

**National Infant Safe Sleep Hospital Certification**

*Crib Audit*

Date: \_\_\_\_\_

**CIRCLE ONE:**            Day Shift                      Evening Shift                      Night Shift

**WHO DO WE AUDIT?**

**NBN** – All infants

**Pedi** - All Infants < 1 year of age

**SCN** – Any infant > 35 weeks of age

If infant is **eligible** for SSP, circle one of the following:

Positioned supine (on back):	Yes	No
Flat position (head of bed not inclined up):	Yes	No
Crib is empty of positioning devices:	Yes	No
Crib is empty of soft objects such as dolls, fluffy and extra blankets:	Yes	No
Is the infant compliant with SSP (answered "yes" to all of the above)?	Yes	No

For units interested in collecting specific process measures, examples include:

Is there an A-B-C card taped to the crib or isolette?	Yes	No
Has sleep designation of infant been documented by RN?	Yes	No
Has sleep designation of infant been documented by MD?	Yes	No
Has education of the family about SSP been documented?	Yes	No