Infant Safe Sleep Compliance Audit

KEY
Safe Sleep/Crib Observed: YES (Y)
Unsafe Sleep/Unsafe Crib Observed: NO (N)

Hospital: _____ Unit: _____

Date: _____ Time: _____ Submitting RN: _____

HIPAA Compliant Infant Identifier	Infant Sleeping with Awake Caregiver (continue to assess sleep clothing & sleep space)	Infant in Bassinet or Crib	Infant Sleeping Supine	Infant Safely Swaddled or in Sleep Sack	Bassinet/ Crib Free of All Objects (blankets, wipes, bulb syringe, diapers, toys, positioner, cloth, etc)	Infant Hat Removed	Head of Bassinet/Crib Flat	If Not Per Policy, Medical Order in Place?	NOTES Document remediation r/t "NO" indicating unsafe sleep. Note if baby is: *with sleeping caregiver * placed alone on bed or couch Document specific item(s) in crib/bassinet	Auditor Initials

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