on safe sleep practices. If child does/will have items present in sleep environment, provide parent education on safe sleep practices.
Does baby ever share a sleep surface with a	Check "yes" if child will/currently is sharing a surface with sibling, adult or

sibling, adult or pet?	pet. Check “no” if child is not or will not be sharing a surface with sibling, adult or pet. If parent reports the child is or is not sharing a surface with sibling, adult or pet, check “parent reported”. If child is sharing their sleep surface with sibling, adult or pet check “education provided” and provide caregiver with information regarding risks of co-sleeping and safe sleep practice resources.
Does your baby ever share a sleep surface in a bed, couch, recliner or other?	Check “yes” if child will/currently is sharing a surface in a bed, couch, recliner or other. Check “no” if child is not or will not be sharing a surface in a bed, couch, recliner or other. If child is sharing their sleep surface in A bed, couch, recliner or other, check “education provided” and provide caregiver with information regarding risks of sleeping in locations that are not safe sleep options.
When baby sleeps he/she is placed on:	Check the appropriate box (back, side or stomach) regarding the child’s position they are placed in during naps and during the night. If Staff observes infant being placed on back, side or stomach during their nap or at night, check the “observed” box. If parent reports placing child on back, side or stomach, check the “parent reported” box. If child is being placed on stomach or side, check “education provided”, provide information and resources regarding the importance of placing baby on back and risks for sleeping in other positions.
Do you and/or other caregivers smoke?	Check “yes” if parent or anyone living in the home is currently smoking. Check “inside” if someone smokes in the home and check “outside” if parent or anyone living in the home smokes outside of the home (garage, porch, etc.). Check “no smoking” if no one in the home is currently smoking. Check “observed” if parent/other was seen smoking in/out of the home. Check “parent reported” if parent stated answer to Staff. If parent does not smoke, move on to question 9. Check “education provided” and provide family with information on smoking cessation, risks of smoking in the home and other materials that may be useful.
If you smoke outside, do you change your clothes before holding your baby?	* <i>Only to be completed if parent or caregiver is currently smoking – skip to question 9 if no smokers reported</i> Check “yes” if parent or caregiver does change their clothes after smoking. Check “no” if parent does not change clothes after smoking. Check “observed” if parent/caregiver was seen changing/not changing clothing after smoking. Check “parent reported” if parent/caregiver states they do/do not change after smoking. If parent is not changing their clothing, provide education and resources to family and check “education provided”.
Is the infant dressed for the temperature of the home?	Check “yes” if infant is sleeping with clothing appropriate for temperature in the home (sleep sack, onesie, sleeper, etc.) Check “no” if child not dressed for the temperature of the home (house is cold but child is naked,

	house is very hot and child is in fleece, etc.) Check “observed” if infant is seen dressed/not dressed for the temperature of the home. Check “parent reported” if parent/caregiver reports how infant is dressed. Check “education provided” if child is not dressed for the temperature of the home and provide family with information regarding how they should be dressed.
Is the infant breastfeeding?	Check “yes” if infant is currently breastfeeding. If “yes”, check the appropriate box regarding if infant is exclusively breastfeeding or if infant fed both formula and breastmilk. Check “no” if infant is not breastfeeding. Check “observed” if infant is seen during feeding time, check “parent reported” if parent/caregiver only reports information. Check “education provided” if parent/caregiver is in need of assistance breastfeeding or formula feeding.
Do you use a clean dry pacifier that is not attached to a string or stuffed animal?	Check “yes” if infant does use a clean, dry pacifier. Check “no” if infant is using a pacifier that is not clean or is attached to a string or stuffed animal. Check “n/a” if infant does not use a pacifier. If infant is seen using pacifier, check “observed”. If parent/caregiver reports information, check, “parent reported”. Provide education and resources on risks of using dirty pacifier/pacifier attached to object/string and check the box, “education provided”.
Do you provide supervised tummy time while the baby is awake?	Check “yes” if parent/caregiver is providing supervised tummy time. Check “no” if parent/caregiver is not currently providing supervised tummy time. Check “observed” if infant is seen during tummy time or check “parent reported” caregiver/parent reports supervised tummy time. Provide education and check “education provided” regarding importance of tummy time and why it needs to be supervised.
Staff presented and reviewed ODH ABC’s if Safe Sleep materials. “What does a safe sleep environment look like?” handout.	Check “yes” if ABC’s were presented to family during visit. Check “no” if ABC’s were not presented to family. Check “Parent Declined” if home visitor discussed providing ABC’s and parent did not want materials. Check “Safe Sleep Referral Made” if a referral was made by Staff to a program that helps family with resources. If father was present and education during visit, check “father of baby” under the “others educated” section. Check “grandparent” or “other” if grandparent or other person was educated in the home during visit.
Staff Signature	Staff that completed the assessment signs while parent is present during visit after the assessment is completed.
Date	Record the date of assessment completion. This date should be the date assessment was completed and should be the same day Staff signed assessment.
Print Name	Print name of Staff that completed the assessment.

Time Intervals for Administering Assessment

- ✓
- ✓ Tool is administered prenatally and once when the child is born