



NATIONAL INFANT SAFE SLEEP HOSPITAL CERTIFICATION PROGRAM

FILLABLE SITE ASSESSMENT REPORT

Instructions

The Site Assessment Report is to be completed by hospitals to demonstrate the implementation of AAP recommended best practices and Cribs for Kids' requirements to qualify for certification. The Site Assessment Report is to be submitted with initial certification, recertification, and upgrade certification applications. This is not the Annual Report.

The Fillable Site Assessment Report offers clickable answers and small free-text boxes. Alternatively, hospitals may submit the Annotated Site Assessment Report that allows hospitals to annotate a comprehensive narrative that demonstrates compliance. Submitting both versions is not required. Hospital Systems must complete the Annotated Site Assessment Report.

- Requirements & reporting established according to 2016 AAP Recommendations.
- Note the distinction in sections "All Levels", "Silver & Gold Levels", and "Gold".
- All question should be answered in the section pertinent to the desired level of certification. Do not leave any field blank.
- Select all that apply and free text answers in text boxes provided.
- An extra page has been provided at the end of the Site Assessment Report if additional space is needed to free text answers.
- Reference and address supporting documents to be uploaded with application.
 - Upload and name supporting documents files appropriately.
- If you experience technical difficulties submitting, complete the required fields of the application page and email documents separately to hospitalcertification@cribsforkids.org.

ALL LEVELS of CERTIFICATION

On behalf of this hospital, I attest the following have been reviewed and are demonstrated within hospital policies and practices:
2016 AAP recommendations, Infant Safe Sleep Certification Manual, and Safe Sleep Policy Rubric. Yes No

Desired Level of Certification

Bronze Silver Gold

Hospital Overview

- Hospital name as it should appear on award information: _____
- Other hospital achievements (i.e., Baby Friendly, Magnet Status, etc.): _____
- Number of births per year: _____
- Number of NICU admissions (not reflected in # births): _____
- Number of Pediatric admissions under one year old: _____
- Number of beds per hospital unit providing care for patient less than one year old, or N/A: _____

Labor & Delivery: _____ Postpartum: _____ NICU/SCN: _____ PICU: _____ Pediatric: _____

ED: _____ Other: _____

- Number of Healthcare Team Members involved in care of patients less than one year old, or N/A:
 - RNs LPNs Techs/Aides Lactation Consultants Social Workers Educators
 - Managers Directors Advanced Providers Other: _____

- Optional: Share additional information regarding hospital ongoing efforts for infant safe sleep beyond the level for which the hospital is applying for certification such as partnerships with admitting obstetricians and pediatricians, safe sleep committees, and achievements.

Safe Sleep Policy

- Policy has been in place for three months: Yes No
- How often is the safe sleep policy revised? _____ Date of next revision: _____
- When does this hospital plan to revise the hospital policy to incorporate 2022 AAP Recommendations? _____
- If the hospital safe sleep policy does not incorporate all Policy Rubric requirements, discuss barriers or areas not applicable below.

Healthcare Team Member Safe Sleep Training

- Units receiving safe sleep training: L&D Postpartum NICU/SCN PICU Pediatric ED
 Other: _____
- Healthcare team members receiving safe sleep training: RN LPN Techs/Aides Lactation Consultants
 Social Workers Unit Educators Managers Directors Advanced Providers
 Other: _____
- Onboarding training methods: Review Policy Verbal Discussion Demonstration PowerPoint
 Video Written Materials Modules
- Outline onboarding training: List who delivers training, when, specify training materials used & agencies producing training materials.

- Methods used to evaluate learning: **Verbal Attestation** **Return Demonstration** **Test** **Certificate of Completion**
 Other: _____
- Local or hospital produced training materials have been uploaded to the application (national education agency materials not required):
 Yes **N/A**
- Annual Training methods used: **Review Policy** **Verbal discussion** **Demonstration** **PowerPoint**
 Video **Written Materials** **Modules**
- Outline annual training: List who delivers training, when, specify training materials used & agencies producing training materials.

- Local or hospital produced training materials have been uploaded to the application (national education agency materials not required):
 Yes **N/A**
- Methods to evaluate learning: **Verbal Attestation** **Return Demonstration** **Test** **Certificate of Completion**
 Other: _____
- Noncompliance Corrective Measures: **Verbal Discussion** **Review Training Materials** **Verbal/Written Warnings**
 Removed from the schedule **Other:** _____
- Outline action-plan to address staff noncompliance:
List who delivers re-education to staff; when re-education is provided, specify training materials used & agencies producing training materials.

Family/Caregiver Safe Sleep Education

- All primary family/caregivers with an infant under one-year-old in previously listed departments receive safe sleep education: **Yes** **No**
- Indicate when safe sleep education is provided: **Admission** **After Delivery** **At Discharge** **All the Above**
- Education methods used: **Verbal Discussion** **Demonstration** **Video** **Written Materials**
- Outline Family/Caregiver Education: List who delivers education, when, specify education materials used & agencies producing materials.

- Methods to evaluate learning: **Verbal Attestation** **Return Demonstration** **Sign Acknowledgement Form** **Test**
 Other: _____
- Noncompliance corrective measures: **Verbal Discussion** **Review Education Materials** **Sign Noncompliance Forms**
 Removal of adult bed items: pillows, blankets, etc.
- Outline action plan to address family/caregiver noncompliance:
 List who delivers re-education, when, specify education materials used & agencies producing materials.

Hospital Website

- Is safe sleep education displayed on the hospital website? Yes No
 - If no, hospitals may demonstrate compliance with the submission of the 2023 Annual Report. Is there a plan in place for this hospital to meet compliance by 2023? Yes No
- Is the page searchable by key words "Infant Safe Sleep" Yes No N/A- unable to implement
- Does website imagery display AAP recommended safe sleep? Yes No
 - If not, is the required disclaimer displayed? Yes No
- Provide weblink to the hospital website safe sleep education page: _____

Safe Sleep Images

- Assessment complete of all safe sleep imagery displayed across all hospital mediums and all images are in compliance.

 Yes Yes, safe sleep disclaimer posted No N/A, no images displayed
- Hospital-produced imagery and imagery requiring disclaimers have been uploaded to the application: Yes N/A, no images displayed

SILVER & GOLD LEVEL CERTIFICATION

Wearable Blanket Distribution

- List participating units: L&D Postpartum NICU/SCN PICU Pediatric ED

 Other: _____
- Wearable blankets distributed: In-house Gifted to caregivers Both
- Wearable blanket manufacturer and type: _____
- Number of wearable blankets gifted in the current/most recent year: _____
- Wearable blanket education methods: Verbal discussion Demonstration Video Written materials

- Outline wearable blanket education: List who provides education, when, specify education materials used & agencies producing materials.

- Wearable blankets used in-house are laundered: **In-house** **Third-party** **N/A- Gifted to Caregivers**
- Funding source for wearable blankets: **Hospital/Unit budget** **Third-Party or Hospital Foundation**
 - If third-party or Hospital Foundation funding, required funding documentation as has been uploaded to the application: **Yes** **N/A**

(Optional) House-wide Safe Sleep Training

- This hospital implements or plans to implement the Cribbs for Kids Hospital-wide Safe Sleep Training module: **Yes** **No**
 - If no, skip to the next required section.
- Conference call placed with Cribbs for Kids to discuss implementation: **Yes** **No**
- Report demonstrating total number of hospital employees and total number of trainings completed has been uploaded to the application
 Yes **No**
- Any additional information:

Safe Sleep Quality Improvement Initiative

- List participating units: L&D Postpartum NICU/SCN PICU Pediatric ED
 Other: _____
- Frequency audits are performed: Monthly Quarterly Other: _____
- Outline the safe sleep audit workflow: List who performs audits, when audits are performed, number of audits required to be collected.
- Outline action plan to address staff & caregiver noncompliance when discovered via audit: Who re-educates family/caregivers, who re-educates staff, when.
- Name the designated bodies/committees responsible for monitoring compliance results and the QI initiative:
- QI annual compliance report and completed audit form/documentation as has been uploaded to the application: Yes No

Gold Level

Safe Sleep Space Assessment and Distribution

- List participating units: **L&D** **Postpartum** **NICU/SCN** **PICU** **Pediatric** **ED**

Other: _____

- Number of sleep spaces distributed in the current/most recent year:
- Safe sleep spaces are delivered prior to discharge: **Yes** **No**
- Indicate the manufacturer and type of sleep space distributed: _____
- Outline the safe sleep space assessment & distribution workflow: List who performs assessment, when, referral/consults placed, who delivers safe sleep space. If this is a collaborative effort, i.e., social worker- please include how these team members are trained on infant safe sleep.

- Sleep Space Education methods: **Verbal Discussion** **Demonstration** **Video** **Written Materials**
- Outline details of education: List who provides education, when, specify education materials used & agencies producing materials.

- Funding source for sleep space: **Hospital/Unit Budget** **Third-Party/Hospital Foundation**
 - If third-party or Hospital Foundation funding, required funding documentation as has been uploaded to the application: **Yes** **N/A**

Safe Sleep Community Outreach Education

1. Safe Sleep Community Outreach: Health Fair Social Media Mass Media Class (in-person/virtual)

Distribution of Handouts Other: _____

• Date/Date Range _____ Estimated Attendance/Views/Reach: _____

• Initiative was free & open to public: Yes No

• Initiative reached those who will not be delivering at the hospital. Yes No

• Outline the Safe Sleep Community Outreach Education Initiative, include:

- What safe sleep education provided, specify education materials used & agencies producing materials.
- Distribution of written material handouts requires details: date distributed, date follow-up, total number distributed.
- Provide Social Media posts via screenshots or weblink.

• Local & hospital produced materials have been uploaded to the application, excluding national education agencies: Yes N/A

2. Safe Sleep Community Outreach: **Health Fair** **Social Media** **Mass Media** **Class (in-person/virtual)**

Distribution of Handouts **Other:** _____

• Date/Date Range _____ Estimated Attendance/Views/Reach: _____

• Initiative is Free & Open to Public: **Yes** **No**

• Initiative reaches those who will not be delivering at the hospital. **Yes** **No**

• Outline the Safe Sleep Community Outreach/Education Initiative:

- What safe sleep education provided, specify education materials used & agencies producing materials.
- Distribution of written material handouts requires details: date distributed, date follow-up, total number distributed.
- Provide Social Media posts via screenshots or weblink.

• Local & hospital produced materials have been uploaded to the application, excluding national education agencies: **Yes** **N/A**

• Share any additional Community Outreach/Education this hospital participates in:

Optional extra page provided for additional space to free text.

A large, empty rectangular box with a thin black border, occupying most of the page. It is intended for providing additional free text.

Thank you for your completion of the Fillable Site Assessment Report. Save and upload document to the Certification Application.